

Student Name:



WAIMEA COLLEGE

Enrolment Form



| Student Details | | | |
|--|---|--------------------|---|
| Student's Legal/Last Name: <i>Eg JONES as per birth certificate</i> | | | |
| Student's Legal First Name(s): <i>Eg Christopher John</i> | | | |
| Student's Preferred Name: <i>Eg Chris JONES</i> | | | |
| Date of Birth: | ____ / ____ / ____ <i>Day Month Year</i> | Gender: | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Student will be starting at Waimea College in Year Level: <i>(please circle one)</i> 9 10 11 12 13 | | | |
| Date student is expected to start at Waimea College: | | Home Phone: | |
| Mail to Whom: <i>(for official letters and invoices)</i> <i>Eg Mr W and Mrs C Jones</i> _____ | | | |
| Main Email Address: _____ | | | |
| Address: <i>(Include Emergency Services or Rapid number for Rural Addresses)</i> | Physical Address | | Postal Address |
| | Num / Street: | | |
| | Rural Delivery: | | |
| | Suburb: | | |
| | Town: | | |
| | Postcode: | | |
| An Ethnic Group is required by the Ministry of Education for statistical purposes. Please tick one or more. | | | |
| <input type="checkbox"/> Maori Iwi 1. _____ 2. _____ 3. _____ (If you do not know the name of your Iwi, tick) <input type="checkbox"/> do not know (There is a copy of the 'Iwi Affiliation Reference Sheet' at the College Reception if you need assistance). | | | |
| <input type="checkbox"/> NZ European / Pakeha <input type="checkbox"/> Pacific Island <input type="checkbox"/> Other: (please state): _____ | | | |
| Previous school before coming to Waimea College: | | | |
| NSN Number: | | | |

Confirmation of Residency

Where possible please provide a copy of student's birth certificate or passport.

The College is required to confirm the residency of all students.

- Were you born in New Zealand? Yes No _____
- Have you attended a New Zealand school? Yes No If no please state where
- Are you a New Zealand citizen? Yes No

If you have answered **NO** to any of these questions, you **must** supply residency documents and/or a New Zealand Birth Certificate.

Country of Citizenship: _____ First Language (Spoken at home): _____

| Primary Caregivers (Main Residence) | |
|---|---|
| Female | Male |
| Name: Mrs/Ms/Miss | Name: Mr |
| Relationship: | Relationship: |
| Phone Home: | Phone Home: |
| Phone Cell: | Phone Cell: |
| Email: | Email: |
| Address | |
| Num / Street: | |
| Rural Delivery: | |
| Suburb: | |
| Town: | |
| Postcode: | |
| Phone Work: | |
| Contact in an emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No | Contact in an emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please record name of Caregiver that is to be contacted (via text/email) if student is absent: _____ | |

Tick if your child has a shared custody arrangement with the Primary and Secondary caregiver; that is regularly spends time with both caregivers. This means both caregivers will receive a copy of newsletters and reports.

| Secondary Caregivers (Secondary Residence) | |
|---|---|
| Female | Male |
| Name: Mrs/Ms/Miss | Name: Mr |
| Relationship: | Relationship: |
| Phone Home: | Phone Home: |
| Phone Cell: | Phone Cell: |
| Email: | Email: |
| Address | |
| Num / Street: | |
| Rural Delivery: | |
| Suburb: | |
| Town: | |
| Postcode: | |
| Phone Work: | |
| Contact in an emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No | Contact in an emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Emergency Contact – Other Caregiver | |
|-------------------------------------|---------------|
| Name: | Relationship: |
| Phone Home: | Phone Cell: |

Siblings at Waimea College

If the student being enrolled will have siblings at Waimea College in the year that he or she attends, please list their names below. Siblings include brothers, sisters, stepbrothers, stepsisters and any children of 'blended' families.

| | | |
|----|----|----|
| 1. | 2. | 3. |
|----|----|----|

If there are older siblings at College (living at the same address) we will assume that the details on this form are correct for all siblings. If this is NOT correct, please contact the College Reception with the correct details.

BYOD (Bring Your Own Device)

- Tick if your child currently has access to a laptop computer (not a tablet) that could be brought to school for learning purposes, if his/her teacher felt this would enhance their learning.

Medical Details

Medical Conditions

List any medical issues of which the school should be aware.

| Condition <i>e.g. Asthma</i> | Treatment <i>e.g. Carries own inhaler (self-controlling)</i> |
|------------------------------|--|
| | |
| | |
| | |

Medical Centre: _____ Doctor: _____

Medical Treatment

Parents/Caregivers enrolling a student at Waimea College give permission for the administration of first aid by staff with first aid training. Waimea College will give non-prescribed medication (according to the dosages specified) in emergency situations only. A register is kept of the medication and treatment given. Students who require non-prescription medication on a semi-regular basis are encouraged to provide their own supply which will be held in the College Reception for their use only.

