

# Te Kuiti High School Enrolment Form



21 Hospital Road, PO Box 264, Te Kūiti 3941 tel: 07 8786292 email: [principal@tkhs.school.nz](mailto:principal@tkhs.school.nz) [www.tkhs.school.nz](http://www.tkhs.school.nz) @TeKuitiHigh

## STUDENT DETAILS

LEGAL: Surname \_\_\_\_\_ First Name \_\_\_\_\_ Second Names \_\_\_\_\_

PREFERRED: Surname \_\_\_\_\_ First Name \_\_\_\_\_ Second Names \_\_\_\_\_

GENDER: Male  Female  Date of Birth \_\_\_\_\_

ETHNICITY: NZ European  Maori  Iwi \_\_\_\_\_ Other \_\_\_\_\_

Brothers or sisters attending this school \_\_\_\_\_

Previous school \_\_\_\_\_ Year \_\_\_\_\_

ELIGIBILITY NZ Citizen  NZ Resident  Australian Citizen  Other \_\_\_\_\_

Please state

NOTE: Students who are not NZ citizens, NZ residents or Australian citizens must supply evidence of eligibility to enrol (eg student visa)

Exchange Scheme \_\_\_\_\_ ESOL: Yes  No

Country of birth \_\_\_\_\_ Citizenship \_\_\_\_\_ First language \_\_\_\_\_

Has your child taken part in any of the following programmes at their previous school?

Reading Recovery  Gifted & Talented  RTLB  Leadership Forum

CHILD LIVES WITH: Mother  Father  Both parents  Other \_\_\_\_\_

## PARENT/GUARDIAN DETAILS *(with whom the student lives)*

Parent 1: First name \_\_\_\_\_ Surname \_\_\_\_\_

PHONE NUMBERS: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell \_\_\_\_\_

Place of work \_\_\_\_\_

Parent 2: First name \_\_\_\_\_ Surname \_\_\_\_\_

PHONE NUMBERS: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell \_\_\_\_\_

Place of work \_\_\_\_\_

Physical address \_\_\_\_\_ Postal address \_\_\_\_\_

\_\_\_\_\_

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## PARENT/GUARDIAN DETAILS *(whom the student does not live with)*

First name \_\_\_\_\_ Surname \_\_\_\_\_

ACCESS RESTRICTION: Yes  No  (if yes, please attach details)

RELATIONSHIP TO STUDENT: Mother  Father  Other \_\_\_\_\_

Physical address \_\_\_\_\_ Postal address \_\_\_\_\_

PHONE NUMBERS: *(Landline phone number must be supplied)* Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Place of work \_\_\_\_\_

## EMERGENCY CONTACT DETAILS

Please provide another contact in the event of an emergency. (Please indicate relationship eg grandparents, friend)

First name \_\_\_\_\_ Surname \_\_\_\_\_ Relationship \_\_\_\_\_

PHONE NUMBERS: *(Landline phone number must be supplied)* Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

## MEDICAL INFORMATION *(this is essential when students are involved in Education Outside the Classroom)*

Medical Practice \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Doctor's name \_\_\_\_\_

1. Please tick if student has any of the following and advise what action you require from the school:

Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Travel sickness	<input type="checkbox"/>	Fits of any type	<input type="checkbox"/>
Chronic nose bleeds	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>	Dizzy spells	<input type="checkbox"/>
Colour blindness	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>	Visual impairment	<input type="checkbox"/>
Mobility difficulties	<input type="checkbox"/>				

Other information

### *For overnight events*

Sleepwalking  Bedwetting

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2. Is the student required to take any medication during the school day?  Yes  No

If YES, please state type of medication, what it is for and the circumstances in which the school may be required to use it.

3. Has the student had any major injuries (breaks or strains) or illness (glandular fever etc) which may limit full participation in any activities?

Yes  No

If YES, please provide details

- 4 Please specify what action is required from the school if the student has any allergies to the following:

Prescription medication

Insect bites & stings

Food

Other

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5. To the best of your knowledge, has the student been in contact with any contagious or infectious diseases in the last four weeks?

Yes  No

If YES, please give brief details

6. Is there any information the staff should know to ensure the physical and emotional safety of you/your child? (For example cultural practices; disability; anxiety about heights/darkness/small spaces; pregnancy; behaviour or emotional problems).

If YES, please state or attach the information.

