

HAWERA HIGH SCHOOL



ENROLMENT FORM

NAME _____

STAFF USE ONLY

ENROLMENT DETAILS

Start Date _____

Year Level ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13

Re-enrolment Yes/No *(Please Circle)*

If Yes, Year/Level Left _____

Copy of Birth Certificate Received ☐

TYPE OF STUDENT

- ☐ Regular
☐ Adult

- ☐ International Exchange
☐ Fee Paying

- ☐ Special Needs
☐ ORRS

STAFF MEMBER COMPLETING ENROLMENT

Name _____

Signature _____

Date _____

STUDENT INFORMATION

PERSONAL DETAILS

Surname _____

First Names _____

Name (Preferred) _____

Date of Birth _____

Gender _____

SCHOOL CURRENTLY ATTENDING

ETHNICITY

☐ New Zealand European

☐ Maori (Iwi) _____

☐ Other _____

FOR STUDENTS NOT BORN IN NEW ZEALAND

Date of Arrival in NZ _____

Citizenship Yes/No (**Please Circle**) Or Resident ☐

Passport No _____

Visa/Residency No _____

PRIMARY CAREGIVER INFORMATION (Main Residence – Living With)

☐ Lives with Full Time

☐ Lives with Part Time

☐ Shared/Split Custody (*Ref Secondary Caregiver Information below*)

Relationship to Student _____

Relationship to Student _____

Caregiver Name _____

Mr/Mrs/Miss/Ms/Other – First Name, Surname

Caregiver Name _____

Mr/Mrs/Miss/Ms/Other – First Name, Surname

Phone Home _____

Phone Home _____

Phone Mobile _____

Phone Mobile _____

Phone Work _____

Phone Work _____

Address (Home) _____

Post Code

Address (Postal) _____

If not the same as above

Post Code

Home Email _____

Please Print Clearly

SECONDARY CAREGIVER INFORMATION (Secondary Residence - If Applicable)

☐ Lives with Part Time

☐ Shared/Split Custody

☐ Not Living With

☐ To receive copies of Reports/Newsletters/Correspondence

Relationship to Student _____

Relationship to Student _____

Caregiver Name _____

Mr/Mrs/Miss/Ms/Other – First Name, Surname

Caregiver Name _____

Mr/Mrs/Miss/Ms/Other – First Name, Surname

Phone Home _____

Phone Home _____

Phone Mobile _____

Phone Mobile _____

Phone Work _____

Phone Work _____

Address (Home) _____

Post Code

Address (Postal) _____

If not the same as above

Post Code

Home Email _____

Please Print Clearly

EMERGENCY CONTACT INFORMATION (Not Living With) eg: Family Member/Friend living in the area

Name _____ Relationship to Student _____

Phone (Home) _____ Phone (Mobile) _____ Phone (Work) _____

SIBLINGS – Brothers or Sisters currently attending Hawera High School

Name _____ Year _____ House _____

Name _____ Year _____ House _____

Name _____ Year _____ House _____

BUS STUDENTBus Student ☐ (Tick if Yes) Bus Run Area _____**PREVIOUS SCHOOL – Please tick the appropriate box(es) if applicable to your child**☐ Not Applicable☐ Stand Down(s)☐ Suspension☐ Exclusion☐ Expulsion**LEARNING SUPPORT**Has the student been involved with any learning support programmes? (eg: RTLB support, Teacher Aide) ☐ No ☐ Yes (Details Please)Does the student have any specific learning needs? (eg: Dyslexia, ADHD, Dyspraxia etc) ☐ No ☐ Yes (Details Please)Has the student been involved with any English Language Learning Support? (eg: ESOL) ☐ No ☐ Yes (Details Please)Does the student have ORRS funding? (Ongoing and Reviewable Resourcing Schemes) ☐ No ☐ Yes (Details Please)

Details _____

YEAR 10/11/12/13 SUBJECT OPTIONS**REMINDER - Please complete option choices on back page of enrolment form if applicable**

MEDICAL INFORMATION – SCHOOL/EOTC

1. Is your child allergic to any of the following?

Prescription Medication ☐ No ☐ Yes – Please Specify _____

Food ☐ No ☐ Yes – Please Specify _____

Insect Bites/Stings ☐ No ☐ Yes – Please Specify _____

Other Allergies ☐ No ☐ Yes – Please Specify _____

Treatment Required? _____

2. Please tick if your student has had any of the following:

- | | | | | |
|------------------------------------------------------------------|----------------------------------------------|-------------------------------------------|---------------------------------------|-------------------------------------------|
| <input type="checkbox"/> 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 Conditions | <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Colour Blindness |
| <input type="checkbox"/> Other Conditions – Please Specify _____ | | | | |

3. Pain Relief I give permission for Paracetamol to be administered to my child should it be required. ☐ Yes ☐ No

4. Is your child currently taking any regular medication?

☐ No ☐ Yes – Please Specify _____

5. Is your child currently taking any regular medication that needs to be administered during school hours/during school trips?

