

Raroa Normal Intermediate School

ENROLMENT FORM

37 Haumia Street; Private Bag 13-907, JOHNSONVILLE; office@raroa.school.nz; www.raroa.school.nz

STUDENT DETAILS	
Family name: _____ First names: _____ Preferred name: _____ Address: _____ _____ Postal Code _____ Phone: _____	Current School: _____ Location: _____ Current Year Level: Year 6 <input type="checkbox"/> Year 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> Gender: M / F Date of birth: _____ New Zealand Citizen: Yes / No <i>If No a document of residency / visa status must be provided.</i> Document Sighted Yes / No Home languages: _____

ETHNIC ORIGINS	
Statistical information for the Ministry of Education:	Please tick the appropriate box indicating the ethnic origin of the applicant:
European NZ <input type="checkbox"/> Chinese <input type="checkbox"/> European <input type="checkbox"/> Cook Island <input type="checkbox"/> Maori NZ <input type="checkbox"/> Iwi: _____ _____ <small>Please state Iwi</small>	Indian <input type="checkbox"/> Tongan <input type="checkbox"/> Niuean <input type="checkbox"/> Tokelauan <input type="checkbox"/> Samoan <input type="checkbox"/> Other <input type="checkbox"/> _____ <small>(please specify)</small>

PARENT / CAREGIVER DETAILS	
PARENT / CAREGIVER ONE: 1st person to contact Family name: _____ Title: Mr / Mrs / Miss / Ms First name: _____ Address: _____ Phone Home: _____ Phone Work: _____ Mobile: _____ Email address: _____ Occupation: _____ Work place: _____ Relationship to student: _____	PARENT / CAREGIVER TWO: 2nd person to contact Family name: _____ Title: Mr / Mrs / Miss / Ms First name: _____ Address: _____ Phone Home: _____ Phone Work: _____ Mobile: _____ Email address: _____ Occupation: _____ Work place: _____ Relationship to student: _____
Mailing address: _____	Who does student live with? <input type="checkbox"/> Both parents at same address. <input type="checkbox"/> Solely with <input type="checkbox"/> Shared custody

Continue over page ...

EMERGENCY CONTACT

(Please give the name of someone other than Caregiver One or Two who can be contacted in an emergency)

Name: _____	Phone Home: _____
Address: _____	Phone Work: _____
_____	Mobile: _____

Relationship of emergency contact to student e.g. grandparent, mother's partner, father's partner etc;

STUDENT HEALTH INFORMATION

Are there any health problems, disabilities or illnesses of which the school should be aware? Yes No

If "yes" please specify: _____

If the student is on prescribed drugs, please list, and give other relevant information that would help the school provide appropriate care: _____

Name of family doctor / Medical Centre: _____

Phone number: _____

Additional information (optional): _____

CIVIL DEFENCE EMERGENCY

In the event of an emergency, it is the school's responsibility to care for your child until such time as your child can be collected by their parent / caregiver or another person authorized to do so. We cannot allow children to be collected by anyone else. Records will be kept of the students allowed home and the person escorting them home. It is your responsibility to update this information if circumstances change.

Option for caregivers to give permission for their child to decide suitability:

I give permission for my child to identify a trusted friend or relative and the school to release my child to that person. I understand that signing this waiver means I absolve the school of any responsibility for any actions that may result from my child exercising this judgement.

Authorisation is given to the following people (within close proximity of the school during the day) to collect my child in the case of a Civil Defence Emergency (please include the names of at least 2 people not already listed as caregiver one and two).

Name: _____	Phone Home: _____
Address: _____	Phone Work: _____
_____	Mobile: _____

Name: _____	Phone Home: _____
Address: _____	Phone Work: _____
_____	Mobile: _____

Signed: _____

Parent / Caregiver

Date: _____