



# ENROLMENT FORM – YEAR 2019

## PAPANUI HIGH SCHOOL

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

Applicant's Given name(s).....Last name(s).....

Preferred name .....First Language.....

Current or Last School .....Date of Birth .....

Gender: (please circle)      **Male**      **Female**      **Gender Diverse**

Year Level enrolling for: (please circle) **9 10 11 12 13**      Date of application \_\_\_\_\_

### Applicants Address

Street Address: .....

Suburb: .....

Post Code: .....

Student Cell Phone: .....

### Eligibility

Does the student live permanently in the school zone?       Yes       No

This is an **In Zone** Enrolment.

This is an **Out of Zone** Enrolment.

I understand a ballot will be held for places for the Year 9 Cohort Out of Zone.

All enrolments must provide the following information. If you are out of zone, this helps determine your ballot priority.

The student's sibling is currently enrolled at Papanui High School      Name: .....

The student had a sibling attend in the past      Name: .....Years.....

The student's parent(s) are former students of the school      Name: .....Years.....

The student's parent is employed by the School's Board of Trustees      Name: .....

Please provide the following documentation for both In Zone and Out of Zone enrolments.

### Proof of residence:

Copy of Rental Agreement **or** Rates Invoice **or** copy of electricity account **or** telephone account.

### Other Documents required:

Copy of student's birth certificate or passport.

**If born outside of New Zealand, a copy of the student's Permanent Resident Permit and/or Permanent Resident Visa.**

If not a New Zealand or Australian resident, please provide:

A copy of student's passport

A copy of Student Permit      Expiry date .....

A copy of Parent's Work Permit      Expiry date .....

A copy of refugee information if applicable

**Parent(s) or Caregiver(s) student lives with**

<b>Title: Mr, Mrs, Ms, Miss, Dr, Mx Full Name:</b>	
Relationship to student:	Address:
Home phone:	
Cell phone:	
E-Mail Address:	Occupation:
Name of Workplace:	Workplace Phone:
<b>Title: Mr, Mrs, Ms, Miss, Dr, Mx Full Name:</b>	
Relationship to student:	Address:
Home phone:	
Cell phone:	
Contact E-Mail Address:	Occupation:
Name of Workplace:	Workplace Phone:

**Parent(s) student does not live with (if applicable)**

<b>Title: Mr, Mrs, Ms, Miss, Dr, Mx Full Name:</b>	
Address:	Telephone - Home:
	- Work:
	- Cell phone:
E-mail:	
<p><i>The school requires copies of documents that restrict a parent, other than the enrolling parent /caregiver, access to seeing their child or obtaining information about them.</i></p> <p><i>Non-custodial parents are legally allowed to see school reports and will be given access to the school parental portal.</i></p>	

**Emergency contact (other than home contact)**

*We use this contact if we cannot get hold of you. We cannot give information to this person about a student's attendance or progress. I confirm this person is aware of this responsibility and are aware of my wishes should my child require immediate medical care*

Name: Mr, Mrs, Ms, Miss, Dr: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Workplace phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_

**Ethnic Group (please tick box):**

- NZ Pakeha/European
- Maori  Iwi/Tribe (please specify): \_\_\_\_\_
- Pasifika  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): \_\_\_\_\_

## Health

1. Please list any medical issues or concerns the school should be aware of and state the severity of these eg mild, moderate, severe:  
\_\_\_\_\_  
\_\_\_\_\_
2. Please list any medication the student is taking:  
\_\_\_\_\_  
\_\_\_\_\_
3. Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

**If your child has a condition that can become life threatening eg anaphylaxis, the school requires an action plan from the doctor or specialist to manage this condition. Please hand this into the school office. It is your responsibility to update this annually.**

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### PERSONAL INFORMATION AND THE PRIVACY ACT (1993)

The school collects personal information from its students so that they can be enrolled, have their attendance and progress recorded, be entered for examinations, or be contacted by the school. The school also collects information about the caregivers of the student so that they may be informed of student progress, or contacted in an emergency. Personal information may be disclosed to other education agencies, such as the Ministry of Education, the New Zealand Qualifications Authority and to Government agencies such as the New Zealand Police and the Ministry of Social Development (MSD) if they demonstrate a statutory right to obtain it. This is so that young people who have difficulty finding future employment, training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school. Personal information may be retained by the school after the student leaves in order for the school to maintain a list of past students.

Under the Privacy Act 1993 you have the right to access all personal information held by the school about you or your child. You also have a right to ask the school to correct any information held which is inaccurate. You can exercise that right by applying to the school. You also have an obligation to advise the school if or when any of the personal information you have provided changes.

**If for any reason your enrolment is not accepted, this enrolment form and the accompanying documentation will be destroyed.**

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## Students transferring from another New Zealand secondary school

An interview will be held to discuss subjects etc. Please bring the school reports and NZQA transcript to this meeting.

Qualifications gained: \_\_\_\_\_

NZQA Registration (NSN) number:

## Special Education

**Is this student ORRS funded?**

**Yes / No**

**Is this an enrolment for the Kimi Ora Department?**

**Yes / No**

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## 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 of Trustees 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).....

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

In Zone applicant

Out of Zone applicant

Signed: \_\_\_\_\_  
*Student*

\_\_\_\_\_  
*Parent/Caregiver*

Date: \_\_\_\_\_

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### Conditions Of Enrolment

- I hereby make an application to enrol the above student at Papanui High School under the terms and conditions of the school prospectus, which I accept as applying to the student.
- I guarantee that the student will attend regularly and I will endeavour to see that he/she obeys all school rules.
- I certify that all information entered on this enrolment form is factually correct at the time of completion.
- I consent to the disclosure of personal information to agencies which demonstrate a statutory right to obtain it.

Please tick to show your agreement

- As a parent I grant permission for the school to take photographs and video of my child during school activities and that the school may use those photographs and video on the Papanui High School website, school newsletters and in marketing material for the school.
- I give my permission for teachers or a person authorised by the school to take or send my son/daughter out of school with other members of his/her class to visit places of interest or instruction in the community as part of their organised study, or in a group or team to take part in organised co-curricula activity, (as outlined in attached EOTC information).
- We have read and will abide by the rules around the use of the internet, the school network and personal devices being used on the school network, (as outlined in attached BYOD information).
- We will notify the school immediately if there is a change of address, or change of caregiver or health status of our child.
- We have provided a copy of, passport or birth certificate and proof of address.

Parents/Caregivers to sign: .....

Date: .....

Student to sign: .....

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### **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



## Student Use of ICT at Papanui High School

At Papanui High School ICT (Information, Communication, Technology) is an integral part of our school culture. In order for you to get the most out of these opportunities, you will need to become a digital citizen.

A digital citizen:

- is a **confident and capable** user of ICT
- uses technologies to **participate** in educational, cultural, and economic activities
- uses and develops critical **thinking** skills in cyberspace
- is literate in the **language, symbols, and texts** of digital technologies
- is aware of ICT **challenges** and can manage them effectively
- uses ICT to **relate to others** in positive, meaningful ways
- demonstrates honesty and **integrity** and **ethical behaviour** in their use of ICT
- **respects** the concepts of privacy and freedom of speech in a digital world
- **contributes** and actively **promotes the values** of digital citizenship

([www.mylgp.org.nz](http://www.mylgp.org.nz))

All year nine students will participate in a 5 period ICT programme which will help them to meet and understand these criteria.

All students are issued with a user name and password. These will give the student access to the school network, papNET and Google Apps (Google Mail, Google Docs, Google sites & Google Calendar). In order to use the school network and ICT equipment students will need to adhere to the Cybersafe rules below. Please sign on the attached form to acknowledge you understand The Conditions of Use of ICT at Papanui High School.

1. I will not allow anyone else to use my user name.
2. I will not tell anyone else my password.
3. 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).
4. 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.
5. I understand that these rules also apply to mobile phones. I will only use my mobile phone at times that I am permitted to during the school day.
6. While at school, I will not:
  - a. access, or attempt to access, inappropriate, age restricted, or objectionable material
  - b. download, save or distribute such material by copying, storing, printing or showing it to other people
  - c. make any attempt to get around or bypass security, monitoring and filtering that is in place at school.

7. If I accidentally access inappropriate material, I will:
  - a. not show others
  - b. turn off the screen or minimise the window and report the incident to a teacher immediately.
8. 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 that the school complies with the Copyright Act 1994. I also understand that anyone who infringes copyright may be personally liable under this law.
9. I understand that these rules apply to any privately owned ICT equipment/device (such as a laptop, mobile phone, ipad, ipod, USB device) I bring to school or any school-related activity. Any images or material on such equipment/devices must be appropriate to the school environment.
10. 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.
11. I will respect all ICT systems in use at school and treat all ICT equipment/devices with care. This includes
  - a. not intentionally disrupting the smooth running of any school ICT systems
  - b. not attempting to hack or gain unauthorised access to any system
  - c. following all school cybersafety rules, and not joining in if other students choose to be irresponsible with ICT
  - d. reporting any breakages/damage to a staff member.
12. 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.
13. 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.
14. 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.
15. I understand that my electronic devices are my own responsibility and that I must keep them safe both physically and online. The school is not responsible for loss or damage to a student's personal electronic devices.



# 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
<b>A</b>	<b>On-site events in the school grounds</b> (i) Lower risk environments (ii) Higher risk environments*	(i) <b>No consent</b> sought or <b>blanket consent</b> (ii) <b>Separate consent</b> for each event or programme
<b>B</b>	<b>Off-site events in the local community occurring before, during, and after school time.</b> (i) Lower risk environments (ii) Higher risk environments*	(i) <b>Blanket consent</b> at enrolment (ii) <b>Separate consent</b> for each event or programme
<b>C</b>	<b>Off-site residential overnight events</b> (i) Lower risk environments (ii) Higher risk environments*	(i) <b>Separate consent</b> for each event or programme (ii) <b>Separate consent</b> 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.