

Paeroa College

ENROLMENT FORM



Whaia tōu mana motuhake ki tōna taumata!
Pursue your (own) uniqueness to excellence!

Student Details

Surname: (Legal name as per birth certificate) _____

Given name: _____

Middle name: _____

Preferred name: (if different to given name) _____

Date of birth: / / (day/month/year) _____

Male Female

Home address: _____

Home phone: _____

Level enrolling for: Year 9 English Medium Year 10 English Medium Year 11 Year 12 Year 13
 Year 9 Rumaki Year 10 Rumaki

School currently attending: _____

Year Level: _____

Is the student currently under suspension from a school? _____

Yes No If yes, name of school: _____

Has the student ever been excluded from a school? _____

Yes No If yes, name of school: _____

Brothers/Sisters (who are currently attending this school – names and year levels)

Student is living with: Both parents Mother Father Legal Guardian Other please specify

Father Details

Title: Mr Other (please specify) _____

Name: _____

Residential Address: _____

Postal Address: (if different from residential) _____

Home phone: _____

Work phone: _____

Mobile phone: _____

Email: _____

Occupation: _____

Workplace: _____

Caregiver/Legal Guardian Details (if not residing with parents)

Name: _____

Address: _____

Home phone: _____

Mobile phone: _____

Email: _____

Occupation: _____

Relationship with student: _____

Please provide proof that you are the legal caregiver/guardian – i.e. Court Order

Where to send correspondence/reports:

Both parents Mother Father Legal Guardian Other please specify

Where to send accounts:

Both parents Mother Father Legal Guardian Other please specify

Please note: Written permission from a parent or the legal caregiver/guardian will be required if you have ticked other

Additional Relevant Information

Mother Details

Title: Mrs Ms Miss Other (please specify) _____

Name: _____

Residential Address: _____

Postal Address: (if different from residential) _____

Home phone: _____

Work phone: _____

Mobile phone: _____

Email: _____

Occupation: _____

Workplace: _____

Emergency Contact (friends/family we can contact)

Name: _____

Address: _____

Home phone: _____

Mobile phone: _____

Relationship with student: _____

Residency Status and Ethnicity (statistical)**Health Information**

With which of the following ethnic group(s) do you identify?

New Zealand New Zealand Maori European
name iwi - may be more than one please identify

Iwi:

Pacific Islands Asian Other
please specify please specify please specify

Permanent resident of New Zealand? Yes No

If no, indicate date entered New Zealand: ___/___/___

Visa Expiry Date: ___/___/___

Trips Permission

I give permission for my son/daughter to go on low risk trips. I understand that individual permission will be sought when transport is required.

Yes No

Permission To Use Photographs

Occasionally the school takes photographs of students to record activities within the school for the students' learning journals, for the school newsletter and for the school website. It is the school's policy that any photos for publication are either positive depictions of the students or the photographs are taken in such a way as to avoid identification. Please advise the school if you have any concerns about publication of your child's photos.

Yes No

To help us care for your son/daughter please answer the following questions about their health:

Please contact the school nurse if you wish to discuss any health or disability matter in private

Student Name: _____

Doctor: _____

Phone Number: _____

Condition	Mild	Mod	Severe	Medication Taken For Each Condition	
				Yes <input type="radio"/>	No <input type="radio"/>
Bee/Wasp sting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Migraine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
ADHS or ADD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Epilepsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Hearing Loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hearing Aid Yes <input type="radio"/> No <input type="radio"/>	
Heart Condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Hepatitis B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Rheumatic Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Does your son/daughter regularly take any tablets/medication? Yes No

If yes, please state the name of medication, dosage, how often etc

If the medication needs to be taken during school hours, please contact the student services.

If your son/daughter takes Saibutamol (Ventolin/Samamol) for their Asthma, do you give permission for this to be given to them as an initial first aid measure for an Asthma Attack
Yes No

Do you give permission for your son/daughter to be provided with an appropriate dosage of Panadol/Ibuprofen/antihistamine if required?

Yes No

In the event of sickness, an accident, or an emergency whereby staff are unable to contact caregivers, do you give permission for the school to make arrangements as necessary for the treatment of your son/daughter and agree to meet any costs incurred?

Yes No

Do you give permission for the school nurse to assess your son/daughter to identify any health/social concerns? (Year 9 only)

Yes No

Privacy of Information

The information on this form is collected and used by the school to provide education for your child, and it is used for associated school activities. It is available to all staff of the school and to members of the Board of Trustees. Please advise the school if you have any concerns about disclosure of any of the information within the school.

