

Ko Taku Reo Enrolled School and Residential Placement Expression of Interest Form

Date:	
RTD	Name:
Phone:	Email:
AODC (If applicable)	Name:
Phone:	Email:
Current School or ECE	Name:
Phone:	Email:
Student:	Name:
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D.O.B: Year at school:
NHI Number:	Date of diagnosis of hearing level detection:
Hearing status:	
Date device first fitted:	Communication: eg NZSL / Spoken Language
<i>Please attach a copy of this student's latest audiogram with this referral.</i>	
Is this student ORS verified?	Yes <input type="checkbox"/> Level: ORS Number: No <input type="checkbox"/>
Details for Parents/Caregivers	
Name:	Mobile: Deaf <input type="checkbox"/> Hearing <input type="checkbox"/>
Relationship to student:	Email:
Name:	Mobile: Deaf <input type="checkbox"/> Hearing <input type="checkbox"/>
Relationship to student:	Email:
Home Address:	Postcode:
Phone:	
Name of adult accompanying student on visit:	
What are the main purposes of this visit?	
What are main concerns for this student in their current school?	
<i>Please attach a copy of this student's latest IEP and / or NZQA Record of Achievement with this referral.</i>	
If a school application was accepted, when would you like to enroll this student in the Enrolled School, Ko Taku Reo	
Proposed start date:	
Please indicate to who reports should be sent to:	

Preschool/School	Name: Email:
Head Teacher/Principal	Name: Email:
RTD	Name: Email:
Teacher Aide	Name: Email:
Speech & Language Therapist	Name: Email:
Audiologist	Name: Email:
ENT/GP	Name: Email:
RTD	Name: Email:
Other (SENCo)	Name: Email:

Placement Visit: Please save and forward this form by email to Olivia Gorman Head of Enrolled School olivia.gorman@kotakureo.school.nz with Placement Visit in the subject line.

TRAVEL FUNDING: The DHB of your family's home location will arrange the funding and coordinate the travel for your child and their support person's visit to Ko Taku Reo. The application form for this funding is attached with this document. It must be completed and returned with this form to Ko Taku Reo Deaf Education New Zealand. Please allow plenty of time for the processing of your referral and the organising of your travel arrangements before the desired date of your Placement Visit.

PARENT CONSENT FORM

By signing this form, parents are giving permission for information to be used by Ko Taku Reo Deaf Education New Zealand for purposes of assessment and programme planning. Information may be sought from, and shared with, other health professionals where it is considered to be in the best interests of the individual concerned.

In addition, audiology students may observe our audiologist during some assessments. These observations will not interfere with the assessments and will be done according to a code of practice agreed between Canterbury University and Ko Taku Reo. Information will be stored at Ko Taku Reo and access can be requested from:

Head of Enrolled School
Ko Taku Reo
38 Truro St
Sumner
Christchurch 8081

Parent/Caregiver Signature: _____ Date: _____

Informed Consent

Personal information and privacy

As New Zealand’s provider of education services for Deaf and Hard of Hearing children and young people, *Ko Taku Reo - Deaf Education New Zealand* (“Ko Taku Reo”) provides specialist schools, facilities, campuses and related deaf educational services (our Services).

In order to provide your child with our Services, we rely on the collection of personal information submitted by you or with your authority.

This form, together with our Privacy Policy (available online at www.kotakureo.school.nz/about-us/policies/privacy-policy) sets out how we collect, hold, use and disclose personal information.

Your rights and our Privacy Officer

You and your child have certain rights under the Privacy Act to access and request corrections to your personal information. Our Privacy Policy contains further information on your rights.

If you have any questions or would like further information on our privacy practices, we encourage you to write to our Privacy Officer at privacy.officer@kotakureo.school.nz.

If you don’t agree to providing your or your child’s personal information on the basis set out in this Student Registration form, we will still work with you to provide support for your child’s needs within our available Services, but we may be unable to provide you some, or all, of our Services.

Please tick all that apply:

- I confirm that the information provided on this form is a true and accurate record.
- I agree to the collection, storage, and use of personal information provided on this form in accordance with the purposes outlined above.
- I give permission for employees of Ko Taku Reo to receive information about my child from the school my child is enrolled in, for the purposes outlined above.
- I give permission for employees of Ko Taku Reo to act on my behalf in an emergency such as sudden illness or injury to my child.
- I give permission for photos and videos of my child, their schoolwork and learning journey to be published on internal and external digital platforms and print publications, including but not limited to: school newsletters, year books, and social media platforms administered by Ko Taku Reo Communications staff. I understand that their name, year level, and school may be included for the purposes of sharing positive news and stories that support the work of Ko Taku Reo.

Parent / Guardian / Legal caregiver			
Full Name			
Signature		Date	
Office Use Only			
NSN		Compass – Data entered (please tick)	<input type="radio"/>
Date Received		Compass – Form scanned and entered (please tick)	<input type="radio"/>