



RIVERVIEW SCHOOL

Enrolment Form

Date Received ___/___/___

This form is to be completed by the parents or caregivers of the student applying for enrolment and must be returned to the Riverview School office together with the student's full Birth Certificate, evidence of permanent residence, and verification of NZ residency/citizenship for students born outside New Zealand.

STUDENT DETAILS

Student Preferred Name	<i>Surname</i>		<i>First Name</i>	
Legal Surname <i>(If different from Preferred)</i>			Gender	MALE / FEMALE
Legal First Name <i>(If different from Preferred)</i>			Year Level Enrolling In	0/1/2/3/4/5/6
Middle Names			Date of Birth	
Sibling/s currently attending Riverview School			Place in family	_____ of _____
Sibling/s previously attended Riverview School			NSN Number (If known)	
Country of Birth	New Zealand <input type="checkbox"/> <i>(Specify & Provide Other: Residency Documentation)</i>			
First Language(s)	English <input type="checkbox"/> <i>Other: (Specify)</i>			
Nationality	New Zealand <input type="checkbox"/> <i>Other: (Specify)</i>			
Ethnicity <i>(If more than 1, number in order of preference)</i>	NZ Maori <input type="checkbox"/> NZ European <input type="checkbox"/> <i>Other (Specify)</i>			
Maori students: please give Iwi affiliation/s				
Previous School or Early Childhood Centre				
Bus Route	<input type="checkbox"/> KK1 Pungaere <input type="checkbox"/> KK2 Takou <input type="checkbox"/> KK4 Te Tii <input type="checkbox"/> KK5 Stanners Road <input type="checkbox"/> KK8 Opito Bay <input type="checkbox"/> KK8A Town Bus <input type="checkbox"/> KK10A Waipapa West <input type="checkbox"/> KK12A Triangle <input type="checkbox"/> KK14 Airport <input type="checkbox"/> KK23 Matauri Bay & Kaeo			
Names of members of family likely to be attending this school in the future	1. _____ Birthdate: ___/___/___ 2. _____ Birthdate: ___/___/___			
IN ZONE / OUT OF ZONE			BIBLE IN SCHOOLS / CURRICULUM	

CHECKLIST : Have you attached the following documents to this application?

- A copy of your Certificate of Title, or a current FNDC rates statement for your property, or a Tenancy Agreement **and** an electricity statement, or a home telephone statement
- Copy of full Birth Certificate to verify parent details
- Evidence of legal custody should the student not be residing with a parent
- Copy of documentation showing permanent residence or citizenship for students born outside New Zealand
- Have you received a copy of the *Procedure for Online Publication of Student Images and Work* and signed the Declarations on page 3
- Have you received a copy of the *Behaviour Plan*, read it, and have both you and your child signed it?

I confirm that all the information provided on this application is correct.

Signed: _____ **Date:** ___/___/___

PARENT / CAREGIVERS THAT STUDENT RESIDES WITH

The Education Act gives the right to vote in Board of Trustees elections to both natural parents.

*Immediate caregivers **with whom the student is resident** are also eligible to vote.*

Relationship to student	Father / Stepfather / Partner Caregiver / Other _____	Relationship to student	Mother / Stepmother / Partner Caregiver / Other _____
Living with	YES / NO	Living with	YES / NO
Shared Care Relationship	YES / NO	Shared Care Relationship	YES / NO
Please state details of shared care arrangement		Please state details of shared care arrangement	
Legal Access	YES / NO	Legal Access	YES / NO
Title	Mr / Dr	Title	Miss / Ms / Mrs / Dr
Given Name		Given Name	
Surname		Surname	
Home Phone		Home Phone	
Email address		Email address	
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
Fax		Fax	
Postal address of student <i>(Include RD and Rapid and Postal Code)</i>			
Residential address of student <i>(If different from above)</i>		Postal address of other parent, if applicable <i>(Include RD and Rapid)</i>	

Emergency Contacts:

If we are unable to contact any of the listed caregivers on these pages, in the case of emergency, please provide additional contacts. Please note, students can only be collected from school by the caregiver or emergency contacts listed:

1 st Contact		Relationship		Phone Numbers	
2 nd Contact		Relationship		Phone Numbers	

PERSONAL INFORMATION

The following information will remain confidential within the school.

Please inform us of anything that the school should be aware of for the wellbeing of this student.

<u>Family</u> (appears on all siblings' records)	<u>Student</u> (appears on individual record)

OTHER PARENTS/CAREGIVERS NOT RESIDING WITH STUDENT (If Applicable)			
Relationship to student	Father / Stepfather / Partner Caregiver /Other _____	Relationship to student	Mother / Stepmother / Partner Caregiver / Other _____
Please state details of shared care arrangement		Please state details of shared care arrangement	
Legal Access	YES / NO	Legal Access	YES / NO
Title	Mr / Dr	Title	Miss / Ms / Mrs / Dr
Given Name		Given Name	
Surname		Surname	
Home Phone		Home Phone	
Email address		Email address	
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
Alternative Postal address			
Send to above postal address: <i>(Please tick)</i>	<input type="checkbox"/> Report <input type="checkbox"/> Account		

MEDICAL DETAILS			
<i>To be held at Riverview School Office</i>			
Parents/Caregivers to be contacted in case of illness			
Family Medical Centre			
Phone Number		Doctor's Name	
I consent to my child's vision and hearing being tested	YES / NO	Immunisation Form completed and attached	YES / NO

DECLARATION			
<i>I/We have read Riverview School Handbook and agree to abide by the following conditions of attendance.</i>			
RULES	<ul style="list-style-type: none"> Compliance with the school 'Behaviour Plan' and standards of discipline by every student. Compliance with the rules of attendance by every student. 	Parent _____	Student _____
PRIVACY ACT	I/We agree to the school collecting appropriate educational information on this school student. I/We agree that all information relating to this student can be used for school purposes.	Parent _____	
ACCEPTABLE USE	We have read the Procedure for the Online Publication of Student Images and Work. We understand the Procedure.	Parent _____	Student _____
BUS CONTRACT	We have read the Bus Safety Bus Behaviour Contract. We understand the Contract.	Parent _____	Student _____
SCHOOL RELATED EVENTS	I/We are happy to be contacted for school related events.	Parent _____	

RIVERVIEW SCHOOL ADMINISTRATION

OFFICE USE ONLY

Date of application	_____	Enrolment Number	_____
Date of first attendance	_____	Computer records completed	_____
Copy of Birth Certificate	_____	In-Zone Form completed	_____
Guardianship verified	_____	Enrolment Questionnaire completed	_____
Copy of Address verification <i>(Power/Phone/Rates/Tenancy)</i>	_____	ENROL updated	_____
Year Level	_____	NSN Number updated	_____
Class Teacher	_____	Records file completed	_____
	_____	Dental Form completed	_____
	_____	Bus Contract completed	_____
	_____	Medication Form completed	_____
	_____	Declarations completed	_____
Signed Off as Complete	_____		

Documentation Pending:			
Notes for Enrolment Officer:			

STUDENTS BORN OUTSIDE N.Z.			
N.Z. residency verified	_____	Student Visa	_____