



Application for Enrolment

FOR OFFICE USE		PW <input type="checkbox"/> NZQA <input type="checkbox"/>	
YEAR	<input type="text"/>	BIRTH CERT/PASSPORT	<input type="checkbox"/>
ZONE	IN / OUT	PROOF OF ADDRESS	<input type="checkbox"/>
		ID NUMBER	<input type="text"/>
		DATE ENROLLED	<input type="text"/>

STUDENT DETAILS

Student's legal surname: (as on birth certificate or passport)

Student's legal first names:

Student's preferred name(s):

Gender: M ☐ F ☐ Other: Specify:

Date of birth: Day Month Year

Year level enrolling in: 9 10 11 12 13 14

Start date: Day Month Year

Current/Previous School:

Ethnicity: NZ European ☐ NZ Maori ☐ Other(s)

(List up to 3 ethnicities)

If NZ Maori please specify iwi:

(List up to 3 iwis—if no iwi specified 'unknown' will be entered)

Does the student have any siblings who attend or have recently attended Rangiora High School? Yes ☐ No ☐

PLEASE STATE FULL NAMES:

STUDENT'S cell phone no:

STUDENT'S email address:

Country of birth:

Citizenship:

If student has NOT always lived in NZ state date of arrival in NZ: Day Month Year

Is English your first language? Yes ☐ No ☐

Languages spoken at home other than English:

Is involvement in ESOL required? (ESOL=English for Speakers of Other Languages) Yes ☐ No ☐

SCHOOL BUS

Is your student intending to travel to school by school bus? Yes ☐ No ☐ AM ☐ PM ☐

INTENDED BUS ROUTE(S) You must live more than 4.8 km from school to be entitled to free bus travel. Please check our website for [bus routes and information](#).

Amberley Coast	<input type="checkbox"/>	Amberley Inland	<input type="checkbox"/>	Ashley/Balcairn	<input type="checkbox"/>	Cust	<input type="checkbox"/>
Ohoka/Fernside	<input type="checkbox"/>	Leithfield	<input type="checkbox"/>	Okuku/Loburn	<input type="checkbox"/>	North Eyre	<input type="checkbox"/>
Sefton	<input type="checkbox"/>	South Eyre	<input type="checkbox"/>	Swannanoa	<input type="checkbox"/>	Tuahiwi/Waikuku	<input type="checkbox"/>
Whiterock/Loburn	<input type="checkbox"/>						

PARENT/CAREGIVER DETAILS

To enable the school to contact parents/caregivers in case of illness or an emergency, or to report on student progress etc, it is important the following sections are completed with care. Please provide us with copies of any legal documents on restrictions of caregiver access or rights to information.

Does the student live with: Both Parents ☐ (At the same address) Mother Only ☐ Father Only ☐ Both Parents ☐ (Shared Care) Other ☐ (Provide details)

RESIDENCE A - CAREGIVER 1 *(Student lives with all or most of the time e.g. mother)*

NAME	Title: Name:
RELATIONSHIP TO STUDENT	
HOME PHONE	
CELL PHONE	
EMAIL	PLEASE NOTE THIS WILL BE THE MAIN EMAIL ALL SCHOOL COMMUNICATION WILL BE SENT
OCCUPATION	
PHONE WORK	
PLACE OF WORK/ADDRESS	

RESIDENCE A - CAREGIVER 2 *(Same address as Caregiver 1 e.g. father, step-father)*

NAME	Title: Name:
RELATIONSHIP TO STUDENT	
CELL PHONE	
EMAIL	
OCCUPATION	
PHONE WORK	
PLACE OF WORK/ADDRESS	

STUDENT'S PHYSICAL ADDRESS

POSTAL ADDRESS *(If different from physical address)*

POSTCODE:	POSTCODE:

Please note: this address must be the student's usual place of residence when they start school. This means that if you currently live at an in-zone address but move to an out-of-zone address before the first day of attendance at school, your child will NOT be entitled to enrol at Rangiora High School. An enrolment [zone](#) map can be found on our website. If you have any questions regarding the zone please do not hesitate to contact the school office.

RESIDENCE B - CAREGIVER 1 *(Student may also live with e.g. shared custody arrangement)*

CAREGIVER NAME	Title: Name:
RELATIONSHIP TO STUDENT	
HOME PHONE	
CELL PHONE	
EMAIL	
HOME ADDRESS	
OCCUPATION	
PHONE WORK	
PLACE OF WORK/ADDRESS	

RESIDENCE B - CAREGIVER 2 (e.g. Partner of Residence B - Caregiver 1)

CAREGIVER NAME	Title: Name:
RELATIONSHIP TO STUDENT	
HOME PHONE	
CELL PHONE	
EMAIL	
HOME ADDRESS	
OCCUPATION	
PHONE WORK	
PLACE OF WORK/ADDRESS	

EMERGENCY CONTACT

In cases of emergency it may be necessary to contact **another** person if parents are not available. This role is best suited to a relative, family friend etc, who lives close by and is able to come to the school to collect your child.