The school is sometimes obliged by law to give information to government departments (e.g. Ministry of Education and Ministry of Health) but it will not otherwise be disclosed without your authorization. You have the right to request access and to request correction of information held about you by the school. We would be grateful if you could contact the school office if any details need to be changed, especially contact details.

Declaration

I declare that the information provided on this form is true. I will ensure that:

1. My son/daughter attends school regularly and not be truant.
2. An explanation of any absences will be provided.
3. My son/daughter will wear the official school uniform.
4. My son/daughter will comply with all school behavior expectations.

Signature of parent/legal guardian:

____/____/____
Date:

Completing the Enrolment Form

These attachments must be supplied with the Enrolment Form:

- A copy of the student's birth certificate if born in New Zealand
- A copy of the passport page with the student's name, date and place of birth if not born in New Zealand
- A copy of the student's residence permit if not born in New Zealand
- Family Court Order if applicable

OFFICE USE ONLY

Date Received ____/____/____

Enrolled by _____

Date enrolled on Kamar ____/____/____

Birth Certificate/passport sighted Yes No

Visa sighted Yes No

Family Court Order sighted Yes No

STUDENT CYBERSAFETY USE AGREEMENT



Instructions

Students and parents/caregivers/legal guardians please read and discuss all sections carefully. Please retain the first three pages for future reference. The final page is to be signed, by both student and parent/caregiver, and handed in to the school office to go on file. If you have any questions about this agreement please contact the school.

Introduction

The measures to ensure the cybersafety of Paeroa College outlined in this document are based on our core values.

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

Our school has rigorous cybersafety practices in place, which include cybersafety use agreements for all school staff and students.

Important terms used in this document:

- (a) *The abbreviation 'ICT' in this document refers to the term 'Information and Communication Technologies.*
- (b) *'Cybersafety' refers to the safe and responsible use of the Internet and ICT equipment/devices, including mobile phones.*
- (c) *'School ICT' refers to the school's computer network, Internet access facilities, computers, and other school ICT equipment/devices as outlined in (d) below.*
- (d) *The term 'ICT equipment/devices' used in this document, includes but is not limited to, computers (such as desktops, laptops, PDAs), storage devices (such as USB and flash memory devices, CDs, DVDs, floppy disks, iPods, MP3 players), cameras (such as video, digital, webcams), all types of mobile phones, video and audio players/receivers (such as portable CD and DVD players), Gaming Consoles, and any other, similar, technologies as they come into use.*
- (e) *'Objectionable' in this agreement means material that deals with matters such as sex, cruelty, or violence in such a manner that it is likely to be injurious to the good of students or incompatible with a school environment. This is intended to be inclusive of the definition used in the Films, Videos and Publications Classification Act 1993.*

The overall goal of the school in this matter is to create and maintain a cybersafety culture which is in keeping with the values of the school, and legislative and professional obligations. This use agreement includes information about your obligations, responsibilities, and the nature of possible consequences associated with cybersafety breaches which undermine the safety of the school environment.

All students will be issued with a use agreement and once signed consent has been returned to school, students will be able to use the school ICT equipment/devices.

The school's computer network, Internet access facilities, computers and other school ICT equipment/devices are for educational purposes appropriate to the school environment. This applies whether the ICT equipment is owned or leased either partially or wholly by the school, and used on or off the school site.

CYBERSAFETY USE AGREEMENT

Rules to help keep students cybersafe



As a safe and responsible user of ICT I will help keep myself and other people safe by following these rules

