



Ranzau School Enrolment Form

Please take care to fill out all sections. The better informed we are, the better prepared we are to provide a happy, safe and secure educational environment for your child.

Section 1: Student Information

- Family name / first names: This is the legal names on their birth certificate
- Preferred family name / Preferred first name: This is the name the child prefers to be known as

Family name:	Preferred family name (if different):
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First name(s):	Preferred first name:
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Street or Road address:

Postal address (if different)

Post code:	Eldest child: Y / N (circle one)	Only child: Y / N (circle one)
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Date of Birth:	Home phone:	Gender: M / F (circle one)
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Ethnicity (you may list up to 3)

Iwi (if ethnicity is Maori, you may list up to 3)

Country of Origin (complete only if not NZ)	Date entered NZ
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Education eligibility criteria (complete only if not NZer or Australian. Please provide document showing evidence of eligibility) :

First Language (complete only if not English)

Section 2: Enrolment Information

If your child has already attended another school, please note the name of their previous school.

Previous school:	Date first started school:
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If your child is a new entrant, please complete participation in early childhood participation section

If your child has participated in early childhood education in NZ during the last 6 months, please enter the number of hours per week for up to three services	Service 1 Hrs/wk	Service 2 Hrs/wk	Service 3 Hrs/wk
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Kohanga Reo

Playcentre

Kindergarten

Home based service

Playgroup

Correspondence School

For how many years did your child regularly participate in early childhood education:

OR tick the statements below that apply

Attended, but only outside of NZ:

Attended, but don't know what type of service:

Did not attend:

Section 3: Medical / Dental Information

Doctors name:	Doctors phone number:
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Health issues we should know about

Allergies:

Medication required at school:

Previous dental clinic:

Section 4: Parent / Caregiver Information

Mother or primary caregiver details	
First name:	Family name:
Home phone	Mobile phone
Work phone	Email
Place of work / occupation	
Father or secondary caregiver details.	
First name:	Family name:
Home phone	Mobile phone
Work phone	Email
Place of work / occupation	
Home Address (if different to mother)	
Emergency contacts. Please provide at least one	
First name (1):	Family name (1):
Home phone	Mobile phone
Work phone	Relationship
First name (2):	Family name (2):
Home phone	Mobile phone
Work phone	Relationship

Section 5: General Information

Children likely to be attending Ranzau School in the future		
Name	Date of Birth	Gender M / F
Name	Date of Birth	Gender M / F
Name	Date of Birth	Gender M / F
Custody arrangements / Access restrictions or other information you would like us to know		

Section 6: Declaration and Attachments

Please provide the school with the following documents when enrolling:	
<ul style="list-style-type: none"> Birth certificate Evidence of immunization (plunket book or immunisation certificate) – New entrants only Signed internet agreement 	
<p>In terms of the Privacy Act, I understand that the information in this form is collected to form part of the essential information the school holds on my child. I approve the forwarding on of information when my child transfers to another school. I understand the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by the school policies. I authorise the school to administer on my behalf, any medication listed above.</p>	
Parent / caregivers signature:	Date

School use only

<i>Birth certificate verified</i>	<i>Yes / No</i>	<i>Internet access agreement signed</i>	<i>Yes / No</i>
<i>Immunisation certificate seen</i>	<i>Yes / No</i>	<i>School fees paid</i>	<i>Yes / No</i>
<i>Enrolment number:</i>	<i>NSN:</i>		