

# RUAPEHU COLLEGE ENROLMENT FORM



Starting date at Ruapehu College

Surname  Given Names

Preferred Name  Gender  Male / Female Date of Birth

Student's cell phone Number

Home Phone

Caregiver's Name

Physical Address

Postal Address

Num/St:

Num/St:

RD

RD

Town

Town

Postcode

Postcode

Ethnicity

Iwi

### Office Use Only

Year

Form Class (Dean)

Whanau (DP)

Roopu (DP)

### Previous Schools

NSI Number

Caregivers Primary

Caregivers Primary

Caregivers Emergency Contact

Name

Name

Name

Relationship

Relationship

Relationship

Phone Home

Phone Home

Phone Home

Phone Cell

Phone Cell

Phone Cell

Email

Email

Email

Address

Address

Address

Occupation

Occupation

Occupation

Phone Work

Phone Work

Phone Work

Address Work

Address Work

Address Work

Name of siblings

Name of siblings

Name of siblings

Age

Age

Age

School Attending

School Attending

School Attending

Previous Family  
Do you have any links with  
one of the houses/whanaus?

Name of family member

Relationship to enrolling student

House/Whanau

## Health:

Doctor:

Allowed Panadol: Please circle one.

Yes/No

Dentist:

Allergies:

Vaccination History:

- Diphtheria
- Hepatitis
- HIB
- Measles
- Mumps
- Pertusis
- Polio
- Rubella
- Tetanus
- Tuberculosis

Allergies:

- Anesthetics
- Aspirin
- Bee Stings
- Codeine
- Food Allergy
- Insect Bites
- Penicillin
- Sulfa
- Sunlight

Medical Conditions:

- Migraines
- Travel Sickness
- Dizzy spells
- Epilepsy
- Asthma
- Diabetes
- Heart conditions
- Colour blindness
- Other

Notes:

When did your child last receive a tetanus injection?

Special Circumstances:

Academic Information:

Sport and Extracurricular Interests:

### Internet Access

I give permission for my child to access the internet at school, and understand that my child is obliged to sign a contract\* stating conditions of use.

\* Copy available on request.

Parent/Caregiver signature \_\_\_\_\_

I/We agree to abide by the College rules as explained in the prospectus and other related documents.

I am aware of school rules regarding the following

- Wearing of correct uniform
- Non- Smoking environment
- No illegal substances
- No violence

I/We agree to pay appropriate materials and activity fees via, cash, cheques or automatics payment.

A minimum automatic payment must be \$15 per students per week paid weekly, fortnightly or monthly.

In terms of the Privacy act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The record made from this information may be viewed on request at the school. I approve release of relevant data to subsequent schools and school related professional organisations.

I understand that the College will take action on my behalf in case of sudden illness or injury and I agree to abide by College Policies.

Student Name

Signature

Date

Parent/Caregivers Name

Signature

Date