1. I cannot use school ICT equipment until my parent and I have read and signed my use agreement form and returned it to school.
2. If I have my own user name, I will log on only with that user name. I will not allow anyone else to use my user name.
3. I will not tell anyone else my password.
4. While at school or a school-related activity, I will not have any involvement with any ICT material or activity which might put myself or anyone else at risk (e.g. bullying or harassing).
5. I understand that I must not at any time use ICT to upset, offend, harass, threaten or in any way harm anyone connected to the school or the school itself, even if it is meant as a joke.
6. I understand that the rules in this use agreement also apply to mobile phones. I will only use my mobile phone(s) at the times that I am permitted to during the school day.
7. I understand that I can only use the Internet at school when a teacher gives permission and there is staff supervision.
8. While at school, I will not:
 - Access, or attempt to access, inappropriate, age restricted, or objectionable material
 - Download, save or distribute such material by copying, storing, printing or showing it to other people
 - Make any attempt to get around or bypass security, monitoring and filtering that is in place at school this includes using VPN's.
9. If I accidentally access inappropriate material, I will:
 - a) Not show others
 - b) Turn off the screen or minimise the window and
 - c) Report the incident to a teacher immediately.
10. I understand that I 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. I also understand that anyone who infringes copyright may be personally liable under this law.
11. I understand that these rules apply to any privately owned ICT equipment/device (such as a laptop, mobile phone, USB drive) I bring to school or a school-related activity. Any images or material on such equipment/devices must be appropriate to the school environment.
12. I will not connect any device (such as a USB drive, camera or phone) to, or attempt to run any software on, school ICT without a teacher's permission. This includes all wireless technologies.
13. I will ask a teacher's permission before giving out any personal information (including photos) online about myself or any other person. I will also get permission from any other person involved. Personal information includes name, address, email address, phone numbers, and photos.
14. I will respect all ICT systems in use at school and treat all ICT equipment/devices with care. This includes:
 - Not intentionally disrupting the smooth running of any school ICT systems
 - Not attempting to hack or gain unauthorised access to any system
 - Following all school cybersafety rules, and not joining in if other students choose to be irresponsible with ICT
 - Reporting any breakages/damage to a staff member.
15. I understand that the school may monitor traffic and material sent and received using the school's ICT network. The school may use filtering and/or monitoring software to restrict access to certain sites and data, including email.
16. I understand that the school may audit its computer network, Internet access facilities, computers and other school ICT equipment/devices or commission an independent forensic audit. Auditing of the above items may include any stored content, and all aspects of their use, including email.
17. I understand that if I break these rules, the school may inform my parent(s). In serious cases the school may take disciplinary action against me. I also understand that my family may be charged for repair costs. If illegal material or activities are involved, it may be necessary for the school to inform the police.

CYBERSAFETY USE AGREEMENT

Personal Copy



To the student and parent/guardian, please:

1. Read this page carefully to check that you understand your responsibilities under this agreement.
2. Sign the appropriate section on this form.
3. Return signed school copy to the school office.
4. Keep the document for future reference, as well as your personal copy of this page.

Section for student:

My responsibilities include:

- I will read this cybersafety use agreement carefully.
- I will follow the cybersafety rules and instructions whenever I use the school's ICT.
- I will also follow the cybersafety rules and instructions whenever I use privately-owned ICT on the school site or at any school-related activity, regardless of its location.
- I will avoid any involvement with material or activities which could put at risk my own safety, or the privacy, safety or security of the school or other members of the school community.
- I will take proper care of school ICT. I know that if I have been involved in the damage, loss or theft of ICT equipment/devices, my family may have responsibility for the costs of repairs or replacement.
- I will keep this document somewhere safe so I can refer to it in the future.
- I will ask a teacher if I am not sure about anything to do with this agreement.

I have read and understood my responsibilities and agree to abide by this cybersafety use agreement. I know that if I breach this use agreement there may be serious consequences.

Students Name:

Year:

Signed:

Date:

Section for parent/guardian:

My responsibilities include:

- I will read this cybersafety use agreement carefully and discuss it with my child so we both have a clear understanding of their role in the school's work to maintain a cybersafe environment.
 - I will ensure this use agreement is signed by my child and by me, and returned to the school.
 - I will encourage my child to follow the cybersafety rules and instructions.
 - I will contact the school if there is any aspect of this use agreement I would like to discuss.
 - I understand that the computer/communication technology resources at Paeroa College are designed for educational purposes and that any breach of the rules and conditions as set out in this agreement can lead to 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 this agreement also applies to communication technologies my child brings into the school environment.
- Access to cyberspace:**
- As the parent or guardian of this student, 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 access to, or have any involvement with, such material.

I have read this cybersafety use agreement document and am aware of the school's initiatives to maintain a cybersafe learning environment, including my child's responsibilities.

Name of parent/guardian:

Signature:

Date:

CYBERSAFETY USE AGREEMENT

School Copy



To the student and parent/guardian, please:

1. Read this page carefully to check that you understand your responsibilities under this agreement.
2. Sign the appropriate section on this form.
3. Return signed school copy to the school office.
4. Keep the document for future reference, as well as your personal copy of this page.

