



Auckland City Hospital Site
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ronald mcdonald house auckland

pre-enrolment form for ronald mcdonald house school

Student:

Full Name _____ Male Female

DOB _____ Age _____ School Year (0-13) _____ Ethnicity _____

NZ Citizen/Permanent Resident Yes No Language(s) _____

Address _____

Home Ph _____ Mob _____ Email _____

School _____ Returning Family Yes No

Last date at School _____ Teacher/Contact Person _____

Position _____

Parent/Guardian: (staying with the student at Ronald McDonald House Auckland)

Name Mr/Mrs/Miss/Ms _____

Mobile _____ Email _____

Criteria for Admission: Students who will be staying at RMHA for 3 school days or more must be enrolled. If here for less time, your child is still welcome.

_____ (student) is in RMH because of:

Outpatient treatment

Sibling illness

Consent

I request that the Northern Health School at Ronald McDonald House Auckland admit

_____ (student), and consent to educational and other information relevant to the planning and delivery of his/her educational programme being obtained and shared.

Parent/Guardian signature _____ Date _____

Authorisation:

Date received: / / Recorded by: _____ Checked by: _____