☐ No ☐ Yes – Please complete Parental Medication Agreement (*Note: This is a separate form*)

Please Specify _____

6. Outline any dietary requirements? _____

7. Medical Alert Number (If applicable) _____

8. Date of last tetanus injection? _____

9. Has your child had any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities?

☐ No ☐ Yes – Please Specify _____

10. Is there any other information that staff should know to ensure the physical and emotional safety of your child? (eg: cultural practices, disability, anxiety about heights/darkness/small places, pregnancy, behavioural or emotional problems?)

☐ No ☐ Yes – Please give brief details _____

11. Doctor _____

12. Dentist _____

13. Is there any additional information that you feel is appropriate to note here?

PLEASE TAKE THE TIME TO UPDATE HEALTH INFORMATION WITH THE SCHOOL OFFICE IF THERE ANY CHANGES DURING THE YEAR. THANK YOU.

BLANKET CONSENT SIGNATURES

Education Outside the Classroom (EOTC) is the name given to all events/activities that occur outside the classroom, both on and off the school site. This includes sport. Our school believes in using a range of environments and experiences to enhance our students' learning. We have ready access to the beach, rivers and the bush in our area and beyond. We are also close to various built up environments in our community. These areas are rich learning environments for our students both in and out of school. They need to learn how to be safe. Our school also values the concept of providing students with opportunities, thus some of the learning for students occurs beyond the school site and this document is seeking your consent for your child to participate in such learning.

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.

Privacy Statement: Please note that 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.

EOTC EVENT CATEGORIES

In line with Ministry of Education guidelines Hawera High School identifies three EOTC activity categories, each with recommended types of parental/caregiver consent. Some examples of these type of activities are given below.

In brief they are:

A. On-site events in the school grounds and off-site events in the local community occurring in school time

1. **Lower risk** environments (eg: sports events, athletics day, museum visits) - **Blanket Consent**
2. **Higher risk** environments* (eg: river swimming, rock climbing) – **Separate Consent** for each event or programme

B. Off-site events occurring or finishing outside of school time

1. **Lower risk** environments (eg: farm visit, visit to local park/bush) - **Blanket Consent**
2. **Higher risk** environments* (eg: river swimming, rock climbing) - **Separate Consent** for each event or programme

C. Off-site residential overnight events

1. **Lower risk** environments (eg: sports tournament, trip to another region) - **Separate Consent** for each event or programme
2. **Higher risk** environments* (eg: overseas trip, trips to alpine environments) - **Separate Consent** for each event or programme

* Involves risk assessed to be greater than that associated with the average family activity

All EOTC activity categories require staff to undertake an analysis of the risks, and identify the management strategies required to eliminate, isolate and minimise the risks. Emergency procedures are also in place.

SWIMMING

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.

Is your child:

- | | | | |
|-------------------------------------------------|------------------------------|-----------------------------|-------------------------------------|
| ▪ Able to swim 50 meters? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| ▪ Water confident in a pool? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| ▪ Confident in deep water? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| ▪ Able to tread water? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| ▪ Able to survival float? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| ▪ Confident in the sea or in open inland water? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| ▪ Safety conscious in and around water? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |

VEHICLE PERMISSION

If I/we are unable to provide transport for my child, I/we give permission for him/her to travel with a fully licensed driver in either the school vehicle or a private vehicle that is registered and has met with the New Zealand Road Worthy standards (WOF). If my son/daughter holds a restricted licence then I permit him/her to drive themselves to and from the event. If he/she holds a full licence then I permit him/her to carry passengers.

☐ Yes ☐ No

BLANKET CONSENT FOR SCHOOL PURPOSES & EOTC ACTIVITIES WHILE ATTENDING HHS (NOT OVERNIGHT)

DISCLAIMER (Please Tick)

- ☐ I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration if staff are required to administer.
- ☐ I will inform the school as soon as possible of any changes to my child's medical information or other circumstances.
- ☐ I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- ☐ Any medical costs not covered by ACC or a community services card will be paid by me.
- ☐ I agree to my child taking part in EOTC events and have read the EOTC Activity Categories. I agree to their participation in the activities described. I acknowledge the need for them to behave responsibly.
- ☐ 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, she/he will be sent home at my own expense.