Section for student:

My responsibilities include:

- I will read this cybersafety use agreement carefully.
- I will follow the cybersafety rules and instructions whenever I use the school's ICT.
- I will also follow the cybersafety rules and instructions whenever I use privately-owned ICT on the school site or at any school-related activity, regardless of its location.
- I will avoid any involvement with material or activities which could put at risk my own safety, or the privacy, safety or security of the school or other members of the school community.
- I will take proper care of school ICT. I know that if I have been involved in the damage, loss or theft of ICT equipment/devices, my family may have responsibility for the costs of repairs or replacement.
- I will keep this document somewhere safe so I can refer to it in the future.
- I will ask a teacher if I am not sure about anything to do with this agreement.

I have read and understood my responsibilities and agree to abide by this cybersafety use agreement. I know that if I breach this use agreement there may be serious consequences.

Students Name:

Year:

Signed:

Date:

Section for parent/guardian:

My responsibilities include:

- I will read this cybersafety use agreement carefully and discuss it with my child so we both have a clear understanding of their role in the school's work to maintain a cybersafe environment.
 - I will ensure this use agreement is signed by my child and by me, and returned to the school.
 - I will encourage my child to follow the cybersafety rules and instructions.
 - I will contact the school if there is any aspect of this use agreement I would like to discuss.
 - I understand that the computer/communication technology resources at Paeroa College are designed for educational purposes and that any breach of the rules and conditions as set out in this agreement can lead to 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.
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 - 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 access to, or have any involvement with, such material.

I have read this cybersafety use agreement document and am aware of the school's initiatives to maintain a cybersafe learning environment, including my child's responsibilities.

Name of parent/guardian:

Signature:

Date:

Blanket Consent form 2021

This EOTC form is to cover events which occur during the course of a school day and conclude prior to approximately 6.00pm. These would likely include low risk visits to Paeroa and/or visits to other local (ie Hauraki or Thames) based education providers.

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 at the start of the year 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 very important the student details such as health information and emergency contacts are kept up to date with the Paeroa College's student services office during the year.

Please ensure that all sections of this form are completed and it is returned to the Paeroa College student services

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.

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 |

Signed: (Parent / Caregiver).....

Medical Consent

- In an emergency the 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 Paeroa College as soon as possible of any changes in the medical or other circumstances.
- 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.

Signed: (Parent / Caregiver).....

Parental Consent

- I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.
- I consent to my child visiting local, low risk areas within Hauraki whilst under the supervision of Paeroa College
- I understand there are risks associated with involvement in Paeroa College’s EOTC events and that these risks cannot be completely eliminated.
- I understand Paeroa College 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 Paeroa College about the activities in which my child will be involved. I recognise participation in such activities is voluntary and not mandatory. My child and I both understand 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 Paeroa College 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.

Signed: (Parent / Caregiver) Date/...../.....
 (Full name of parent/Caregiver)

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 and that 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 the 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/...../.....

Authority for automatic payments

(Not to operate as an assignment or an agreement)

TIP: If you need help filling out this form, a help guide is on the back.

To the Manager

Your branch NAME

Please tick one, and complete ALL sections

- new automatic payment, OR
 change an existing automatic payment. The current amount being paid is \$ _____

A: Pay from

Pay from BANK _____

Pay from
BANK BRANCH ACCOUNT SUFFIX

Details to appear on my/our bank statement:

PARTICULARS CODE REFERENCE

B: Payment details

Regular payment amount \$ _____

First variable payment amount if different from regular amount \$ _____ (if required)

OR

Last variable payment amount if different from regular amount \$ _____ (if required)

Frequency (please tick one)

- Weekly Fortnightly Monthly 4-weekly 6-monthly Yearly

First payment date DAY / MONTH / 2020

Last payment date DAY / MONTH / YEAR

OR

- Until further notice (please tick)

C: Pay to

Pay to PAEROA COLLEGE

Pay to
BANK BRANCH ACCOUNT SUFFIX

Details to appear on their bank statement:

PARTICULARS CODE REFERENCE
 Students Name Students ID Number

D: Authorisation

- Please make this automatic payment as detailed by debiting my/our account.
- I/we understand and accept that the Bank accepts this authority only on the conditions overleaf.

Customer's signature _____ Contact phone number _____ Date DAY / MONTH / 2021

Customer's signature _____ Contact phone number _____ Date DAY / MONTH / 2021

use only Date received DAY / MONTH / YEAR Received by _____