



Te Kura O Ritimana
**Richmond
 Road School**

Growing Together As one

Pre-Enrolment for Mainstream English

Please tick:

In Zone

Out of Zone

Please provide the following documents (original to be sighted and copied by the office): Proof of Address and Evidence of Residence (accepted documents are rental agreements;; utility bill like internet, phone or electricity), Birth Certificate or Passport, Current valid Visa if applicable, Immunisation Certificate.

After acceptance, the office will give you some documents, please return the ICT Agreement, Vision & Hearing Form and General Consent Form.

Child's Details

Legal Surname:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Legal First / Middle Names:	
Preferred Name:	
Date of Birth:	<input type="checkbox"/> New Entrant (*)
Address (where the child lives 50% of time or more):	
Ethnicity 1 st :	2 nd or more:
Iwi (if NZ Maori) - 1 st :	2 nd : 3 rd :
Language(s) spoken at home:	
Country of birth:	Date of entering NZ (if applicable):

Caregiver: First preferred contact

Full Name:	Country of Birth:
Relationship to child:	Ethnicity:
Address:	<input type="checkbox"/> Lives with child
Home phone:	Mobile:
Occupation:	Work phone:
Email:	

Caregiver: Second preferred contact

Full Name:	Country of Birth:
Relationship to child:	Ethnicity:
Address if different:	<input type="checkbox"/> Lives with child
Home phone:	Mobile:
Occupation:	Work phone:
Email:	

All communications with parents are done by email, please make sure you give us a valid email address.

OFFICE USE ONLY	ETAP #	ENROL #	
Date received: _____	Year:	Siblings?	<input type="checkbox"/> Proof Address
Date ackn'd: _____	Room:	Donation:	<input type="checkbox"/> DoB (PP/BC)
Pre-visits?	Teacher:		<input type="checkbox"/> Visa <input type="checkbox"/> Imm
START DATE:	SENCO:	Activity fee:	<input type="checkbox"/> V&H <input type="checkbox"/> ICT
	House:	Total:	<input type="checkbox"/> Consent form

Medical Information

Doctor:	Phone:
Allergies (<i>bee sting, nut, plaster, other...</i>): <i>Does it require EpiPen/safety medical plan?</i>	
Asthma: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please provide school with inhaler</i>	Other health problems we need to know about: (<i>including speech, hearing, sight, diabetes, epilepsy...</i>)
Medication requirements:	

Emergency Contacts *MUST be different than caregivers in case we cannot contact you.*

#1 Full name:	#2 Full name:
Relationship to child:	Relationship to child:
Mobile:	Mobile:
Home/Work Phone:	Home/Work Phone:

Absentee Contacts *When your child is absent without justification, the school will send a notification and ask for a justification (sickness, holiday...). Make sure this contact is valid and updated.*

Preferred absentee contact (<i>example@example.com or 021 123456</i>):
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Family information (*RRS means Richmond Road School*)

Your child's place in the family: out of children	
Sibling(s) currently at RRS: Name	Sibling(s) previously at RRS: Name
Future attendee(s): Name and DoB	

Other information *Custody arrangement, Access restriction, Refugee status, Special needs...*

Comments:

Statutory declaration *Please read carefully, tick all and sign.*

- The information I have provided on this application is true and correct, by virtue of the Oaths and Declaration Act 1957.
- I understand that the information is collected and used in accordance with the Privacy Act.
- I give permission for the school to sanction any required emergency medical treatment.
- I agree to the email addresses provided on this form to be given to the class teacher, coordinator of the ropu parent group and added to our newsletter tree.
- I agree to inform the school of any change of residence outside of the school zone.
- I agree to abide by the BOT policies.
- I give permission for my child to have their work, photo/and or name used for school purposes only, which includes on the school website and in school newsletters.

Name:

Signature:

Date:



(*) If your child is a New entrant: Early Childhood Education Information

“New entrant” means your child just turned 5 years old and is starting Primary school for the first time.

Did your child attend one or more Early Childhood Education service(s) in the six months prior to starting school? *Please complete the table below for the last service(s) attended*

1. If the child was attending more than one service at the same time, please enter hours per week for up to three services.

2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the last service only, not both.

3. If the child’s attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of hours per week.

Name of the Early Childhood Education Center: _____

Please enter the number of hours per week for up to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kohanga Reo			
b. Playcentre			
c. Kindergarten or Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School Te Aho o Te Kura Pounamu			

Or

Please tick the appropriate box	
g. Attended, but only outside New Zealand	
h. Attended, but don’t know what type of service	
i. Did not attend	
j. Unable to establish if attended or not	

Did the child regularly attend Early Childhood Education? *‘Regularly attend’ means the child was booked into a service for session each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.*

- Yes, for the last year(s)
- Not regularly, only occasionally with no on-going schedule.
- No, did not attend ECE.

(*) If your child is NOT a New entrant: Previous Schooling Information

Date first started Primary school:	
Last school attended:	Date left:
Reason for leaving:	
Has your child ever been stood down, suspended or excluded from school? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason:	

