



ENROLMENT FORM – YEAR 2017

PAPANUI HIGH SCHOOL

PO BOX 5220 – CHRISTCHURCH 8542 - TELEPHONE (03) 352 6119 – admin@papanui.school.nz

APPLICATION FOR ENROLMENT FOR YEAR LEVEL ____ COMMENCEMENT DATE: / / 20__

A STUDENT INFORMATION

Family Name:		Date of Birth:
Given Name(s):		Gender: Male / Female
Preferred Name:		First Language:
Street Address:	Suburb:	
City/Town:	Post Code:	
Telephone: Home:	Student Cell:	
Current School:	Student e-Mail:	

Does the student have any brothers/sisters who are current students at PHS? Yes No

If yes, please give name/s and current year level: _____

Does the student have any brothers/sisters or parent(s) who previously attended PHS? Yes No

If yes, please give name/s and approx years attended: _____

Ethnic Group (please tick box):

NZ Pakeha/European

Maori Iwi/Tribe (please specify): _____

Pacifica: eg Samoan, Tongan, Cook Island, Fijian (please specify) _____

Asian: eg Chinese, Korean, South East Asian (please specify) _____

Middle Eastern: (please specify): _____

African: (please specify): _____

American: (please specify): _____

Other European (please specify): _____

Other: (please specify): _____

B PARENT(S) or CAREGIVER(S) STUDENT LIVES WITH

1 Full Name: Mr, Mrs, Ms, Miss, Dr:	
Relationship to student:	Occupation:
Home E-Mail Address:	Cell phone:
Name of Workplace:	Workplace Phone:
2 Full Name: Mr, Mrs, Ms, Miss, Dr:	
Relationship to student:	Occupation:
Home E-Mail Address:	Cell phone:
Name of Workplace:	Workplace Phone:

C PARENT(S) STUDENT DOES NOT LIVE WITH: (if applicable)

1 Full Name, Mr, Mrs, Ms, Miss, Dr:	
Address:	Telephone - Home:
	- Work:
	- Cell phone:
E-mail:	
Access allowed: Yes No	Receive School Reports: Yes No

D HEALTH

1 List any medical problems the school should be aware of and severity eg mild, moderate, severe.

List any medication student is taking: _____

3 Family Doctor: _____ Telephone: _____

4 Emergency contact (other than home contact)

Name: Mr, Mrs, Ms, Miss, Dr: _____

Relationship to student: _____

Home phone: _____ Workplace phone: _____

Cell phone: _____

E STUDENTS TRANSFERRING FROM ANOTHER SECONDARY SCHOOL (Year 11 and above)

Qualifications gained: _____

Verified copies attached: Yes No

NZQA Registration number:

Present course being studied (give subjects and level (eg. NCEA Level 1,2,3))		
1	2	3
4	5	6

F Is this student ORRS funded? Yes / No
Is this an enrolment for the Kimi Ora Department? Yes / No

G ZONING INFORMATION

The address given at the time of application for enrolment must be the student's usual place of residence when the school is open for instruction. This means that if you currently live at an in-zone address but move to an out-of-zone address before your child's first day of attendance at the school, your child will not be entitled to enrol at the school as an in-zone student.

The Ministry of Education has advised that parents should also be warned of the possible consequences of deliberately attempting to gain unfair priority in enrolment by knowingly giving a false address or making an in-zone living arrangement which they intend to be only temporary, eg:

- renting accommodation in-zone on a short-term basis;
- arranging temporary board in-zone with a relative or family friend;
- using the in-zone address of a relative or friend as an "address of convenience", with no intention to live there on an ongoing basis.

If the school learns that a student is no longer living at the in-zone address given at the time of application for enrolment and has reasonable grounds to believe that a temporary in-zone residence has been used for the purpose of unfairly gaining priority in enrolment at the school, then the Board may review the enrolment. This course of action is provided for under Section 11 OA of the Education Act 1989.

I confirm that the address which I have provided to the school will be the usual place of residence of _____(student name) when the school is open for instruction. I will advise the school of any subsequent change of address.

Signed: (Parent).....

INTERNET ACCEPTABLE USE AGREEMENT

Dear Parent/Caregiver

Papanui High School makes the Internet available to students for use in their subject areas. We also allow students their own email account if requested (through the Library Information Centre). Before being allowed to use the Web, all students must obtain the permission of their parent/caregiver and they must agree to abide by the school's Acceptable Use Guidelines.

Both you and your child must sign below as evidence of your acceptance of the school's Internet Use Guidelines.

We would be grateful if you would read through the following requirements and discuss them with your child, and then complete the permission section below.