Permission to take paracetamol: Yes  No

## EXTRA-CURRICULAR INTERESTS

Please indicate your child's extra-curricular interests.

athletics	<input type="checkbox"/>	golf	<input type="checkbox"/>	miniball	<input type="checkbox"/>	soccer	<input type="checkbox"/>	tennis	<input type="checkbox"/>	waka ama	<input type="checkbox"/>
badminton	<input type="checkbox"/>	hockey	<input type="checkbox"/>	netball	<input type="checkbox"/>	softball	<input type="checkbox"/>	touch rugby	<input type="checkbox"/>		
basketball	<input type="checkbox"/>	kapahaka	<input type="checkbox"/>	orienteering	<input type="checkbox"/>	squash	<input type="checkbox"/>	swimming	<input type="checkbox"/>	other	_____
cricket	<input type="checkbox"/>	ki o rahi	<input type="checkbox"/>	rugby	<input type="checkbox"/>	table tennis	<input type="checkbox"/>	volleyball	<input type="checkbox"/>		

## COMPUTING/CYBER SAFETY STUDENT USER AGREEMENT

I understand that:

- Computers and other communication technology equipment that belongs to Te Kūiti High School are intended for educational purposes. Any other communication technology equipment that I use within the school environment (eg mobile phone) will be used in accordance with the school regulations.
- When using a global information system such as the Internet it may not always be possible for the school to filter or screen all material which is inappropriate, (eg legal pornography), dangerous, (eg bomb designs), or illegal (eg child pornography or stolen credit card numbers). It is therefore each student's responsibility not to initiate access to such material, to distribute such material by copying, storing or printing, or have any involvement with such activity.
- When using the email facilities at school, it may not be possible for the school to monitor or filter all messages; it is therefore each student's responsibility to ensure that any electronic correspondence will not cause offence or be otherwise inappropriate.
- School email facilities are intended for educational use. Private email use may be made available in consultation with the IT manager or senior management. The school will view seriously involvement in any incident in which communication technologies are used to facilitate misconduct (eg harassment, bullying, plagiarism, exam cheating etc).
- The school reserves the right to check at any time, work or data related to communication technologies in the school environment. This includes the right to view any document, file or data on any hard disk, CD or any other media on the school premises.

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## **I will take care of information technology resources, including:**

- I will not damage computer equipment or furniture and will use the resources with due care.
- I will not use any school computers for arcade-style games.
- I will not attempt to breach copyright (eg illegally copying software).
- I will not bring software from home to use on a Te Kūiti High School computer.
- I will not plagiarise by illegally copying text without referencing the source.
- I will not login to any computer system or to the internet using any other persons user name or password (with or without that persons permission).

## **I will be considerate to other users, including:**

- I will not monopolise equipment.
- I will not deliberately waste computer resources (eg unnecessary printing).
- I will not intentionally disrupt the smooth running of any computer or the school's network.
- I will not scan or display graphics, record or play sounds, or type messages that could cause offence to others.
- If I accidentally encounter inappropriate, dangerous or illegal material I will immediately remove it from the screen/turn off the screen and notify a supervising teacher without disclosing the material to any other student.

## **I will respect the need for privacy and security, including:**

- I will not reveal home addresses or phone numbers, mine or anyone else's, in cyberspace.
- I will not attempt to upload or create computer viruses or be involved with other forms of electronic vandalism.
- I will immediately report any cybersafety problems to a class teacher, librarian or Head of Department.

## **I accept that:**

- Breaching this agreement (or any involvement in such a breach) may result in my access to the Computing and Communication Technology resources at Te Kūiti High School being withdrawn, which could make me ineligible to continue studying a particular subject. I also understand it could result in disciplinary action by the school.

As the parent or guardian of this student, I have read the Computing/Cybersafety Student User Agreement. I believe my child has read the document and understands his/her obligations. I understand that the computer/communication technology resources at Te Kūiti High school are designed for educational purposes and that any breach of the rules and conditions as set out in this agreement can lead to a loss of privileges or disciplinary action. I understand that if my child steals or damages equipment this could result in a bill for the cost of replacement parts or repairs.

I understand that it may not be possible for the school to fully restrict exposure to inappropriate material in cyberspace, accessed through such means as the internet, email or text messaging. I also understand that while the school will take appropriate measures to limit access to illegal, dangerous or inappropriate material, ultimately it is each student's responsibility not to initiate, or have any involvement with such material.

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## Blanket Consent Form – EOTC

This EOTC form is to cover events which occur during the course of a school day and conclude prior to approximately 6.00pm.

Where an event involves risk exposure greater than what would typically be the case at school, such as adventurous activities or hazardous environments or the event continues overnight, specific consent will be required. At the time of our seeking any further consents you will also be asked to update the health and contact information held by school.

