



# WAITARA HIGH SCHOOL

*Ulterius Tende - To Strive & Go Forward*

## Enrolment Form

(Please complete all parts of this form in detail)

Legal Last Name: \_\_\_\_\_ Legal First Name(s): \_\_\_\_\_

Preferred Last Name: \_\_\_\_\_ Preferred First Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: ☐ M / ☐ F

Siblings attending: \_\_\_\_\_

Previous School: \_\_\_\_\_

Ethnicity: ☐ NZ European ☐ NZ Maori ☐ Pacific Islander ☐ Other Ethnicity

Iwi: \_\_\_\_\_

### Primary Caregiver (Main residence):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Address: (if different from physical address) \_\_\_\_\_

Email: \_\_\_\_\_ Occupation/Workplace: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation/Workplace: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

### Secondary Caregiver (Secondary residence):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation/Workplace: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation/Workplace: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

### Emergency Contact: NOT PARENTS (we do contact parents before the Emergency Person)

Name: \_\_\_\_\_ Telephone (Daytime/Mobile): \_\_\_\_\_

I give authority to the school to release my child into the care of the emergency contact named above should circumstances require it: ☐ YES ☐ NO Signature: \_\_\_\_\_

**Sensitive Information:**

Is there any sensitive or confidential information you think the school should be aware of? *(NB: this information is made available only to WHS staff)* NB: If there are any Court documents pertaining to Custody, Access, Protection Orders, etc please provide copies for our records. Verbal instructions must be supported by documentation.

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**Medical Information:**

(conditions/treatments/medication/allergies) \_\_\_\_\_

Special Needs, eg: dyslexia, dyspraxia, autism, ADHD, Aspergers

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Food Allergies: \_\_\_\_\_

Doctor \_\_\_\_\_ Dentist \_\_\_\_\_

Can the school provide a Panadol to this student, if required: ☐ Yes ☐ No

**Privacy Policy:** Information requested is essential for the school to provide the appropriate learning programme and care for all students. It will be entered on to the school's student management system, which are retained by the school and therefore subject to the provisions of the Privacy Act and the school's Privacy Policy.

**Proof of identity documentation must be sighted and copied. Original birth certificate/Passport.**

I give authority for school records to be passed to another school or educational institution when my son/daughter transfers and enrolls there.

I declare that my son/daughter will attend school regularly and abide by the uniform requirements, and the rules and procedures laid down by the school.

I agree to attend regularly, wear the correct uniform and uphold the school's values of REACH – respect, excellence, aroha, commitment and hauora.

I have read and agree to the following contracts:

☐ EOTC Form ☐ Digital Citizenship ☐ Chromebook Agreement

☐ Technology and Science Safety Contract ☐ Yr9-Yr13 Mobile Phone Policy

Signature of: Parent/Caregiver \_\_\_\_\_ Student \_\_\_\_\_ Date:    /    /

Signature of: Interviewer \_\_\_\_\_ Date:    /    /

# CONSENT FORM FOR STUDENT & PARENT

Student Name: \_\_\_\_\_

Date:     /     /

## EOTC Blanket Consent

I have read the EOTC hand out in regards to *lower risk school trips*, category A, B and C EOTC events and I have provided the school with up to date medical information for my child.

All Waitara High School students taking part will be expected to follow the rules set by the organisers of the event/trip. As a school we also expect students to represent Waitara High School in the best possible light, with exemplary behaviour, manners and language.

Signature: \_\_\_\_\_  
(Parent)

## Digital Citizenship Responsible Use and Computer Network and BYOD Process & Policy

I agree to follow the digital rules as stated in the take home hand outs, and understand the ethical and legal implications of breaking these rules.

Permission to publish student's image and/or work online.      Yes / No

Signature: \_\_\_\_\_  
(Student) (Parent)

## Technology and Science Safety Contract

I agree to follow all of the safety rules in the Food Room/Science Lab/Workshops. If I fail to adhere to any of them, I may be asked to leave the above mentioned spaces for a period of time and be required to prove that I am capable of working safely, before re-entry is permitted. I will cooperate to the fullest extent with my instructor and fellow students to create and maintain a safe learning environment. I am aware that any violation can lead to unsafe conditions and can harm others and me.

Signature: \_\_\_\_\_

(Student) (Parent)

## Mobile Phone Policy for Y9-Y13 Students

I have read and understand the Mobile Phone Policy as stated in the take home hand out, and understand the consequences of violations.

Signature: \_\_\_\_\_  
(Student)

\_\_\_\_\_  
(Parent)

## STUDENT Chromebook User Agreement

This form must be returned before a Chromebook is assigned/given to students.

Waitara High School has initiated a 1:1 Chromebook program for students and teachers in an effort to embrace 21st century skills and enable equitable student access to online learning resources.

Some of our goals for students include:

- To increase productivity and engagement of all learners.
- To make student-centered learning a priority.
- To increase collaboration, creativity, critical thinking and communication in our students.
- To prepare students for a 21st Century environment.
- To enable access to online learning resources.

### Acceptable Use

Student use of the Chromebook falls under the “*Waitara High School Chromebook Use Agreement for Students and Caregivers*”. As described in this document student internet and Chromebook use will be monitored through school level management software. Anyone found violating acceptable use will be subject to school disciplinary actions.

### Student Agreement

- I understand that this Chromebook is designated for educational purposes and therefore my actions may be the cause for the removal of my Chromebook privileges.
- I understand that the Chromebooks are school owned devices and all content on the Chromebook is subject to review at any time.

Student Name (Printed)	Student Signature	Date

### Parent or Guardian Agreement

- I understand that this Chromebook is designated for educational purposes and therefore my child's actions may be the cause for the removal of his/her Chromebook privileges.
- I assume financial responsibility should my child be deemed responsible for a lost or damaged Chromebook and/or charger.
- I understand that the Chromebooks are school owned devices and all content on the Chromebook is subject to review at any time.
- As the parent or guardian of this student, I have read and agree to the guidelines in the “*Waitara High School Chromebook Use Agreement for Students and Caregivers*”.

Parent Name (Printed)	Parent Signature	Date