NAME	Title: Name:
RELATIONSHIP TO STUDENT	
HOME/WORK PHONE	
CELL PHONE	

HEALTH INFORMATION

Doctor/Medical Centre Phone No.

Does your child suffer from any of the following:

- | | | |
|--|---|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Asthma | <input type="checkbox"/> Anxiety/Mental Health Issues |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Gluten Intolerant |
| <input type="checkbox"/> Hayfever | <input type="checkbox"/> Migraine | |
| <input type="checkbox"/> Allergy to Nuts | <input type="checkbox"/> Allergy to Bee/Wasp Stings | DOES STUDENT HAVE AN EPIPEN? <input type="checkbox"/> YES <input type="checkbox"/> NO |

If you have ticked any of the above, please list all medications and doses:

List any **other medical conditions or allergies** that the school should be aware of and medications:

NB: THE SCHOOL DOES NOT HOLD A SUPPLY OF PANADOL ETC FOR STUDENTS. ANY MEDICATION THAT YOU WISH US TO ADMINISTER TO YOUR CHILD MUST BE PROVIDED TO THE SCHOOL.

Please ensure that you keep your child's medical information up-to-date. If you would like to speak to a member of the First Aid Team or the Health Clinic Nurse, please do not hesitate to contact us on 03 311 8888.

DOCUMENTS REQUIRED

Ensure that you include documentation as specified below. Failure to include any of the paperwork will result in the enrolment being rejected until full documentation is provided.

- ☐ Evidence of the student's physical address being IN-ZONE (e.g. your most **recent** and **dated** telephone or power account) showing your name and physical address as the account holder).
- ☐ Copy of Birth Certificate or Citizenship Certificate if NZ citizen;
OR Student's Passport and Visa if born outside of NZ (Australia citizens/residents provide passport).

LEARNING REQUIREMENTS

If your child has any special learning requirements that the school should be aware of then please provide details below. Attach any copies of assessment documents if available. If any funding for your child has been accessed (e.g. ORS, MSD, ACC); or if they are on the Special Assessment Conditions (SAC) register for extra help with NCEA, then also provide these details:

OTHER INFORMATION

Has your child ever been: Stood Down / Suspended / Excluded *(please circle)* Provide brief details:

Are there any behaviour or attendance issues we need to be aware of:

Personal, family, social circumstances—which would assist us in understanding the student *(use separate sheet if necessary)*:

Activities and achievements—include any special awards, talents, music, sport etc:

ENROLMENT DECLARATION

- I have read, and agree to abide by, Rangiora High School's expectations of good behaviour and dress code as outlined in the Prospectus—[Expectations](#) / [Dress Code](#)
- I understand that Rangiora High School are obligated to disclose personal information to agencies which demonstrate a statutory right to obtain it. *(See privacy information below).*
- I understand that I will receive regular communication (usually by email) from Rangiora High School.
- I hereby declare that the information given on this enrolment form is true and correct including medical and learning information and will endeavour to keep this information up-to-date.
- I can confirm the address provided is the student's usual place of residence when they start school and will notify the school immediately if there are any changes in living arrangements.
- I have read and agree to abide by the rules on BYOD: [BYOD - Computing & Cybersafety Agreement and Wifi Access Terms & Conditions](#).
- I have read and understood the documentation on Education Outside the Classroom ([EOTC](#)). I agree to the participation of my child in **lower risk categories** events whilst a student at Rangiora High School.
- I consent to the enrolled student's image being used for school publicity and promotional purposes *(i.e. for the Rangiora High School Website, Newsletters, Prospectus, and other marketing material for the school).*

CAREGIVER SIGNATURE: _____ **DATE:** _____

STUDENT SIGNATURE: _____ **DATE:** _____

Privacy Statement:

Rangiora High School collects the information on this form to:

- Enrol your child at school
- Assess the education needs of your child
- Ensure the school gets the correct resources from the Ministry of Education for your child

The school collects and uses your child's information in accordance with the Privacy Act. The school sends some of your child's information to the Ministry of Education and other education and health agencies. The school will not provide your child's information to any other people or organisations without your authorisation, except in accordance with the Privacy Act.

Rangiora High School allocates students a student identification number (unique identifier) which may be used as a reference number on School documents and correspondence relating to that particular student.

Under the Privacy Act students and legal guardians have the right of access to all personal information held by the School about them. Individuals also have a right to ask the School to correct any information held which is inaccurate. Students and caregivers also have an obligation to advise the School if/when any of the personal information they have provided changes.

If for any reason this enrolment is not accepted, the enrolment form and attached documents will be destroyed.