



RONGOTAI COLLEGE ENROLMENT FORM

ORS

Incomplete

FFP

Form 05/18

STUDENT DETAILS

Family name: _____

First names: _____

Known as (preferred name): _____

Address: _____

_____ Postcode: _____

Home Phone: _____

Student's Cell Phone: _____

Nationality: _____ DOB: ____/____/____

Ethnic group(s): (1) _____

(2) _____

If New Zealand Maori: (plus *Iwi* region if known)*Iwi* 1: _____*Iwi* 2: _____*Iwi* 3: _____

Main language spoken at home: _____

Country of Citizenship: _____

Birth country: _____

Birth certificate - copy attached: Yes No Passport - copy attached: Yes No

Enrolment application date: ____/____/____

Have you applied for enrolment at another school?

Yes No Which one? _____

Form/Year level at entry to Rongotai: _____

Date of commencement: _____

Present/previous school: _____

Brother(s) presently attending Rongotai: Yes No

Name(s): _____

Connections with Rongotai, eg father, uncle: Yes No

FAMILY DETAILS

CAREGIVER 1:

Family name (Mrs/Miss/Ms/Mr/Dr): _____

First names: _____

Address: _____

_____ Postcode: _____

Mailing Address: _____

Phone Home: _____ Work: _____

Cell Phone: _____

Email Address: _____

Occupation: _____

Work Place: _____

Child resides with me? Yes No

State special arrangements _____

Is there a custody order? Yes No If so, are you the custodial parent? Yes No

CAREGIVER 2:

Family name (Mrs/Miss/Ms/Mr/Dr): _____

First names: _____

Address: _____

_____ Postcode: _____

Mailing Address: _____

Phone Home: _____ Work: _____

Cell Phone: _____

Email Address: _____

Occupation: _____

Work Place: _____

Child resides with me? Yes No

State special arrangements _____

Is there a custody order? Yes No If so, are you the custodial parent? Yes No

EMERGENCY CONTACT (other than mother or father)

Name: _____ Relationship to student: _____

Phone Home: _____ Work: _____ Cell: _____

Please post / email / deliver this form to:

Rongotai College, PO Box 14-063, 170 Coutts Street, Kilbirnie, Wellington 6022

Email: the.principal@rongotai.school.nz

Website (to access enrolment form):

www.rongotai.school.nz

COMPLETE THIS SECTION ONLY IF STUDENT IS LIVING WITH A CAREGIVER

Full Name of Caregivers/Guardians (Mr/Mrs/Ms/Miss): _____
 Address: _____ Postcode: _____
 Relationship to student: _____
 Occupation: _____ Place of Employment: _____
 Telephone Home: _____ Work: _____
 Mobile: _____ Email: _____

FOR STUDENTS WHO WERE NOT BORN IN N.Z

Date of Arrival in NZ: _____/_____/_____	<i>or</i> Certificate of Identification No: _____
Passport No: _____	Refugee Quota Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>or</i> Permanent Residence No: _____	Refugee Family Reunification Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>or</i> Residence Visa No: _____	All documentation copied Yes <input type="checkbox"/> No <input type="checkbox"/>

STUDENT INFORMATION

Name of Doctor/Health Centre: _____ Ph: _____
 Are there any health problems, disabilities, prescription medicines or an Epi-Pen requirement of which the College should be aware?

Gifted and Talented

Has the student been involved with any gifted and talented programmes? Yes No
 Area of special abilities? _____
 Enrichment? Yes No
 Acceleration? Yes No
 Leadership? Yes No

Learning Support

Has the student been involved with any learning support programmes: Yes No
 Literacy? Yes No
 Numeracy? Yes No
 Special Needs Funding? Yes No
 Support with a Teacher Aide? Yes No
 Is the student ORS funded? Yes No

Option Codes (for Year 11, 12 and 13 students and Year 9 and 10 students enrolling during the year)
 (to be filled in at interview with Dean):

(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____

FREE DENTAL CARE

Rongotai College works with Simply Dental to provide free, complete dental service to all students at Rongotai College. Would you like your son to be enrolled in this service? If you tick yes, you agree to your details being shared with Simply Dental.

Yes No

// We agree that my/our son/ward will observe the rules, pay the required charges and wear the uniform, as determined by the Board of Trustees of Rongotai College.

// We understand that the information that I/we have given or his present school has supplied may be used by Rongotai College for educational purposes and may be passed on to other schools or relevant agencies.

// We agree that if the student appears in a school photograph, it may be used in official school publications/website.

Signed: _____ / _____ / 20____
 Caregiver 1 Caregiver 2