

Kaikoura High School

Enrolment Application

PO Box 61, Kaikoura 7340, Telephone: 03 319 5138, Email: sscott@kaikourahigh.school.nz



Full Name of Student: _____
First Name(s) *Surname*

Date of Birth: ____/____/____ Gender: Male / Female

Note: ALL students must provide a Birth Certificate, Passport, or other evidence of residence in NZ.
(Please provide copy) Birth Certificate Passport Other

Home Address: _____

Postal Address: _____

Students Email Address: _____ Cellphone _____

Year Level on first day at Kaikoura High School: _____

Name of last school: _____

Full Name of Mother: _____

Address of Mother: _____

Phone: Home: _____ Work: _____ Cellphone: _____

Email: _____

Full Name of Father: _____

Address of Father: _____

Phone: Home: _____ Work: _____ Cellphone: _____

Email: _____

Full Name of Guardian/Caregiver: *(if different from above)* _____

Address of Guardian/Caregiver: _____

Phone: Home: _____ Work: _____ Cellphone: _____

Email: _____

Residence: Student lives with Both Parents Mother Father Caregiver

Guardianship: Both Parents Mother (sole custody) Father (sole custody) Other

Do Custodial Arrangements apply re access? YES / NO *(If Yes, please supply documentation.)*

Additional Contact *(in emergency)*: Name: _____

Address: _____ Phone: _____

Relationship: _____

Ethnic Group: NZ European NZ Maori Iwi/Tribe(s) _____

Asian Pacific Island

Citizenship: NZ Other – Specify: _____

For Office Use Only:

Date _____ Enrolment No. _____ ENROL _____

Bus _____ House _____

Medical History

It is important that the student's medical records are accurate. Please provide details of any medical problem/disability of which the school should be aware and give details of medication.

Medical Condition	Details of Condition and Medication Required
Eg: Asthma	Seasonal only – requires Ventolin inhaler and avoid physical activity
Heart Condition	
Allergies	
Learning Difficulties (please give details eg. dyslexia)	
Permission for office to dispense Paracetamol/Panadol on request. YES / NO	
Doctor's Name and Phone No. _____	

Sport/Recreation

Sporting interests _____

Other interests _____

Parental Assistance YES / NO Areas of Expertise: _____

Students Transferring From Another Secondary School (Yr11 and above.)

Qualifications gained:

Verified copies attached: YES / NO NZQA Registration No. _____

Present Course being studied (Give subjects & Level eg. NCVEA Level, 1, 2, 3)

1	2	3
4	5	6

Parent's/Guardian's Undertaking:

I hereby agree to observe the following conditions of enrolment:

- 1. I will ensure that my son/daughter complies with the conduct and uniform codes as outlined in the Prospectus and I agree to pay any fees or levies set, and for any careless damage to school property.*
- 2. I will encourage my son/daughter to give of his/her best in school work, homework and all school activities and will endeavour to see that he/she takes a personal pride in the school uniform.*
- 3. Further more, I give permission for my son/daughters photograph/name/work to be used for publicity/promotional purposes.*

AND

In accordance with the Privacy Act, 1993, I, the student, consent to the information contained in this application being made 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 learning and ensuring my personal safety.

I agree to information regarding my school performance being transferred between education institutions to which I am transferring or have transferred.

These details may also be made available to the Ministry of Education and the Ministry of Social Development (MSD). This is so young people who may 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.

Signed: Father/Caregiver: _____ Mother/Caregiver: _____

Student's Undertaking:

I will comply with School regulations, act responsibly and with concern for others.

Student's Signature: _____

Date: ____/____/____

Kaikoura High School

INTERNET ACCEPTABLE USE AGREEMENT



Dear Parent/Caregiver,

Kaikoura High School makes the Internet available to students for use in their subject areas. 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 teacher controlled and filtered by software that helps to ensure only suitable content can be viewed.
- Kaikoura High School staff reserve the right to access all student files on the Network to ensure that students are using the system responsibly.
- All logins are logged.
- All Internet sites visited are logged against the user's login name.

The following are not permitted on the Kaikoura High School 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

John Tait
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 Kaikoura 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: _____

KAIKOURA 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 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, mountains, and the bush in our area and beyond. We are also close to various built 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/ren 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- 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 in school time. (i) Lower risk environments (ii) Higher risk environments*	(i) Blanket consent. (ii) Separate consent for each event or programme
C	Off-site events - finishing after school finishes (i) Lower risk environments (ii) Higher risk environments*	(i) Blanket consent. (ii) Separate consent for each event or programme
D	Off-site residential overnight events (i) Lower risk environments (ii) Higher risk environments*	(i) Separate consent (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 eliminate, isolate and minimise the risks. Emergency procedures are also in place.

Aquatic activity consent - For activities where being able to swim is essential

Consent does not remove the need for activity leaders to ascertain the level of the students' swimming ability for themselves.

Swimming ability

	Yes	No	Don't know
Is your child able to swim 50 metres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child water confident in a pool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child confident in deep water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child able to tread water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child able to survival float?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child confident in the sea or open inland water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child safety-conscious in and around water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BLANKET CONSENT

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

EOTC events while a student at Kaikoura 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:** _____

Date: _____

Name: _____ **Signature:** _____

Date: _____