



Te Kuiti High School Enrolment Form

21 Hospital Road, PO Box 264, Te Kuiti 3941 fax: 07 8787427 tel: 07 8786292 email: principal@tkhs.school.nz www.tkhs.school.nz

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

COMPUTING/CYBER SAFETY STUDENT USER AGREEMENT

I understand that:

- Computers and other communication technology equipment that belongs to Te Kuiti 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.

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- 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, floppy disk, CD or any other media on the school premises.

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 Kuiti 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 Kuiti 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 Kuiti 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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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.

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 Kuiti 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.

Parent/Caregiver _____ Student _____ Date _____

This information is held at Te Kuiti 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