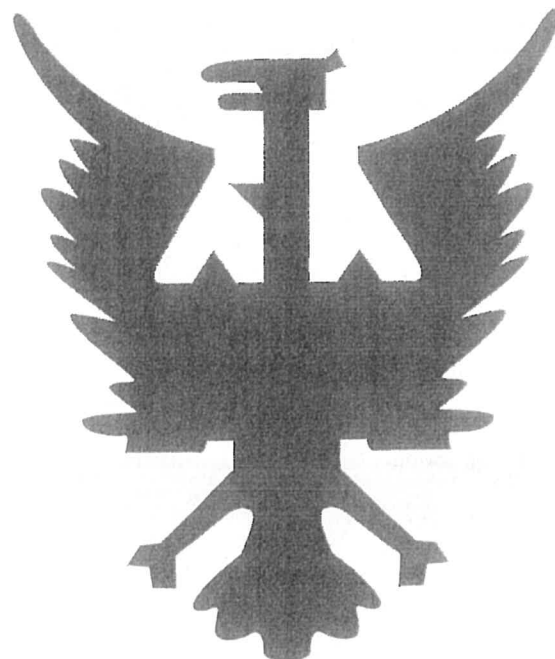


Paeroa College

ENROLMENT FORM



Mahi Tahī Kia Kaha

The information collected will be used by the school for enrolment and therefore forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data gathering purposes by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

Student Details

Last Name: (Legal name as per birth certificate)	First name:
Middle name:	Preferred name: (if different to given name)
Date of birth: / / (day/month/year)	Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/>
Home address:	Home phone:
Level enrolling for: Year 9 <input type="radio"/> Year 10 <input type="radio"/> Year 11 <input type="radio"/> Year 12 <input type="radio"/> Year 13 <input type="radio"/>	

If enrolling in Year 9 or 10, and your student has a foundation level of te reo Māori, they can join a te reo Rangatira class. This class will continue to build their te reo Māori.

My student (please tick one): would would not like to join te reo Rangatira

School currently attending:	Year Level:
Is the student currently under suspension from a school?	Yes <input type="radio"/> No <input type="radio"/> If yes, name of school:
Has the student ever been excluded from a school?	Yes <input type="radio"/> No <input type="radio"/> 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 _____

Parent 1

Parent 2

Title: Mr Mrs Ms Miss Other (please specify)

Title: Mr Mrs Ms Miss Other (please specify)

Name:

Name:

Residential Address:

Residential Address:

Postal Address: (if different from residential)

Postal Address: (if different from residential)

Home phone:

Home phone:

Work phone:

Work phone:

Mobile phone:

Mobile phone:

Email:

Email:

Occupation:

Occupation:

Workplace:

Workplace:

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

Emergency Contact (friends/family we can contact)

Name:

Name:

Address:

Address:

Home phone:

Home phone:

Mobile phone:

Mobile phone:

Email:

Relationship with student:

Relationship with student:

In the case of a caregiver/legal guardian not listed on the birth certificate, please provide other legal documentation of caregiver/guardianship. Please provide proof that you are the legal caregiver/guardian – i.e. Court Order

Where to send correspondence/reports:

Both parents Parent 1 Parent 2 Legal Guardian

Other please specify _____

Where to send accounts:

Both parents Parent 1 Parent 2 Legal Guardian

Other please specify _____

In the case of separated parents, each parent is entitled to educational information about their child, for example, school reports, and matters which are preventing or slowing a student's progress at school or harming the student's relationships with teachers or other students. This information will be provided unless there is a Court Order preventing it.

Preferred method of contact Email Phone Call Text Letter

Additional Relevant Information

Residency Status and Ethnicity (statistical)

Which ethnic group(s) does your child identify with?

1st Ethnicity _____

2nd Ethnicity _____

3rd Ethnicity _____

Iwi _____

Is the child a citizen or a permanent resident of New Zealand? Yes No

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

Visa Expiry Date: ___/___/___

School Student Information Consent Form

Images of our students (photographs, video clips, etc), and examples of their schoolwork, are sometimes published in our newsletters, on our school website, and other online channels such as the school/class blogs, Facebook page, YouTube, etc.

We publish student material to celebrate students' work and achievement, to encourage students to participate in our school community, and to promote the school.

We believe it is important to celebrate students' achievements but are aware of the potential risks when such personal information or material is published online.

In the interest of safety and security we require parents to give consent before publication.

Please indicate your wishes by ticking the relevant box:

Checkbox

I give permission for my child's name, image, or work to be published in the school newsletter, on the school website, or the wider online community (as indicated above).

Checkbox

I DO NOT give permission for my child's name, image, or work to be published in the school newsletter, on the school website, or the wider online community (as indicated above).

Health Information

To help us care for your child 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

Doctor:

Condition	Mild	Mod	Severe	Medication Taken For Each Condition
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 Please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Diabetic Type 1 or 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Epilepsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hearing Loss Please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hearing Aid Yes <input type="radio"/> No <input type="radio"/>
Heart Condition Please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hepatitis B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Allergies if so, to what?				
Rheumatic Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Does your child 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 student services

If your child 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 child 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 child and agree to meet any costs incurred?
Yes No

Do you give permission for the school nurse to assess your child to identify any health/social concerns? HEADS assessment (Year 9 only)
Yes No

Learning Support

If you received learning support from your previous school please list what was the support that you received ie:

- Teacher aide Reading recovery
- In class support (ICS) Help with behavior/self management

Other please specify _____

BYOD/Chromebooks

All students at Paeroa College must have their own laptop or chromebook for use at school.

Paeroa College has some chrome books available for issuing to students. A signed agreement plus a bond of \$100 is required. When the chrome book is returned at the end of each year (along with the charger) the bond will be either refunded or rolled over to the following year.

Please indicate if you would like your child issued with a school-owned chromebook

- YES NO

As chrome books are limited, students are encouraged to supply their own devices. These can be purchased through the college. If you wish to be issued with a school-owned chromebook, please complete the enclosed chromebook and laptop agreement.

Declaration _____

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

1. My child attends school regularly above 90% attendance rate and not be truant.
2. An explanation of any absences will be provided.
3. My child will wear the official school uniform.
4. My child will comply with all school behavior expectations and our school treaty.

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
- Signed Cyber-safety policy agreement.
- Signed blanket consent form for EOTC (Education outside the Classroom)
- Chromebook agreement form (if required)

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

Blanket Consent form 2024

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/...../.....

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.
 - 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:

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:

