



STUDENT DETAILS	SURNAME:		COUNTRY OF BIRTH:		
	LEGAL FIRST NAME/S:		DATE OF ENTRY TO NZ (if not born in NZ):		
	PREFERRED FIRST NAME:		CITIZENSHIP/RESIDENCY STATUS: <i>(Please provide copy of birth certificate or passport)</i>		
	GENDER:				
	DATE OF BIRTH:		LANGUAGE/S SPOKEN AT HOME:		
	PLACE IN FAMILY: of		PARENT 1's ETHNICITY:		
	ELDEST IN FAMILY AT THIS SCHOOL: YES / NO		PARENT 2's ETHNICITY:		
	HOME ADDRESS:		CHILD'S ETHNICITY: <i>(You may identify with up to 3)</i>		
	PREVIOUS SCHOOL/CENTRE:		NZ Māori		Samoa
			NZ Pākehā		Other Pacific Island
			European		South East Asian
			Fijian		Indian
	CURRENT YEAR LEVEL:		Tongan		Japanese
			Cook Island Māori		Other:
NSN:		lwi:	lwi:	lwi:	
RAMANUI ENROLMENT NUMBER:		DATE COMMENCES HERE:			
SIBLINGS LIKELY TO ENROL AT RAMANUI:					
NAME:		D.O.B:			
NAME:		D.O.B:			

PARENTS/CAREGIVERS	CAREGIVER 1 <i>(this will be used as emergency contact 1)</i>		CAREGIVER 2 <i>(this will be used as emergency contact 2)</i>	
	FIRST NAME:		FIRST NAME:	
	SURNAME:		SURNAME:	
	RELATIONSHIP TO CHILD:		RELATIONSHIP TO CHILD:	
	ADDRESS:		ADDRESS:	
	PHONE:		PHONE:	
	EMAIL:		EMAIL:	
	OCCUPATION:		OCCUPATION:	
	WORK PLACE:		WORK PLACE:	
	CHILD LIVES WITH:		<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER	

EMERGENCY CONTACT		RELATIONSHIP TO CHILD:	
FIRST NAME:		LAST NAME:	
ADDRESS:		PHONE:	

ECE	<p>If your child is a New Entrant, did they attend an Early Childhood Centre regularly prior to school? YES / NO</p> <p>Please circle the type of ECE and enter the number of hours per week and years of attendance</p> <p>Kindergarten Kohanga Reo Playcentre Playgroup Private Care Overseas Hours per week: No of Years:</p>

HEALTH, LEARNING AND BEHAVIOUR	<p>Is your child fully immunised? YES / NO</p> <p>Copy of Immunisation Cert YES / NO</p>	LEARNING/BEHAVIOURAL NEEDS:
	<p>Has your child had a before school check? YES / NO</p>	
	<p>Vision/hearing concerns? YES / NO</p>	SPECIALIST/RESOURCING/OTHER AGENCIES:
	<p>I consent to my child's hearing/vision being tested? YES / NO</p>	
	<p>Allergies/ Medication:</p>	HEALTH ISSUES/OTHER INFORMATION:
	<p>Speech:</p>	
	<p>Family Dr & Practice: Phone Number:</p>	
	<p>I give permission for the school to administer the following as needs arise: Antihistamine Cream for bites/stings YES / NO Anti-inflammatory cream or Kawa cream for minor abrasions, eczema, sunburn YES / NO</p>	

APPROVALS AND CONSENTS	<p>Published Materials: We regularly display children's work and photographs on our school website, in the newsletter and in other online and print environments (without labelling the photographs with the student's name).</p> <p>I give permission for my child's work and image to be used in school publications/Facebook etc YES / NO</p>
	<p>EOTC: During your child's education at Ramanui School there will be times when the class will visit local places of interest. Children learn by enjoying experiences, appropriate to their needs and environment. Varied experiences are necessary for development, and all learners should be given the opportunities to explore the world outside the classroom. These could include the Hawera Library, the Hawera Aquatic Centre, local Parks, Fire Station etc.</p> <p>I give permission for my child to visit places within the area of Hawera boundary YES / NO</p>
	<p>Technology: During your child's education at Ramanui School they will be taught the use of apps/email/internet skills. Rules and guidelines regarding this are outlined in the ICT Agreement.</p> <p>I give permission for my child to use apps, email and the internet YES / NO</p> <p>We have read the ICT Agreement and support the school's right to remove digital technology access where there is a breach of the agreement YES / NO</p>
	<p>Parent Consent: I consent in the event of illness, accident or emergency, when the school is unable to contact caregivers or other emergency contacts I have listed on this form, to allow the school to take necessary steps to ensure the appropriate treatment for my child.</p> <p>Signed: _____ Date: _____</p>
	<p>Attendance: I understand that the school requires punctual and regular attendance to meet the obligations to the Ministry of Education and that I must explain any absences by communication with the school office each day that my child is absent by 9.30am. You can report absences through email admin@ramanui.school.nz, text (022 153 8083), phone (06 278 7412) or Skoolloop app.</p> <p>Signed: _____ Date: _____</p>
	<p>Policies: I agree to abide by all school policies and procedures as per our SchoolDocs (ramanui.schooldocs.co.nz)</p> <p>Signed: _____ Date: _____</p>