BLANKET CONSENT (Please Tick)

- ☐ I agree to the participation of *(Student Name)* _____ in lower risk events in categories **A** and **B**.
- ☐ I understand that I will be required to give separate consent for my son/daughter to participate in higher risk events in categories **A, B** and **C** and lower risk events in category **C**.
- ☐ I give permission for media (video/images) of my child on school events to be used by Hawera High School and programme associated external third party providers for student achievement and marketing purposes.
- ☐ I give permission for pain relief (Paracetamol) to be administered to my child should it be required. ☐ Yes ☐ No
- ☐ I give permission for the school to obtain school records and any other information relevant to my child's welfare from previous schools. (Caregivers may request to view and correct any errors to their records.)
- ☐ I agree that non uniform items or inappropriate articles can be confiscated and that Hawera High School takes no responsibility for confiscated items that may subsequently be lost or misplaced.
- ☐ I understand that cell phones and electronic devices are brought to school at the student's own risk. I also understand that cell phones are not to be used inappropriately in the classroom and may be confiscated as a result.
(Parents may collect confiscated articles from the school.)

SIGNATURES

- ☐ I agree that all information provided is complete and accurate.

Name _____	Relationship to Student _____
Phone (Home) _____	Phone (Mobile) _____
Signature _____	Date _____

STUDENT CONTRACT - To be read and signed by all participating students

- ☐ I understand that any EOTC/school event is an opportunity for me to learn, practice skills and gain attitudes and values in an environment outside the classroom.
I realise that this requires me to take 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.

Attend all practices and games and accept Coaches/Teacher in Charge decisions relating to participation in games; show respect to teammates, coach, manager, opposition and officials on and off the field/court; attend and participate in all classes to be eligible to practice and play for the school; return in good clean condition all uniform/gear issued by the school.
- ☐ I understand that my parent/caregiver will be contacted and I may be sent home at their expense if:

My actions are considered unacceptable by staff, I break the school drug and alcohol policy, my actions put me or others in any danger.

Signed (by student) _____ Date _____

ACCEPTABLE USE OF INFORMATION & COMMUNICATION AGREEMENT

...all staff and students should have access to an extensive collection of instructional, professional and recreational resource material. The internet is to be used in a manner that is consistent with Hawera High School's standards of conduct and as part of the normal execution of student's or staff member's responsibilities. (HHS Information & Communication Technology Policy)

The following practices are considered by the school as 'unacceptable' and may be subject to disciplinary actions including written warnings and revocation of access privileges. Hawera High School also reserves the right to report any illegal activities to the appropriate authorities.

NETWORK, INTRANET AND INTERNET ACCESS PROCEDURES

Misuse and unacceptable practice is any action which causes mental or physical harm to yourself or another person by seeking, distributing or downloading information. This can include, but is not exclusive to anything that is illegal, racist, sexist, pornographic or involves abusive communications. Students who fail to meet these requirements, or misuse the Internet may face disciplinary action(s). These may include taking away Network, Email and Internet access.

1. Student

- ☐ I understand and will abide by the requirements of the Information & Communication Procedures and accept that Internet access is for educational purposes only.
- ☐ Giving another student access to my username and password is also misuse as is using e-mail to harass or abuse another student.
- ☐ I will not hold my teacher or HHS responsible or legally liable for materials distributed to or acquired from the Network.
- ☐ I will not interfere with any hardware and/or software of the network.
- ☐ I will not publicise any revealing or confidential information about HHS.
- ☐ I will not use the HHS name for personal gain.
- ☐ I agree to report any misuse of the Internet to my teacher or the Principal.
- ☐ By signing this form, I agree to abide by the 'guidelines for acceptable use' relating to Network, Intranet and Internet access.

2. Parent/Caregiver/Guardian

As parent/caregiver/guardian of _____

- ☐ I have read the Information & Communication Procedures and understand that the Internet Access at HHS is for educational use only. I also understand that it is impossible for HHS to completely restrict access to controversial materials. I will not hold the teachers or HHS responsible for, or legally liable for, materials distributed to or acquired from the Internet.
- ☐ I have discussed the examples of misuse with my student, and accept responsibility for his/her use of the Internet at school.
- ☐ I hereby give my permission to issue a username and password so my student can access the Network and Internet.

3. Signatures

I have read this document and accept the terms as outlined above.

Signed by Parent/Caregiver: _____

Print Name: _____

Date: _____

Signed by Student: _____

Print Name: _____

Date: _____

SUBJECT OPTIONS

PLEASE COMPLETE THIS IN DISCUSSION WITH THE STAFF MEMBER DOING YOUR ENROLMENT

Year 10 Option Choice

Option Choice 1 _____

Option Choice 2 _____

Senior Options – Subject Choices

Code 1 _____

Subject 1 _____

Code 2 _____

Subject 2 _____

Code 3 _____

Subject 3 _____

Code 4 _____

Subject 4 _____

Code 5 _____

Subject 5 _____

Code 6 _____

Subject 6 _____

Additional Notes:

[illegible]