



Ruakaka School

12 Sandford Road, Ruakaka,
R D 1, Whangarei 0171
Ph: 09) 432 7503 Fax: 09) 432 8631
Email: office@ruakaka.school.nz
Principal: Mrs Marilyn Dunn

Office Use Only	Class	Year	House	Bus Route	Donation	Stationery
Today's date: / /			Entry Date:		Gender: Male / Female	
Legal Surname:			First Names:		Preferred Name:	
Date of Birth:			Previous School Attended:			
<p>Copy of Birth Certificate or Passport <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Students born outside of New Zealand: Do you have permanent residence status in New Zealand? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>You will need to produce your passport to verify this. A photocopy to be retained by the School showing your student visa status has been supplied. Please note missing documentation (from the above list) could cause a delay in the enrolment process.</p>						
<p>BILINGUAL EDUCATION (Te Reo Maori) Do you wish to be considered for this? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Years (please circle) 2\3 4 5\6</p> <p>Is your child interested in Kaha Haka?: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
<p>PRIMARY CAREGIVERS / MAIN RESIDENCE (where student lives for the majority of the time)</p> <p>Please complete below:</p> <p>Students residential address: _____</p> <p>Postal address if different from above: _____</p>						
<p>FATHER / STEPFATHER / GUARDIAN</p> <p>Full Name: _____</p> <p>Relationship to Student: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Email Address: _____</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>Work Phone: _____</p> <p>How would you like to receive our newsletter?</p> <p style="text-align: center;"><input type="checkbox"/> Paper <input type="checkbox"/> Email</p> <p>Are you happy for the School Support Group to have your email address? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				<p>MOTHER / STEPMOTHER / GUARDIAN</p> <p>Full Name: _____</p> <p>Relationship to Student: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Email Address: _____</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>Work Phone: _____</p> <p>How would you like to receive our newsletter?</p> <p style="text-align: center;"><input type="checkbox"/> Paper <input type="checkbox"/> Email</p> <p>Are you happy for the School Support Group to have your email address?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

<p>Emergency Contact 1 – Please provide details of contact OTHER than the student's Parent/Guardian</p> <p>Name:</p> <p>Phone:</p> <p>Relationship to Student:</p> <p>This contact will be used in the case of sickness if a parent/caregiver cannot be contacted</p>	<p>Emergency Contact 2 – Please provide details of contact OTHER than the student's Parent/Guardian</p> <p>Name:</p> <p>Phone:</p> <p>Relationship to Student:</p> <p>This contact will be used in the case of sickness if a parent/caregiver cannot be contacted</p>
<p>MEDICAL INFORMATION</p> <p>Doctor's Name:</p> <p>Dentist's Name:</p> <p>Do you give permission for us to administer Panadol</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your child have any allergies <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your child suffer from Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Carries an inhaler <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Any medical conditions, health matters or disability which the school should be aware of <input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide details below)</p> <p>.....</p> <p>.....</p> <p>IMMUNISATION</p> <p>Have you immunised your child <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are they up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>FAMILY / WHANAU INFORMATION</p> <p>Names of brothers, sisters:-</p> <p>..... Date of Birth</p> <p>..... Date of Birth</p> <p>..... Date of Birth</p> <p>..... Date of Birth.....</p> <hr/> <p>ETHNIC GROUP(S) Please tick:</p> <p><input type="checkbox"/> NZ Maori (NZM) Specify Iwi:</p> <p>.....</p> <p><input type="checkbox"/> NZ European/Pakeha (EUR)</p> <p><input type="checkbox"/> Pacific Islander: Specify:</p> <p><input type="checkbox"/> Asian: Specify</p> <p><input type="checkbox"/> Other:</p> <p>Language Spoken at home (other than English)</p>
<p>PRE-SCHOOL DETAILS</p> <p>Kohanga Reo \ Playcentre \ Kindergaten \ Other \ Did not attend</p> <p>Hours per week:</p> <p>Years attended:</p>	<p>PERSONS WHO CAN PICK UP YOUR CHILD</p> <p>Name:</p> <p>Phone:</p> <p>Name:</p> <p>Phone:</p>
<p>SPECIAL LEARNING NEEDS INFORMATION</p> <p>Has this student had access to special funding:</p> <p>ORRS <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>SEG <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other:</p>	<p>Is remedial help required in the following areas?</p> <p>Mathematics <input type="checkbox"/> Yes <input type="checkbox"/> No Reading <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Writing <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing issues <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Vision issues <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Numeracy Level: Literacy Level:</p> <p>Please state any special learning or physical needs:</p> <p>.....</p>

