



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

First Name: _____

Middle Name: _____

Last Name: (Legal name as per birth certificate) _____

Preferred name: (if different to given name) _____

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

Male Female Other

Level enrolling for: please circle 9 10 11 12 13

In Zone **NO OUT OF ZONE ENROLMENTS FOR 2026**
(Refer to our Paeroa College Website for zoning catchment)

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

My student (please tick one): would would not like to join Reo Rūmaki

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: _____

Which ethnic group(s) does the child identify with? Please circle

Maori Iwi 1: _____ Iwi 2: _____ Iwi 3: _____

NZ European Australian Tongan Samoan Fijian Indian Asian Other: _____

If you are not a citizen or permanent resident of New Zealand, please attach documentation.

Parent / Caregiver Information

Residence A – Parent(s) / Caregiver(s) / Legal Guardian student lives with all or most of the time.

Title: Mr Mrs Ms Miss Other (please specify) _____

Title: Mr Mrs Ms Miss Other (please specify) _____

First Name: _____

First Name: _____

Surname: _____

Surname: _____

Residential Address: _____

Residential Address: _____

Home Phone: _____

Home Phone: _____

Mobile Phone: _____

Mobile Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Residence B – Parent(s) / Caregiver(s) / Legal Guardian student also lives with i.e shared custody agreement.

Title: Mr Mrs Ms Miss Other (please specify) _____

Title: Mr Mrs Ms Miss Other (please specify) _____

First Name: _____

First Name: _____

Surname: _____

Surname: _____

Residential Address: _____

Residential Address: _____

Home Phone: _____

Home Phone: _____

Mobile Phone: _____

Mobile Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

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

Emergency Contact (friends or family we can contact)

Title: Mr Mrs Ms Miss Other (please specify) _____

First Name: _____

Surname: _____

Residential Address: _____

Relationship to student: _____

Home Phone: _____

Mobile Phone: _____

Where to send correspondence/reports:

Both parents Residence A Residence B

Other please specify _____

Where to send accounts:

Both parents Residence A Residence B

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

Brothers/Sisters (who are currently attending Paeroa College – names and year levels)

BUSES

Are you eligible for the bus? (Refer to the Paeroa College Website) Hikutaia Karangahake Netherton

MEDICAL 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 matters in private)

Medical Details		
Medical Conditions: (Please list any allergies, medicines, conditions or disabilities that the school should be aware of)		
I consent to my child being given Panadol / Ibuprofen or 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	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 chromebooks available to lease. A signed agreement and a bond of \$100 are required. When the chromebook and charger are returned at the end of each year, the bond will roll over into the following year.

As chromebooks 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 chrome book, please complete the enclosed chromebook agreement.

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)

Agreement between Paeroa College , Parents / Caregivers and the Student

(Please tick or cross each of the following and sign below)

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

- My child attends school regularly above 90% attendance rate and not be truant.
- An explanation of any absences will be provided.
- I/ We have read and agree the named student will comply with all school behaviour expectations and our school treaty.
- I/We authorize Paeroa College to obtain relevant information from my child’s previous school to assist in their further education at this school.
- I/We are aware there are medical services (e.g nurse, doctor, counsellor) available to students at Paeroa College.
- I/We give permission for the named student’s images, work, comments and achievements to be published in school documentation, on our school website, social media platforms for the purpose of celebrating individual, group or school achievements.
- I/We give permission to provide support agencies with information about what my child will do when they leave school (e.g. employment or further education).
- My child will wear official school uniform.

Signature of parent/legal guardian:

____/____/____
Date:

Signature of student:

____/____/____
Date

Blanket Consent form 2026

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 places within a 10km radius from the school.

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 cell phone: _____

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 consent to my child who is 14 years and under to leave school on days when school had an early finish e.g Catch up day. I will guarantee there will be adequate arrangements for their safety.
- 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 our district 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/...../.....



PAEROA COLLEGE 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.

Student's 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:

Please note: This agreement for your child will remain in force as long as he/she is enrolled at this school. If it becomes necessary to add/amend any information or rule, parents will be advised in writing.