

Telephone: 03 311 8888 Email: enrolments@rangiorahigh.school.nz Website: www.rangiorahigh.school.nz

Application for Enrolment

FOR OFFICE USE	PW NZQA			
YEAR	BIRTH CERT/PASSPORT	ID NUMBER		
ZONE IN / OUT	PROOF OF ADDRESS	DATE ENROI	LLED	
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:				
		o 3 iwis—if no iwi specified 'u		
-	lings who attend or have recent	ly attended Rangiora H	ligh 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 live	d in NZ state date of arrival in N	Z: Day Month	Year	
Is English your first language?		/		
Languages spoken at home oth				
Is involvement in ESOL require	ed? (ESOL=English for Speakers	of Other Languages)	Yes No	
SCHOOL BUS				
Is your student intending to tr	avel 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 <u>bus routes and information</u> .				
Amberley Coast	Amberley Inland A	shley/Balcairn	Cust	
Ohoka/Fernside	Leithfield C	kuku/Loburn	North Eyre	
Sefton	South Eyre S	wannanoa	Tuahiwi	
Whiterock/Loburn				

PARENT/CAREGIVER DETAILS

PLACE OF WORK/ADDRESS

Please provide us with copies of any legal documents on restrictions of caregiver access or rights to information.

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	R 2 (Same address as Caregive	r 1 e.g. father, step-father)			
NAME	Title: Name:				
RELATIONSHIP TO STUDENT					
CELL PHONE					
EMAIL					
OCCUPATION					
PHONE WORK					
PLACE OF WORK/ADDRESS					
RESIDENCE A / STUDENT'S PHY	SICAL 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)					
RESIDENCE B - CAREGIVER	(Student may also live with	e.g. snarea custoay arrangement)			
CAREGIVER NAME	Title: Name:				
RELATIONSHIP TO STUDENT					
HOME PHONE					
CELL PHONE					
EMAIL					
HOME ADDRESS					
OCCUPATION					
PHONE WORK					

RESIDENCE B - CAREGIVER 2 (e.g. Partner of 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							
This person needs to be able to	collect your stu	ident if necessar	у.				
NAME	Title:	Name:					
RELATIONSHIP TO STUDENT							
ADDRESS							
PHONE NUMBERS	CELL:			HOME/WORK	:		
HEALTH INFORMATIO	N						
Medical Centre				Phone No.			
Does your student suffer from	any of the follow	wing:	Does yo	ur student ha	ve an EpiPen for any of the fo	ollowing?)
Diabetic	Migraine		Food	Specify			
Epilepsy	Hayfever		Bee/W	asp Stings			
Asthma			Other	Specify			
Other Specify							
If you have ticked any of the a	bove, please list	all medications	and doses:				
		als a fall acciona 2 p	N	d			$\overline{}$
Does your student have a diag Neurodiversity	nosis for any of	the following? P	iease provi	de any releval	nt reports.		
SLD							
Do you consent to the Health Clinic Nurse administering any of the following? Paracetamol Yes / No Ibuprofen Yes / No Antihistamine Yes / No							
NB: Student's can have medication held at the Student Office for their personal use when a completed medication form has been received. These forms are available at the office.							
DOCUMENTS REQUIRED Ensure that you include documentation as specified below. Failure to include any of the paperwork will result in the enrol-							
ment 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).					1		
' '	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 student 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 student 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 in-zone 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 address or 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:	
STUDENT SIGNATURE:	DATE:

Privacy Statement:

Rangiora High School collects the information on this form to:

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

The school collects and uses your student's information in accordance with the Privacy Act. The school sends some of your student's information to the Ministry of Education and other education and health agencies. The school will not provide your student'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.