



RANGIORA BOROUGH SCHOOL

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

Pupil Information

Legal Surname: _____

Legal First Name: _____

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
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Mother:	_____		
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Father:	_____		
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Other:	_____		
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Email:

Emergency Contacts:

Name:	Relationship to Child	Phone
1. _____	_____	_____
2. _____	_____	_____

Previous School/PreSchool:

Siblings at Rangiora Borough School

Younger Siblings coming in the future:

_____ Date of Birth: _____

_____ Date of Birth: _____

Has your child ever been referred to:

RTL, 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 _____

Pupil Strengths/Interests:

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