



RANGIORA BOROUGH SCHOOL

PO Box 68, King Street, Rangiora
Ph 03 313 7434 | Email: office@rangiora.school.nz | www.rangiora.school.nz

Pre-enrolment form for a place at Rangiora Borough School for all families who live outside the Rangiora Borough School Enrolment zone.

Note to parent/caregiver: If you are living outside of the school's zone, it is only possible to secure a place at the school if there is a vacancy. The reason for setting up the enrolment zone is to ensure that our class sizes do not become too large and overcrowded.

Children living outside the zone may obtain a place through a ballot system. You must fill out the form below and return to the school as soon as possible. We will write to you within three days after the ballot date to let you know whether we can offer a position at the school or not.

1. My son's / daughter's full name is: _____

2. Gender: BOY / GIRL

3. Date of Birth is: _____

4. I would like to start my child on the following date: _____

5. Is your child a New Entrant? YES / NO

If not, please state the class level that your child wishes to enter: _____

6. Mother's Name: _____

Address: _____

Father's Name: _____

Address: _____

7. Phone Number - Home: _____

Cellphone: _____

8. Your email address: _____

When a ballot is held and we decide whether we can accept your child or not, we have to advise you in writing. Please tell us your preference for receiving this information by ticking the appropriate box:

LETTER

EMAIL



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9. Please tick the appropriate box below that indicates your child's priority status:

| Priority Number | Criteria | Indicate with a tick the priority your child is able to have |
|-------------------|--|--|
| Priority Number 1 | Only applies if we have an approved 'special programme' at our school. | <input type="checkbox"/> |
| Priority Number 2 | Your child has a brother / sister currently attending Rangiora Borough School | <input type="checkbox"/> |
| Priority Number 3 | Your child has a brother / sister who has attended Rangiora Borough School in the past | <input type="checkbox"/> |
| Priority Number 4 | Your child has had a parent attend this school in the past | <input type="checkbox"/> |
| Priority Number 5 | You are an employee of the Board (or a member of the BOT) and you have a child who wants to attend Rangiora Borough School | <input type="checkbox"/> |
| Priority Number 6 | All other children who live outside the zone | <input type="checkbox"/> |

If there are more applicants in the second, third, fourth or fifth priority groups than there are places available, selection within the priority group will be by a ballot conducted in accordance with instructions issued by the Secretary under Section 11G(1) of the Education Act 1989.

Finally.....

If we are able to offer you a place for your child at Rangiora Borough School, it would be a big help to us if we know what kind of teacher you would like for your child so that we can ensure that your child is placed in the right class. You will appreciate that teachers have all kinds of strengths and skills. Please tick the box that would best suit your child.

| | | |
|----|---|--------------------------|
| 1. | A teacher with strengths in extending and enriching gifted or capable children | <input type="checkbox"/> |
| 2. | A teacher with strengths in nurturing and supporting children with special or particular needs. | <input type="checkbox"/> |
| 3. | No particular preference. | <input type="checkbox"/> |

I declare that all of the information provided on this form is accurate and can be verified if requested.

Signed: _____

Date: _____