It is important that this form is completed for all students who will be participating in EOTC events (as described above). 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.

**Please note:** It is important that student details such as health information and emergency contacts are kept up to date with the Te Kūiti High school office during the year.

### *Privacy Statement:*

*Please note: the personal information being collected on this form is for the purpose of running EOTC events. It won't 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.*

### Student Information

Name:

Year:

Address:

Student email:

Student cellphone:

### Swimming Consent

For activities where being able to swim 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 inland water? | Yes | No | Don't know |
| • Is your child safety conscious in and around water?         | Yes | No | Don't know |

### Medical Consent

- In an emergency school may act on my behalf
- School may administer pain relief
- I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
- I will inform Te Kūiti High school as soon as possible of any changes in the medical or other circumstances.



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- I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered by the medical authorities present.
- Any medical costs not covered by ACC or a community service card will be paid by me.
- If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will be sent home at my expense.

## Student Contract

To be read and signed by all participating students.

- I understand that any EOTC event is an opportunity for me to learn, practise skills and gain attitudes and values in an environment outside the classroom.
  - I realise that this requires me to take on genuine responsibility for my own learning and the safety of myself and others.
- I agree to do the following to make this happen:
  - Show courtesy and consideration for others; Follow the rules and instructions of staff and other supervisors at any event; Take part in all activities within challenge-by-choice options; Look after myself and my personal belongings; Declare medical conditions that could affect participation in the event; Accept the rules set by the school for any event, even if they are different from what is accepted at home.
- I understand that my parent/caregivers will be contacted and I may be sent home at their expense if:
  - My actions are considered unacceptable by staff; I break the school drugs and alcohol policy; My actions put me or others in any danger.

Signed (by student): ..... Date ...../...../.....

## Parental Consent

- I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.
- I understand that there are risks associated with involvement in Te Kūiti High school's EOTC events and that these risks cannot be completely eliminated.
- I understand Te Kūiti High school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.
- I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures.
- I acknowledge that in order to gain a better understanding of the risks involved I am able to ask any questions of Te Kūiti High school about the activities in which my child will be involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.
- I understand that Te Kūiti High school does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.
- The swimming and medical consent information provided above is to the best of my knowledge correct.

Signed: ..... Date ...../...../.....

(Full Name of Parent/Caregiver) .....

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## ENROLMENT CHECKLIST

Please check this form to be certain all details are given as requested. Administration staff or enrolling staff member will answer any questions you may have.

Please also be aware that an interview with the Principal or Deputy Principal is expected as part of the enrolment process, although this is not compulsory, and a date and time for that interview will be given at the bottom of this checklist.

**A current immunisation certificate is required to complete this enrolment** (and is available free from your GP)

Details on all pages are correct and completed as required.

Parent/caregiver signature is at the bottom of this page.

Computing/Cyber Safety Student Use Agreement has been read.

Blanket Consent Form completed and correct, with student contract / parent consent signed.

Purchase of FULL school uniform is:  complete  incomplete

Note: This also includes a Phys Ed uniform. Please check the school Prospectus for further information about school uniforms.

As parent/caregiver, I understand that the following footwear is acceptable and that there will be **NO VARIATIONS** to this.

- Plain **BLACK** lace up shoes
- Plain **BLACK** slip on shoes (this **does not** include slippers)
- Black or brown sandals with back straps (socks will not be worn with sandals).

Latest school report from immediate previous school (**applicable to those students who are enrolling from out of the district**)

TRAVEL TO AND FROM SCHOOL:  Walk  Private Car  Bus Other \_\_\_\_\_

Dobson Motors have been notified if travelling to and from school by bus.

The date and appointment time with the Principal/Deputy Principal is \_\_\_\_\_

## SIGNATURE REQUIRED

I authorise Te Kūiti High School to ask my sons/daughters previous schools for any relevant records. While my son/daughter is a student of this school, I agree that he/she will be subject to school discipline and to such regulations as may from time to time be made with the authority of the Board of Trustees.

**I agree/disagree (please cross out one) for my child's photo to be used on any of the schools' communication media (newsletter, school magazine, facebook page).**

Parent/Caregiver \_\_\_\_\_ Student \_\_\_\_\_ Date \_\_\_\_\_

This information is held at Te Kūiti High School and is accessible by staff members of the school and the Board of Trustees. At any time you may request access and any corrections to the information.

### Office Use Only

Form Room

Start Date