



RANGIORA BOROUGH SCHOOL

New/Intended Pupil Pre-Enrolment form. Please complete clearly

Pupil Information

Legal Surname: _____

Legal First Names: _____

Gender: Boy / Girl Date of Birth: _____

Home Postal Address: _____

Ethnicity/Ethnicities child identifies with:

Proposed Starting Date: ____ / ____ / ____

Parents: **Name** **Address (if different to above)** **Phone**

Mother: _____

Father: _____

Other Parent/Carer: _____ Relationship to Child _____

Email: _____

Emergency Contacts:

Name: **Relationship to Child** **Phone**

1. _____

2. _____

Pre-School/ Previous School: **Siblings already at Rangiora Borough School**

Younger Siblings coming in the future:

_____ Date of Birth: _____

_____ Date of Birth: _____

Has your child ever been referred to:

Early Intervention, RTLB, SLT or other Educational Support Services Yes / No

Had remedial or extension programmes Yes / No

Been stood down or excluded from any school/preschool Yes / No

Individual Needs:

Learning: _____

Behaviour/Social: _____

Health: _____

Pupil Strengths/Interests:

Any further comment or information you wish to share/discuss at the enrolment appointment: