



PAPANUI HIGH SCHOOL

ENROLMENT FORM – YEAR 2020

PO BOX 5220 – CHRISTCHURCH 8542 – admin@papanui.school.nz

STUDENT INFORMATION

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

ELIGIBILITY

| | |
|-----------------------------------------|----------------------|
| Year Level enrolling in (please circle) | 9 10 11 12 13 |
|-----------------------------------------|----------------------|

☐ This is an **In Zone** Enrolment. (i.e. student lives permanently in the school zone)

OR

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

☐ I understand a ballot will be held for Out of Zone places for the 2020 Year 9 cohort

| Please tick | Enrolments must provide the following information. For out of zone, this helps determine your ballot priority. | |
|--------------------------|----------------------------------------------------------------------------------------------------------------|------|
| <input type="checkbox"/> | The student's sibling is currently enrolled at the School | Name |
| <input type="checkbox"/> | The student had a sibling attend in the past | Name |
| <input type="checkbox"/> | The student's parent(s) are former students of the School | Name |
| <input type="checkbox"/> | The student's parent is employed by the School's BOT | Name |

Please provide the following documentation for ALL enrolments

Proof of residence:

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

Others Documents required:

☐ Copy of student's birth certificate or passport.

If born outside of New Zealand please provide

☐ Copy of 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)

| CAREGIVER INFORMATION (see attached notes for explanation) | |
|----------------------------------------------------------------------|------------------|
| Primary Caregiver 1. - Parent or caregiver student lives with | |
| Title: Mr, Mrs, Ms, Miss, Dr, Mx | Full Name: |
| Relationship to student: | Address: |
| Home phone: | |
| Cell phone: | |
| E-Mail Address: | Occupation: |
| Name of Workplace: | Workplace Phone: |

| | |
|---------------------------------------------|------------------|
| Primary Caregiver 2. (if applicable) | |
| Title: Mr, Mrs, Ms, Miss, Dr, Mx | Full Name: |
| Relationship to student: | Address: |
| Home phone: | |
| Cell phone: | |
| Contact E-Mail Address: | Occupation: |
| Name of Workplace: | Workplace Phone: |

| | |
|-----------------------------------------------------------------------------|------------------|
| Secondary Caregiver - Parent or Caregiver student does not live with | |
| Title: Mr, Mrs, Ms, Miss, Dr, Mx | Full Name: |
| Relationship to student: | Address: |
| Home phone: | |
| Cell phone: | |
| Contact E-Mail Address: | Occupation: |
| Name of Workplace: | Workplace Phone: |

Please note: 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. Non-custodial parents are legally allowed to see school reports and will be given access to the school parental portal.

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Emergency 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. | |
| <input type="checkbox"/> I confirm this person is aware of this responsibility and are aware of my wishes should my child require immediate medical care | |
| Title: Mr, Mrs, Ms, Miss, Dr, Mx | Full Name: |
| Relationship to student: | |
| Daytime phone: | |
| Cell phone: | |

| ETHNIC GROUP (please tick up to three boxes) | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> NZ Pakeha/European <input type="checkbox"/> Maori Iwi/Tribe (please specify): _____ <input type="checkbox"/> Pasifika eg Samoan, Tongan, Cook Island, Fijian (please specify): _____ <input type="checkbox"/> Asian eg Chinese, Korean, South East Asian (please specify): _____ <input type="checkbox"/> Middle Eastern (please specify): _____ <input type="checkbox"/> African (please specify): _____ <input type="checkbox"/> American (please specify): _____ <input type="checkbox"/> Other European (please specify): _____ <input type="checkbox"/> Other (please specify): _____ | |

HEALTH

If your child has a condition that can become life threatening e.g. 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.

☐ I confirm that I have read and I acknowledge the above

Please list any medical issues or concerns the school should be aware of and state the severity of these e.g. mild, moderate, severe:

Please list any medication the student is taking:

Family Doctor:

Telephone:

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.

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.

SPECIAL EDUCATION

Is this student ORRS funded? Yes / No

Is this an enrolment for the Kimi Ora Department? Yes / No

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, for example:

- 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. I am making an enrolment application as an

☐ In Zone applicant

☐ Out of Zone applicant

Signed: _____

Student

Parent/Caregiver

Date: _____

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.
- ☐ We have seen and understand the Code of Conduct for Papanui High School.

Parents/Caregivers to sign: _____

Student to sign: _____ Date: _____

ALUMNI

We are updating our Alumni database. Have any members of your family attended Papanui High School? If yes, give name, contact details and approximate years of attendance, including email address if applicable: