



# RONGOTAI COLLEGE ENROLMENT FORM

ORS

Incomplete

FFP

Form 05/18

## STUDENT DETAILS

Family name: \_\_\_\_\_  
First names: \_\_\_\_\_  
Known as (preferred name): \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Student's Cell Phone: \_\_\_\_\_  
Nationality: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Ethnic group(s): (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
If New Zealand Maori: (plus *Iwi* region if known)  
*Iwi* 1: \_\_\_\_\_  
*Iwi* 2: \_\_\_\_\_  
*Iwi* 3: \_\_\_\_\_  
Main language spoken at home: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_  
Birth country: \_\_\_\_\_  
Birth certificate - copy attached: Yes ☐ No ☐  
Passport - copy attached: Yes ☐ No ☐  
Enrolment application date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Have you applied for enrolment at another school?  
Yes ☐ No ☐ Which one? \_\_\_\_\_  
Form/Year level at entry to Rongotai: \_\_\_\_\_  
Date of commencement: \_\_\_\_\_  
Present/previous school: \_\_\_\_\_  
Brother(s) presently attending Rongotai: Yes ☐ No ☐  
Name(s): \_\_\_\_\_  
Connections with Rongotai, eg father, uncle: Yes ☐ No ☐

## FAMILY DETAILS

### CAREGIVER 1:

Family name (Mrs/Miss/Ms/Mr/Dr): \_\_\_\_\_  
First names: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Work Place: \_\_\_\_\_  
Child resides with me? Yes ☐ No ☐  
State special arrangements \_\_\_\_\_  
Is there a custody order? Yes ☐ No ☐  
If so, are you the custodial parent? Yes ☐ No ☐

### CAREGIVER 2:

Family name (Mrs/Miss/Ms/Mr/Dr): \_\_\_\_\_  
First names: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Work Place: \_\_\_\_\_  
Child resides with me? Yes ☐ No ☐  
State special arrangements \_\_\_\_\_  
Is there a custody order? Yes ☐ No ☐  
If so, are you the custodial parent? Yes ☐ No ☐

## EMERGENCY CONTACT (other than mother or father)

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Please post / email / deliver this form to:

Rongotai College, PO Box 14-063, 170 Coutts Street, Kilbirnie, Wellington 6022

Email: [the.principal@rongotai.school.nz](mailto:the.principal@rongotai.school.nz)

Website (to access enrolment form):

[www.rongotai.school.nz](http://www.rongotai.school.nz)

**COMPLETE THIS SECTION ONLY IF STUDENT IS LIVING WITH A CAREGIVER**

Full Name of Caregivers/Guardians (Mr/Mrs/Ms/Miss): \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**FOR STUDENTS WHO WERE NOT BORN IN N.Z**

Date of Arrival in NZ: ____/____/____	or Certificate of Identification No: _____
Passport No: _____	Refugee Quota Yes <input type="checkbox"/> No <input type="checkbox"/>
or Permanent Residence No: _____	Refugee Family Reunification Yes <input type="checkbox"/> No <input type="checkbox"/>
or Residence Visa No: _____	All documentation copied Yes <input type="checkbox"/> No <input type="checkbox"/>

**STUDENT INFORMATION**

Name of Doctor/Health Centre: \_\_\_\_\_ Ph: \_\_\_\_\_

Are there any health problems, disabilities, prescription medicines or an Epi-Pen requirement of which the College should be aware?  
\_\_\_\_\_

**Gifted and Talented**

Has the student been involved with any gifted and talented programmes? Yes ☐ No ☐

Area of special abilities? \_\_\_\_\_

Enrichment? Yes ☐ No ☐

Acceleration? Yes ☐ No ☐

Leadership? Yes ☐ No ☐

**Learning Support**

Has the student been involved with any learning support programmes? Yes ☐ No ☐

Literacy? Yes ☐ No ☐

Numeracy? Yes ☐ No ☐

Special Needs Funding? Yes ☐ No ☐

Support with a Teacher Aide? Yes ☐ No ☐

Is the student ORS funded? Yes ☐ No ☐

**Option Codes (for Year 11, 12 and 13 students and Year 9 and 10 students enrolling during the year)**  
(to be filled in at interview with Dean):

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_

**FREE DENTAL CARE**

Rongotai College works with Simply Dental to provide free, complete dental service to all students at Rongotai College. Would you like your son to be enrolled in this service? If you tick yes, you agree to your details being shared with Simply Dental.

Yes ☐ No ☐

*I/We agree that my/our son/ward will observe the rules, pay the required charges and wear the uniform, as determined by the Board of Trustees of Rongotai College.*

*I/We understand that the information that I/we have given or his present school has supplied may be used by Rongotai College for educational purposes and may be passed on to other schools or relevant agencies.*

*I/We agree that if the student appears in a school photograph, it may be used in official school publications/website.*

Signed: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

Caregiver 1

Caregiver 2