Please note that:

- access to the Internet is filtered by software that helps to ensure only suitable content can be viewed
- Papanui High School staff reserve the right to access all student files on the Network to ensure that students are using the system responsibly
- electronic devices are each student's own responsibility, and they must keep them safe, both physically and online. The school is not responsible for loss or damage to a student's personal electronic device
- all logins are logged and
- all Internet sites visited are logged against the user's login name

The following are not permitted on the Papanui Network:

- sending or displaying offensive messages
- downloading, sending or displaying obscene pictures
- using obscene language
- harassing, insulting or attacking others
- damaging, or attempting to damage computers, computer systems, or the Network
- breaking copyright laws
- installing and playing games on the Network
- using other students' passwords or giving other students their password

Yours sincerely



Jeff Smith
Principal

Permission Section:

Student Name: _____

I agree to comply with the school rules on computer use and internet access. I will use the Network in a responsible way and will observe all restrictions set out in this letter.

Student Signature: _____

Date: _____

As the parent/caregiver of this student, I grant my permission for him/her to use the Papanui High School Network. I understand that students will be held accountable for their own actions and any activity undertaken using their Network login.

Parent/Caregiver Signature: _____

Date: _____

H DECLARATION:

If my son/daughter is accepted at Papanui High School he/she will obey the conduct and uniform codes as outlined in the Student Diary and we agree to pay any costs for any careless damage to school property. We also agree to purchase the finished articles for any of the selected Arts and Technology courses, and pay costs associated with extra curricular activities chosen by my son/daughter. Further, I give permission for my son/daughters name, photograph and work to be used for publicity purposes.

AND

In accordance with the Privacy Act, 1993, I, the student, consent to the information contained in this application being available to the Ministry of Education, NZ Qualifications Authority and relevant institutions for the advancement of my education, and other agencies where disclosure is required for the maintenance of law and order, and to this information being available for school use for the purpose of improving my performance as a learner and ensuring my personal safety. I agree to information regarding my school performance being transferred between educational institutions to which I am transferring or have transferred.

AND

I have read the enclosed enrolment scheme information and am making an enrolment application as an

- In Zone applicant
- Out of Zone applicant

Signed: _____
Student

_____ *Parent/Caregiver*

Date: _____

Please ensure you have attached the following information to your enrolment form:

- Copy of Passport status/Birth Certificate
- Proof of In-Zone address (if In Zone address is claimed) a copy of recent power or telephone account, or tenancy agreement to confirm residence
- Signed Blanket Consent Form for EOTC

I ALUMNI:

We are currently in the process of updating our Alumni Database
Have any members of your family attended Papanui High School? If yes, give name, contact details and approx years of attendance, including email address if applicable. _____

SCHOOL USE ONLY

Start Date

Interviewed By

Enrolment Number



PAPANUI HIGH SCHOOL

Blanket Consent for EOTC

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 co-curricular events also (e.g. sport, music, etc)

Our school believes in using a range of environments and experiences to enhance our students' learning.

We have ready access to the beach, rivers, mountains, and the bush in our area and beyond. We are also close to various built environments in our community, such as local businesses and recreational facilities. These areas offer rich learning opportunities for our students. Our students need to learn how to be safe both in and out of school. Thus some of the learning for students occurs beyond the school site and this document is seeking your consent for your child/children to participate in such learning.

The Ministry of Education's **EOTC guidelines** identify four EOTC activity types, each with recommended types of parental/caregiver consent. In brief they are:

Type of event	Description	Type of consent
A	On-site events in the school grounds (i) Lower risk environments (ii) Higher risk environments*	(i) No consent sought or blanket consent (ii) Separate consent for each event or programme
B	Off-site events in the local community occurring before, during, and after school time. (i) Lower risk environments (ii) Higher risk environments*	(i) Blanket consent at enrolment (ii) Separate consent for each event or programme
C	Off-site residential overnight events (i) Lower risk environments (ii) Higher risk environments*	(i) Separate consent for each event or programme (ii) 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 isolate and minimise the risks. Emergency procedures are also in place.

BLANKET CONSENT

I/we agree to the participation of _____ (student) In **lower risk** category **A** and **B**

EOTC events while a student at **PAPANUI HIGH SCHOOL.**

I/we have provided the school with up to date medical, supervision and learning information through the enrolment form and will make every endeavour to keep this information current.

Name: _____ Signature: _____
(Parent/Caregiver)

Date: _____

Name: _____ Signature: _____
(Parent/Caregiver)

Date: _____

Note:

1. Examples of Low Risk EOTC activities may include: Science – practical work outside, Museum/Art Gallery/Court visit, debating trip, local business visit, visit to a local aged care facility, etc.
2. Examples of High Risk EOTC activities may include: surfing activity, kayaking trip, high ropes course visit, horse trials, challenging day tramp, overnight trip to Wellington, etc.