

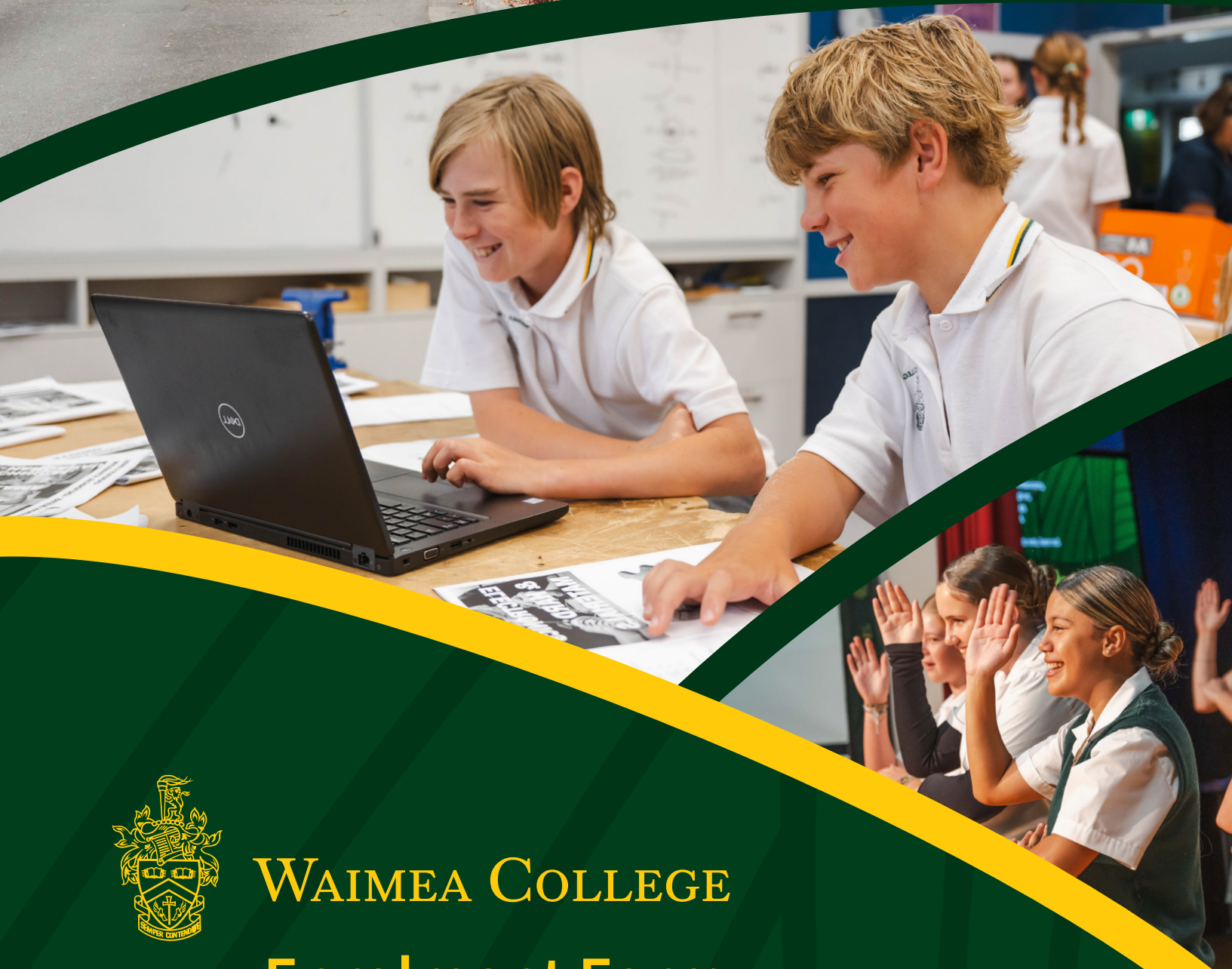
Name

Year



WAIMEA COLLEGE

Nau mai Haere mai Welcome



WAIMEA COLLEGE

Enrolment Form

Student Details

Date student is expected to start at Waimea College:

Student will be starting at Waimea College in Year Level: (please circle one)

9

10

11

12

13

Student's Legal Last Name:

Eg JONES as per birth certificate

Student's Legal First and Middle Name(s):

Eg Christopher John as per birth certificate

Student's Preferred Name:

Eg Chris SMITH-JONES

Date of Birth:

____ / ____ / ____
Day Month Year

Gender:

Confirmation of Residency

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

• Were you born in New Zealand?

Yes ☐No ☐

If no, please state where you were born

• Have you attended a New Zealand school?

Yes ☐No ☐

• Are you a New Zealand citizen?

Yes ☐No ☐

If you have answered NO to any of these questions, please provide Passport/Birth Certificate, Student Visa and/or Residency Documents.

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

Ethnicity

An Ethnic Group is required by the Ministry of Education for statistical purposes. Please tick one or more.

☐ Māori Iwi 1. _____ 2. _____ 3. _____If you do not know the name of your Iwi, tick ☐ Do not know

(There is a copy of the 'Iwi Affiliation Reference Sheet' at the College Reception if you need assistance).

☐ NZ European / Pakeha☐ Pacific Island☐ Other (please state): _____

Previous School

Contact Information

Postal Address:

(If Different to Physical Address)

Num/Street:

Rural Delivery:

Suburb:

Town:

Postcode:

Proof of Residence

Please supply a recent utility bill or current rental or tenancy agreement

Caregiver Contact Details	
All correspondence and invoices will be sent to these contact details unless the College is notified otherwise.	
Caregiver One	Caregiver Two
Title: (Optional)	Title: (Optional)
Name:	Name:
Relationship:	Relationship:
Phone Contact	Phone Contact
Email:	Email:
Physical Address	
Num/Street:	
RD:	
Suburb:	
Town:	
Postcode:	
Phone Work:	
Please record name and number of Caregiver that is to be contacted via text if student is absent:	
Name _____	Contact Number _____



Please tick if your child has a shared custody arrangement. (E.g. where they regularly spend time with both caregivers.)
This means both caregivers will receive a copy of newsletters, reports and access to the online portal.

Caregiver Three	
Title: (Optional)	
Name:	
Relationship:	
Phone Contact	
Email:	
Physical Address	
Num / Street:	
RD:	
Suburb:	
Town:	
Postcode:	
Phone Work:	

Caregiver Four	
Title: (Optional)	
Name:	
Relationship:	
Phone Contact	
Email:	
Physical Address	
Num / Street:	
RD:	
Suburb:	
Town:	
Postcode:	
Phone Work:	

Emergency Contact – These are not the Caregivers the child lives with, but live locally.	
Name:	Relationship:
Phone Home:	Phone Cell:

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 relevant custody documents.

Siblings at Waimea College

If the student being enrolled will have siblings currently attending Waimea College, please list their names below. Siblings include brothers, sisters, stepbrothers, stepsisters and any children of 'blended' families. We will assume that the details on this form are correct for all older siblings if they are living at the same address. If this is NOT correct, please contact the College Office.

1.	2.	3.
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Health

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). 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 Student Office for their use only.

Medical Centre: _____ **Doctor:** _____

Medical Conditions

Please indicate if your student currently has any of the following medical conditions

- | | | | |
|---------------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> Anaphylaxis* | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Hearing | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Diabetes* | <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart Condition | |
| <input type="checkbox"/> Epilepsy* | <input type="checkbox"/> Asthma | <input type="checkbox"/> Migraine | <input type="checkbox"/> Other |

*If you tick Diabetes, or Epilepsy, you will need to provide a medical plan from the Diabetic Nurse or Doctor.

*If you have ticked Anaphylaxis, you will need an Anaphylaxis Plan, signed by the Doctor. (Forms available from the Office)

Health Notes - Please provide further information here.

Medication

Do you allow your student to be given Paracetamol? ☐ Yes ☐ No

If your student takes medication on a regular basis for pain relief, allergies etc you may send a supply into the office to be administered as needed.

Learning

Please tick if your student has been diagnosed with any of the following

- | | | | | |
|-------------------------------|--|---------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Auditory Processing | <input type="checkbox"/> Autism | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Other |
|-------------------------------|--|---------------------------------|-----------------------------------|--------------------------------|

If ticked, please provide more details below and attach copies of any relevant supporting documents

Enrolment Scheme

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 next page.

Please tick the option below that applies to you. For assistance with determining whether you reside within the Waimea College Zone, please visit www.educationcounts.govt.nz/find-school

☐ 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.

☐ 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

BYOD (Bring Your Own Device) and Learning from Home

Waimea is a BYOD school. We expect students to attend school with a suitable device (laptop or tablet with physical keyboard). Please see our website for details regarding suitable device specifications and suppliers who offer preferential prices for Waimea College families.

Please select **one** of the following, regarding a BYOD device:

- ☐ My child will have a BYOD device that they can bring to school each day
- ☐ I am unable to provide a BYOD device, and I would like to talk to someone about assistance with this

Please let us know if your child is able to learn from home if necessary

- ☐ My child has access to a device at home for online learning (might be a shared device)
- ☐ We have an internet connection at home

Blanket Consent for Education Outside the Classroom (EOTC)

EOTC is a generic term used to describe curriculum-based learning and teaching that extends the four walls of the classroom. EOTC can range from a museum or marae visit to a sports trip, an outdoor education camp, a field trip to the foreshore, local parks or a visit to practise another language. EOTC can take place in the school grounds, in the local community, or in regions further afield, including overseas.

Reference: The Ministry of Education's [EOTC guidelines](#) and Waimea College EOTC Policy which can be accessed through [Policy & Procedures](#), via our Website.

Waimea College has identified two distinct types of EOTC activity, low-risk and high-risk events.

LOW-RISK EVENTS are at school or in the local community, such as visiting a local business, school sports events at Saxton Field, can be managed with general EOTC trip procedures and require a **one-off blanket consent**, which you are agreeing to by signing this Enrolment Form.

HIGH-RISK EVENTS involve risk which is assessed to be greater than the average family activity, for example snorkelling, curriculum field trips and EOTC camps. These events require specific procedures to reduce or manage the risks and include all overnight events. These trips require the completion of a further consent form, which must include any updated health information.

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

(Please read the [EOTC Acknowledgement Of Risk](#))

Signing the Enrolment Form automatically gives your child cover for Low Risk EOTC events.

Agreement regarding Devices, Digital Learning, and the School Network.

Detailed policies relating to devices, digital learning and the use of school ICT infrastructure can be found on the school website, [School Policy & Procedures](#). Please see the policies on:

- Digital Technology and Online Safety
- Cellphones and Other Personal Digital Devices
- Responding to Digital Incidents
- Recording Photos, Videos and Sound
- Generative AI

The following points summarise our expectations of our students and should be read and agreed to:

1. I understand that the school's ICT infrastructure (network, computers, internet access) brings great benefits to teaching and learning, and to the effective operation of the school. I will only use these systems for appropriate educational purposes. If in doubt, I will seek advice from a member of staff.
2. I understand that I may not use a cellphone during school hours, including breaks (unless an exemption has been granted) and, if I do so, my cellphone may be confiscated for the day.
3. I will treat all Waimea College ICT hardware with respect and care. I will report any issues that I find.
4. I will not reveal my school password to other students, nor use anyone else's username and password to access resources.
5. I will not have any involvement with any ICT material or activity which might put myself or anyone else at risk (e.g. bullying, harassing, disrespecting privacy, or taking photos and videos without consent).
6. I will not attempt to access inappropriate, age-restricted or objectional material. If I do so accidentally, I will report this to a member of staff immediately.
7. I will not download files such as music, videos, games, or software without the permission of a teacher, and will comply with the NZ Copyright Act 1994.
8. I will submit work that is authentically my own. Any other sources of information, including those generated by AI tools (e.g. ChatGPT), will be acknowledged and/or referenced appropriately.
9. I understand that the school may monitor and/or check any data sent, received, and stored on our networks. I also understand that the school will use filtering systems to restrict access to certain sites and data.
10. I understand that if these rules are broken, the school may inform my parents/caregivers; in serious cases, the school may take disciplinary action and/or charge for repair costs; and if illegal material or activities are involved, it may be necessary for the school to inform the police.

Disclaimer: Waimea College is not responsible for student-owned devices of any kind and is not liable for any personal device stolen or damaged. Responsibility to keep the device secure rests with the individual owner.

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 hereby undertake with the Waimea College Board of Trustees to observe the Vision and Mission Statement outlined in the Curriculum 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 Education & Training Act 2020 and the Privacy Act 2020, I hereby acknowledge and understand that:
 - The information collected will be used for the following purposes: enrolling my child, Waimea College 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 Education & Training Act 2020 and the Privacy Act 2020. The school sends some of your child's information to the Ministry of Education, NZQA, Statistics NZ 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 **Low-Risk 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.
- If applicable, I have read and agree to the Code of Conduct for using School Transport (see the [Bus Information Form](#))
- 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.
- I confirm that the residency information provided is true and correct (*Documents are attached if applicable*).

I confirm that the address that I have provided to the school will be the usual place of residence of

_____ (student's name) when the school is open for instruction.

I will advise the school of any subsequent change of address.

Name of Parent/Legal Guardian: _____

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

Signature of Student: _____ Date: ____ / ____ / ____

For completion by designated Waimea College staff member

Date of interview:
Signed notes from the interview attached to this enrolment form <input type="checkbox"/>

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

Copies of supporting documentation must be attached to this form

Initial data entry:		Letter emailed:			
KAMAR entry:		Portal letter:		ENROL database:	