Medication

Do you require the College to hold and/or administer medication for your student? Yes No
If 'Yes' the College will make contact to confirm details and complete the necessary consent form/s

Learning Concerns

List any learning difficulties of which the school should be aware e.g. autism, dyslexia and attach copies of any relevant supporting documentation.

Living Arrangements

If there are any special circumstances or information that we need to know, please record it in this box. This could include access arrangements by another parent, family circumstances. Please supply any custody documents if required.

Enrolment Scheme Section

The Ministry of Education requires the College to ensure that all students meet the requirements of the Waimea College enrolment scheme. Details of the scheme are available from the College Reception. The College may require supporting evidence relating to the student's address, and/or the siblings identified at the top of the previous page.

Please tick the option below that applies to you.

Section A - Student lives **INSIDE** the zone

I confirm that:-

- The "home address" which I have provided under "Student Details" will be the "usual place of residence" of the named student when the school is open for instruction. If the "home address" is not yet known (or is different to the usual place of residence) go to **Section B**.
- This address is inside the zone described in the Waimea College enrolment scheme.
- The student will be living at that address (when the school is open for instruction) with a person who is the parent or legal guardian of the named student. If the student is boarding in the zone, go to **Section B**.

Section B - Student lives **INSIDE** the zone but circumstances are different to those listed above

In this situation, a parent or legal guardian must make an appointment for an interview with the Principal or a designated staff member.

| |
|--|
| Date of interview: |
| Signed notes from the interview attached to this enrolment form by: _____ on ___/___/___ |

Section C - Student lives **OUTSIDE** the zone

Indicate below which of the following priorities (one to six) applies to you. If you require more information on this please contact the College Reception. You can also arrange for an interview if you are likely to be 'in-zone' by the date of first attendance.

| Priority | Description | |
|----------|--|---|
| 1 | Applicant for enrolment has Special Education (ORS) funding. | <input type="checkbox"/> Special Education |
| 2 | Applicants who are siblings of current students. | <input type="checkbox"/> Tick here and make sure that the siblings are named in the space on the previous page. |
| 3 | Applicants who are siblings of former students. | <input type="checkbox"/> Tick here and give names(s) of siblings and year(s) enrolled: _____ |
| 4 | Applicant is a child of a former student. | <input type="checkbox"/> Tick here and give former student's name and years attended: _____ |
| 5 | Applicants who are children of board employees. | <input type="checkbox"/> Tick here and give name of the employee: _____ |
| 6 | All other applicants. | <input type="checkbox"/> Tick here |

Computer Network Agreement

The school's computer network, internet facilities, computers and other school ICT equipment/devices bring great benefits to the teaching and learning programmes at Waimea College, and to the effective operation of the school.

The school's computer network, internet access facilities, computer and other school ICT equipment/devices are for educational purposes appropriate to the school environment.

As a responsible user of ICT, students will help keep themselves and other people safe by following these rules:

1. Each student will have their own user name and will log on only with that user name. Students will not tell anyone else their password.
2. While at school or a school-related activity, students will not have any involvement with any ICT material or activity which might put themselves or anyone else at risk (e.g. bullying, harassing, or disrespecting someone's privacy – personal information includes name, address, phone numbers, photos and videos).
3. Students can only use the internet and school network for appropriate educational purposes. If in doubt students will seek advice or ask a teacher.
4. If students accidentally access inappropriate material they will report the incident to a teacher or staff member immediately.
5. Students must not download any files such as music, videos, games or programmes without the permission of a teacher. This makes sure the school complies with the Copyright Act 1994 including amendments. Anyone who infringes copyright may be personally liable under this law.
6. These rules apply to Waimea College equipment and any privately owned ICT equipment that is brought to school or on a school activity e.g. camp. Any images taken must be appropriate to the school environment.
7. Students will not connect any device or attempt to run any software on school ICT equipment without a staff member's permission. This includes all wireless technologies.
8. Students will respect all ICT systems in use at Waimea and treat all ICT equipment/devices with care.
9. The school may monitor or check traffic and any material sent, received and stored on our networks. The school may use filtering and/or monitoring software to restrict access to certain sites and data, including email.
10. If these rules are broken, the school may inform the student's parents or caregivers. In serious cases, the school may take disciplinary action against students. There may be some charge for repair costs. If illegal material or activities are involved, it may be necessary for the school to inform the police.

Blanket Consent for Education Outside the Classroom (EOTC)

Education Outside The Classroom (EOTC) is the name given to all events/activities that occur outside the classroom, both on and off the school site. This includes sport, performing arts and curriculum related trips.

- Our school believes in using a range of environments and experiences to enhance our students' learning.
- We have ready access to the beach, rivers, mountains, and the bush in our area and beyond. We are also close to various built environments in our community. These areas are rich learning environments for our students both in and out of school. They need to learn how to be safe. Our school also values the concept of providing students with opportunities. Some of the learning for students occurs beyond the school site and this document is seeking your consent for your student to participate in such learning.

The Ministry of Education's **EOTC guidelines** identify four EOTC activity types, each with recommended types of parental/caregiver consent. In brief they are:

| Type of event | Description | Type of consent |
|---------------|--|---|
| A | <i>On-site: Activities on the school grounds</i> (i) Lower risk environments e.g. house sports, measuring for mathematics, painting (ii) Higher risk environments e.g. school pool, or climbing wall | (i) None required (ii) Blanket consent |
| B | <i>Off-site: Short visits in the local community during school time</i> (i) Lower risk environments e.g. Action Indoor Sports, Science trips, Easby Park (ii) Higher risk environments e.g. aquatic environments (river, beach), cross-country run, mountain biking | (i) Blanket consent (ii) Blanket consent |
| C | <i>Off-site: Activities after school finishes</i> (i) Lower risk environments e.g. Form visits, day hikes, movie theatre excursions (ii) Higher risk environments e.g. rock climbing, skiing, kayaking, swimming in natural environments (river, sea) | (i) Blanket consent (ii) Separate consent for each event or programme |
| D | <i>All off-site: Overnight or multiday</i> (i) Lower risk environments e.g. sport tournaments (ii) Higher risk environments e.g. Outdoor Education camps, mountain biking, alpine environments | (i) Separate consent for each event or programme (ii) Separate consent for each event or programme |

All EOTC activity categories require staff to undertake an analysis of the risks, and to identify the management strategies required to eliminate, isolate and minimise the risks. Emergency procedures are also in place.

Signing the Enrolment form automatically gives your child cover for all blanket consent activities.

Waimea College requires that the following undertakings be agreed to by the parent/s or legal guardian on behalf of themselves and the enrolling student.

- Information provided on the page relating to the College Enrolment Scheme is correct and complete.
- I will advise the College of any subsequent change to this information.
- I have read and been given a copy of the sheet titled 'Enrolment Scheme Information for Parents'.
- I confirm that the residency information provided is true and correct (*Documents are attached if applicable*)
- I hereby undertake with the Waimea College Board of Trustees to observe the conditions and expectations outlined in the Handbook and this Enrolment Application, so far as they affect us.
- I will be a responsible user of the Information and Communication Technology (ICT) network.
- I am aware that there are costs associated with a number of College activities. I undertake to pay these costs before the activity takes place, unless I have made other arrangements with the Resource Manager.
- For the purposes of the Privacy Act 1993, I hereby acknowledge and understand that:-
 - The information collected will be used for the following purposes: enrolling my child, Waimea assessing the education needs of my child and ensuring that education services and resources in respect of my child are provided to the school and Ministry of Social Development (MSD) as part of the Youth Service initiative.
 - The school collects and uses your child's information in accordance with the Privacy Act. The school sends some of your child's information to the Ministry of Education and other education and health agencies. The school will not provide your child's information to any other people or organisation without your authorisation, except in accordance with the Privacy Act.
 - Students' work and/or photographs may appear in school publications and **unless advised otherwise**, it is understood that the school has consent to the publication of work and/or photographs of the student that may appear in such school publications including newsletters, prospectus, magazine, some social media sites and advertising material.
- I agree to the participation of _____ in *lower risk* category **A** and **B** and **C** EOTC events while they are a student at Waimea College.
- I have provided the school with up to date medical, supervision and learning information in the enrolment form, and will make every endeavour to keep this information current.
- I accept that physical restraint may be used if the school reasonably believes the safety of my child or of any other person is at serious or imminent risk.
- If applicable, I have read and accepted the School Transport Safety and Behaviour information within the following link: <http://www.education.govt.nz/school/running-a-school/school-transport/safety-and-behaviour/>

Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: ___ / ___ / ___

Signature of Student: _____ Date: ___ / ___ / ___

For completion by designated Waimea College staff member

Interview held with (designated staff member): _____ on ___ / ___ / ___

Student enrolled as a (tick one): Regular Student Fee Paying Student Exchange student: Scheme _____

Copies of supporting documentation must be attached to this form

Out of Zone priority: **1 2 3 4 5 6**

Ballot Number:

| | | | | | | | |
|------------------------|--|--|--|---------------------|--|----------------|--|
| Enrolment approved by: | | Zoning approved: | | Initial data entry: | | Letter sent: | |
| Enrolled by: | | Residency approved (documents attached): | | KAMAR entry: | | Portal letter: | |
| Date received: | | | | ENROL database: | | | |