



Te tipu ngātahi mā roto i te whakanuinga o ō tātou ake tuakiri
 Growing Together, Celebrating Our Unique Identities

Pre-Enrolment for Special Programmes

Please tick: Maori Samoan French

Please read the criteria for applying to Special Programmes carefully. You will be asked to attend an interview on this basis.

Please provide the following documents (original to be sighted and copied by the office): 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, Hearing and Vision Form and General Consent Form. **You must complete each section and if not applicable you must put n/a**

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 provide a valid email address.

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

Medical Information

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

Learning support or behavior support information and any other comments*Custody arrangement, Access restriction, Refugee status, Special needs*

(Eg. has your child received or is currently receiving Learning Support or Behaviour Support Intervention. For example the RTLB Service or MoE Learning and Behaviour Services)

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 Centre: _____

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 your child regularly attend Early Childhood Education? *‘Regularly attend’ means the child was booked into a service for a 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:	