SENSITIVE INFORMATION

Relating to health, legal access, special family circumstances, of which the school should be aware or if copies of reports are required by a parent not living with the student – please indicate here. In case of any legal access issues – Please supply relevant documentation.

- Health:
- Legal access:
- Special family circumstances:
- People who cannot pick up my child:
- Other (specify):

Has the child ever been stood down, suspended or excluded from any school:

☐ Yes ☐ No **If yes please state why:**

CURRICULUM AND CO-CURRICULUM DETAILS:

What strengths, abilities, and interests does your child have that you would like us to know about?

.....
.....

PUBLISH ONLINE

Do you give permission for your child's name, photograph or work to appear in the school newsletter, end of year Calendar or on the class or school web page? ☐ Yes ☐ No

BUS RULES

Children must:

Listen to the driver at all times.

Not eat or drink on the bus.

To be seated at all times, when there are seats available.

Speak quietly and pleasantly to people near you.

Wait until the door opens before standing. Pupils already standing must stay in one place while the bus is moving.

Obey the bus monitors at all times.

Any problems please speak to your bus monitors or driver when you get off the bus.

They will inform Mrs Dunn if necessary.

Students, who break the school rules to a degree that constitutes a safety risk, will receive a bus notice, which needs to be signed by a parent/caregiver and returned to school. For minor transgressions, children may be removed from the playground for an appropriate amount of time, during which they will write the bus rules. In the case of extreme or repeated breaking of the rules, children will be removed from the bus for a set period of time. It will be the parents/caregivers responsibility to transport the child to and from school during this time.

Childs name:

Parents\ Caregiver Name:

Signed:

COMPUTER USE AGREEMENT

My child will only use technology and internet access with authorisation by their teacher.

My child is not allowed to download information off the internet without their teacher's permission.

My child will:

- Be careful with equipment and furniture
- Respect the software that has been made by others and not copy it
- Only use school software on school computers \ ipads
- I will not give anyone on the internet any information about myself or anyone else
- I will talk to a teacher if there is a problem.
- I understand that while the school will do its best to restrict access to any offensive dangerous or illegal material, it is the responsibility of my child to have no involvement in such material.

Please discuss these matters with your child and sign below to confirm their understanding:

Childs name:

Parents\ Caregiver Name:

Signed:

AFTER SCHOOL CARE

We provide an after school care programme from 2:30 to 5:30, Monday to Friday. Will you be requiring this service throughout the year? Please indicate which days:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

SCHOOL DONATION

For the 2017 school year the donations have been set as follows:

1 child in family	\$50	(\$12.50 per term)
2 children in family	\$90	(\$22.50 per term)
3 (or more) children in family	\$120	(\$30.00 per term)

The amount can be paid in full at the beginning of the school year or on a term-by-term basis.

If you wish to pay by direct credit to our school bank account, the account number is:

ASB Whangarei 12-3099-0483260-01

Please ensure that your CHILD'S NAME is clearly stated in the relevant on-line field.

We very much appreciate all donations and the money received is spent directly for the benefit of the children.

FAMILY AGREEMENT

- As Parent(s)/Caregiver(s)/Guardian(s) of the student named above I/we agree to support the kaupapa \ rules of Ruakaka School.
- My child is not enrolled at another school at the same time he\she is enrolled at Ruakaka School.
- In the event of sickness and accident emergencies whereby staff are unable to contact parents I authorise the school to obtain on my behalf any medical assistance if in the opinion of staff such treatment is necessary and agree to meet the costs incurred.
- I will advise the school of any changes of address or phone numbers straight away to ensure, that for the safety of my child, I can be contacted.

DECLARATION: I /we confirm that the information in this application is true and correct in every way:

Mother/Caregiver/Guardian: Father/Caregiver/Guardian:

Date: