



OFFICE USE:

Whānau	Class:	Enrolment Number:	NSN Number:
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ENROLMENT FORM

Proposed Academic Year Level at Entry: Y7 Y8 Y9 Y10 Y11 Y12 Y13

Male Female Other (please state)

Please note: All applicants must attach a copy of their child's **BIRTH CERTIFICATE OR PASSPORT** and **PROOF OF ADDRESS**

STUDENT INFORMATION

Surname	
First Names	
Preferred Name	
Address	
Date of Birth	
Born in NZ	Yes No (circle one)
Previous School	

GENERAL INFORMATION

Ethnicity (for statistical purposes only)	<input type="checkbox"/> NZ European <input type="checkbox"/> NZ Maori State Iwi: Hapu: Marae: <input type="checkbox"/> Other Please state:
Language	<input type="checkbox"/> English <input type="checkbox"/> Other Please state:
Permanent Resident	Yes / No (circle one) (if the answer is 'no' please complete section below)
Student Visa	Yes / No / NA (circle one) (if the answer is 'no' please complete section below)
Certification	If you are required to complete this section please bring your passport and any other relevant information with you. Passport Number: Expiry Date: Country of origin: Date of arrival to NZ:
Siblings at OHS (please list)	
Siblings Whānau	Arawa Maniapoto Ngāpuhi Whātua (circle one)

CAREGIVER ONE INFORMATION

What relationship is the person to the student eg: Mother, Father, Aunt, Caregiver, other (specify).

Title

Surname

First Names

Home Address

Postal Address

(if different as above)

Telephone Numbers: Home
Business
Cellphone

Email Address

CAREGIVER TWO INFORMATION

What relationship is the person to the student eg: Mother, Father, Uncle, Caregiver, other (specify).

Title

Surname

First Names

Home Address

Postal Address

(if different as above)

Telephone Numbers: Home
Business
Cellphone

Email Address

EMERGENCY CONTACT INFORMATION

In cases of emergency if the caregivers **cannot be reached** the emergency contact **must be available** to collect the child.

What relationship is the person to the student eg: Aunt, Uncle, Friend, other (specify).

Title

Surname

First Names

Telephone Numbers: Home
Business
Cellphone

Zoning

Please provide proof of address to show that you live within the school catchment zone (eg. Telephone or power account, rental agreement)

If you live outside the enrolment zone please describe briefly why you wish to enrol your son/daughter at OHS.

STUDENT'S HEALTH RECORD

Doctor and Surgery:

Surgery Phone Number:

Has your child ever suffered from?

Medication or Action Required:

Asthma

Yes / No

Epilepsy

Yes / No

Diabetes

Yes / No

Hepatitis B

Yes / No

Allergies

Yes / No

Rheumatic Fever

Yes / No

Does s/he suffer from any other medical condition or disability (specify). Please provide as much detail as possible.

IMMUNISATION STATUS

Hepatitis B

Yes / No

Poliomyelitis

Yes / No

Meningitis B

Yes / No

Tetanus booster aged 11 (DTAP)

Yes / No

Measles, Mumps & Rubella (MMR)

Yes / No

Meningitis C

Yes / No

In Case of Illness, Accident or Emergency:

1. I/we give permission for my child to receive appropriate treatment when necessary from school First Aid and for my child to be given Panadol as deemed necessary.
2. If the school is unable to contact me or if the accident is serious, I give permission for the school to either take my child to the Maungaturoto Medical Centre or call an Ambulance. If an Ambulance is needed for a non-accident incident I agree to meet any cost incurred.
3. I will inform the school if my child is on any prescription medication that requires to be administered during the day.

Caregiver Name: _____ Signature: _____

LEARNING INFORMATION

Is there any information which may be helpful for the school to know in order to support your child's learning? (e.g. known diagnoses, special programmes, previous support).

OTHER DETAILS

Is there any other information that may be helpful for us in knowing, understanding and assisting your child/ren/family (eg. Adopted child, blended family, protection orders)?

Please give names and addresses of parent/guardians not residing with your child who would like to receive student's school report:

THE PRIVACY ACT

You should read this information before signing the enrolment form for your son or daughter. Use of the personal information collected:

The information sought on the enrolment form is needed so that Otamatea High School can comply with the requirements of the Education Act, 1989 and the National Education Guidelines. You have a right to access and correct this information if necessary.

Information will be disseminated through the Principal, Acting Principal or his/her delegate, or, in special circumstances, the Guidance Counsellor who will act in accordance with the Children, Young Persons and Their Families Act.

1. Within the school, relevant personal information about your son or daughter will be available to members of staff for following purposes:
 - a) To make contact with you or members of your family in cases of emergency.
 - b) To report on your son's or daughter's progress at school.
 - c) To make contact with you for discipline or student support purposes.
 - d) To provide you with information about school events.
 - e) To notify you of administrative obligations in relation to your son's or daughter's school studies.
 - f) To consult with you on matters of importance to the school.
 - g) To make arrangements to meet any special health needs specific to your son's or daughter's stated interests.
 - h) To arrange co-curricular activities in accordance with your son's or daughter's stated interests.
 - i) To gather statistical information for the purpose of research and school planning.
2. The school is also required, from time to time, to provide some personal information (usually your son's or daughter's name, current address, date of birth, ethnicity, and information relating to school studies) to other agencies. The agencies which may require the school to provide this information include:
 - a) The Ministry of Education
 - b) The New Zealand Qualifications Authority
 - c) The Special Education Service
 - d) The New Zealand Police
 - e) The Children and Young Persons' Service
 - f) The Regional Health Authority
 - g) The Public Health Nurse
3. The school may, from time to time, provide information to organisations or groups organising school related events. These groups or organisations may include:
 - a) The Otamatea High School Parents, Teachers and Citizens Association (PTCA)
 - b) The Otamatea High School Board of Trustees
 - c) Groups involved in the organisation of school reunions or other functions involving current or former students.
4. Information about your son or daughter may be provided, upon request, to other educational or training institutions when your son or daughter:
 - a) Enrols at another educational or training institution
 - b) Is enrolled concurrently at another educational or training institution (eg The New Zealand Correspondence School)
5. Upon enrolment at Otamatea High School information about your son/ daughter/young person to whom you are the caregiver may be sought from educational institutions where she/he was previously enrolled.
6. Information about your son or daughter (not including assessment results) may be supplied to a researcher conducting academic research or research related to the welfare and well-being of students, based on a sample of students.
7. The school may use your address and telephone number to forward mail and messages for you, or your son or daughter, which have been received by the school.
8. The school may take reasonable steps to decide if there is an exemption from compliance to provide information under specific circumstances.

Caregiver Name: _____ Signature: _____ Date: _____

CONSENT FORM FOR EDUCATION OUTSIDE THE CLASSROOM (EOTC)

This EOTC form is to cover events which occur during the course of a school day and conclude approximately 3.30pm. Many EOTC events require students to participate in and around the local community. These events are defined as low risk and are held locally, require no payment or transport cost, and students will either walk or be transported in the school van to the EOTC event. Examples are OHS School Cross Country at the Country Club, Year 8 Careers visit to a local store and a visit to the local Maungaturoto Primary School.

Where an event involves risk exposure greater than what would typically be the case at school, such as adventurous activities, hazardous environments or the event continues overnight, specific consent will be required. If the school require further consent you will also be asked to update the health and contact information. The school will inform you via an information letter if your child is involved in an EOTC event and will be taken offsite.

Details on this form will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events. It is crucial that you provide us with up to date information, that is accurate and complete, to allow us to plan appropriately for EOTC events.

Privacy Statement:

Please note: the personal information being collected on this form is for the purpose of running EOTC events. It will not be used or disclosed for any other purpose except in accordance with the Privacy Act 1993. You have the right under that Act to access and seek correction of the information from the school.

I/we give permission for _____ to take part in any or all of the following
(Student name)

type of activities listed below:

	Yes	No
EOTC High Risk activities	<input type="checkbox"/>	<input type="checkbox"/>
On Site Sport Days and Exchanges e.g. Reporoa Exchange, Open Day	<input type="checkbox"/>	<input type="checkbox"/>
Off Site Local activities that are low risk e.g. Short trip to Maungaturoto	<input type="checkbox"/>	<input type="checkbox"/>
Non Sporting Extra Curricular trips e.g: Stage, Musical, Debating and Social activities	<input type="checkbox"/>	<input type="checkbox"/>
EOTC School camps/activities	<input type="checkbox"/>	<input type="checkbox"/>

I/we give permission for _____ to travel by the means of transportation
(Student name)

agreed below.

	Yes	No		Yes	No
Contracted Bus	<input type="checkbox"/>	<input type="checkbox"/>	Staff Car	<input type="checkbox"/>	<input type="checkbox"/>
School Van	<input type="checkbox"/>	<input type="checkbox"/>	Parent Car	<input type="checkbox"/>	<input type="checkbox"/>
Hire Van	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

(All drivers will hold a Full Drivers Licence, compliant with school policy and be fully insured with a comprehensive insurance policy.)

Any other transport criteria about which you wish to make specific comment:

For activities where adequate swimming ability is essential, consent does not remove the need for group leaders to ascertain for themselves the level of the student's swimming ability.

