



ROSEHILL COLLEGE

ALTERNATIVE EDUCATION INFORMATION GUIDE

CONTACT INFORMATION

ROLE	NAME	EMAIL	PHONE
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Lead Support	James Fraser	j.fraser@rosehillcollege.school.nz	(09) 295 0661
Accounts & Invoicing	Stephen Foster	accounts@rosehillcollege.school.nz	(09) 295 0661

ABOUT THE PROGRAMME

Rosehill College leads the Alternative Education (Alt Ed) Programme for the Papakura area, in partnership with Blue Light Papakura and Te Awatea. The programme provides flexible, supportive learning pathways for students in Years 9–11 who need a tailored environment to succeed.

PROGRAMME FOCUS

- Core Learning: Literacy, numeracy, and NCEA Foundation Level
- Pathways: Transition planning, employment skills, and work readiness
- Life Skills: Hauora, resilience, communication, and teamwork
- Service & Leadership: Building social responsibility and whanaungatanga
- Support: Small class sizes, mentoring, and wrap-around pastoral care

PROGRAMME OPTIONS (2026)

SITE	PLACES	YEAR LEVELS	FOCUS
Rosehill College (on site)	18	Year 9 to Year 11	Re-engagement, foundation learning, transition to school.
Blue Light Papakura	15	Year 9 to Year 11	Youth development and leadership.
Te Awatea	30	Year 9 to Year 11	Holistic, whanau-based learning and wellbeing support.

ENROLMENT PROCESS

1. **Referral or Enquiry:** Contact the Alt Ed team at altd@rosehillcollege.school.nz.
2. **Submit Enrolment Form:** Complete and return the Alternative Education Enrolment Form.
3. **Initial Interview:** Student, whānau, and referring school meet with the Alt Ed Coordinator.
4. **Transition Plan:** A personalised learning and attendance plan is developed.

ALTERNATIVE EDUCATION ENROLMENT FORM

(Rosehill College - Lead School for Papakura Cluster)

1. STUDENT DETAILS

Full Name: _____

Date of Birth: _____ Gender: _____

Year Level: _____ Ethnicity/Iwi: _____

Home Address: _____

Email: _____ Postcode: _____

Current/Last School Attended: _____ Student NSN (if known): _____

2. PARENT/CAREGIVER DETAILS

Full Name: _____

Relationship to student: _____

Address (if different): _____

Email: _____ Postcode: _____

Emergency Contact Name: _____ Phone: _____

3. REFERRING SCHOOL OR AGENCY

Name of School/Agency: _____

Contact Person: _____ Position: _____

Email: _____ Phone: _____

Reason for Referral/Background Information: _____

4. LEARNING AND SUPPORT NEEDS

- Learning Support (e.g. Literacy/Numeracy) Behavioural or Attendance Concerns
- Health or Wellbeing Support Needed Counselling/Mentoring Support
- Agency Involvement (e.g. Oranga Tamariki, CAMHS, Police)
- Other: _____
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5. PREFERRED PLACEMENT SITE

- Rosehill College Blue Light Papakura Te Awatea
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6. WHĀNAU/STUDENT GOALS

Briefly describe what you hope to achieve through Alternative Education:

7. PERMISSION AND DECLARATIONS

- I give permission for Rosehill College to share relevant information with partner schools and agencies for educational and pastoral purposes.
- I understand that placement is subject to availability and suitability following an interview and transition meeting.
- I agree to support my child's attendance, engagement, and behaviour expectations within the programme.

Parent/Caregiver Signature: _____ Date: _____

Student Signature: _____ Date: _____

Referring School
Representative Signature: _____ Date: _____

RETURN COMPLETED FORM TO:

Email: alted@rosehillcollege.school.nz

Phone: (09) 295 0661 ext 871 – Attn: Men Chau Loong

For invoicing enquiries: Stephen Foster – accounts@rosehillcollege.school.nz