Swimming ability:

Is your child able to swim 50 Metres?	Yes	No	Don't know
Is your child water confident in a pool?	Yes	No	Don't know
Is your child confident in deep water?	Yes	No	Don't know
Is your child able to tread water?	Yes	No	Don't know
Is your child able to survival float?	Yes	No	Don't know
Is your child confident in the sea or in open in land water?	Yes	No	Don't know
Is your child safety conscious in and around water?	Yes	No	Don't know

Signed: _____

1. I/we understand that while on a school trip/activity my child/ward is expected to follow all instructions given by members of staff/accompanying adults. Failure to do so may result him/her being sent home at my/our expense. I understand that if an accident should occur as a result of my child failing to follow instructions then I/we will not hold the school/Teacher in Charge responsible.
2. I understand Otamatea High School will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks. I understand that at times, risks cannot be completely eliminated.
3. I understand that the school cannot accept responsibility for loss of personal property by whatever means, whilst on a school trip.
4. I UNDERSTAND THAT SHOULD ANY INFORMATION OR PERMISSION contained here change in any way that it is my/our responsibility to inform Otamatea High School immediately. The details contained in this form will be transferred onto the school's computer system and be held by the Person in Charge leading an activity and therefore, it will be the first point of reference in the event of an incident. I understand, therefore, that it is of the utmost important that the information held by the school is up to date and accurate.
5. In case of emergency I/we give the Person in Charge authority to obtain medical assistance as required and agree to meet any costs which may be incurred. Yes No
6. Please note any dietary requirements/allergies _____

Caregiver Name: _____ Signature: _____ Date: _____

AGREEMENT FOR USE OF COMPUTERS AND THE INTERNET

As a prerequisite for using computers and the internet at Otamatea High School I agree:

- Not to load any programs onto school computers, via the internet or any other means
- To use storage media only with network administrator permission and to have these virus checked at school before using
- Not to interfere with settings or alter programs on school computers
- Not to reveal my own password to others or use other students' passwords or other personal details such as phone number or address
- Not to use unsuitable, inappropriate, offensive or illegal material
- To use electronic mail or enter chat rooms only with teacher permission each time
- To use appropriate language when sending emails
- Not to order, sign-up or give out school email address for anything online without teacher permission
- Not to use any method to bypass school internet security.

I understand that inappropriate use of the internet or computers may result in withdrawal of their use at school.

STUDENT DECLARATION

Student's Name: _____ Signature: _____

- I agree to support the rules and regulations of the school in particular:

I agree to wear the correct school uniform, with pride, every day (including to and from school).

I will demonstrate the highest respect for all people in everything I do. I will also respect and care for the school environment.

I agree to work hard and complete all work expected of me, to a high standard, so that I am successful while at Otamatea High School. This also involves having all the correct equipment for every lesson and completing homework.

I realise that offensive language toward staff and other students at school is not tolerated. I shall use appropriate language at all times.

- I understand the agreement for use of Computers and the Internet.
- I agree to observe all of the rules and regulations that the school may from time to time publish.
- I understand that there is a requirement to attend all classes unless a justified reason is supplied by my parent/caregiver which may include a medical certificate.

Student Name: _____ Signature: _____ Date: _____

PARENT DECLARATION

In the event of fraudulent information being given the application will be annulled.

- I/We understand that making a false declaration is an offence.
- I/We confirm that the address provided to the school is the student's usual place of residence when the school is open for instruction. I will advise the school of any subsequent change of address.
- I/We have read the statement on Personal Information and the Privacy Act (1993).
- I/We agree to support the rules and regulations of the school.
- I/We agree to ensure my child wears the correct school uniform, every day (including to and from school).
- I/We understand the agreement for use of Computers and the Internet.
- I/We understand that my child will be allocated a 'gmail account'.
- I/We shall meet all of the charges relating to classroom materials and all other curriculum and extra-curricular and 'take home' component charges.
- I/We understand that there is a requirement to attend all classes unless a justified reason is supplied by the parent/caregiver which may include a medical certificate.
- I/We declare that all of the information on this form is true and correct.

In support of my child's application for enrolment at Otamatea High School I/We agree to see that s/he abides by the rules, regulations and dress code of the school.

I/We give permission for the Principal of Otamatea High School, or her nominee to obtain from previous schools and to forward to an on-going school, or any other relevant agency, information pertinent to my child's enrolment.

I/We consent / do not consent (circle one) to the publication of information and images featuring achievements and activities undertaken by my child.

Caregiver 1 Name: _____ Signature: _____ Date: _____

Caregiver 2 Name: _____ Signature: _____ Date: _____

(Where practicable both signatures are required)

(Filling and returning this form does not guarantee you a place. Further processes are necessary to complete full enrolment procedure.)