



KAIPARA COLLEGE

Enrolment
Health
Media Release
Digital Citizenship
EOTC
Other Consents Pack

Student Name: _____

Year of Enrolment: _____



Enrolment Form

Privacy Statement

The information provided in this enrolment form will be used in accordance with the provisions of the Privacy Act 1993. The information collected will be used for student educational and welfare purposes and for completing returns required by law.

Student Details

First Names: _____ Family Name: _____

Date of Birth: _____ Gender: _____

Year of Entry: _____ Level of Entry: Year _____

Previous School: _____

Brothers /Sisters at Kaipara College: _____

Bus Departure Point: _____

Ethnicity: _____ Mother: _____ Father: _____

Iwi(s) if relevant: _____

Useful Information

HEALTH:

Doctor:

Dentist:

Any medical history that may affect school progress (glasses, hearing aids, allergies, regular medication).

LEARNING:

Any learning matters that the school should be aware of at the time of enrolment.

PERSONAL CIRCUMSTANCES:

Any personal circumstances that the school should be aware of at the time of enrolment (e.g. custody order).

SPECIAL INTERESTS:

Any special interests that the student has in the areas of sports, arts and culture.

Caregiver Information: Parents or Guardians Living with the Student

Surname:	_____	Surname:	_____
First Name:	_____	First Name:	_____
Relationship:	_____	Relationship:	_____
Street Address:	_____	Street Address:	_____
Mailing Address:	_____	Mailing Address:	_____
Home Phone:	_____	Home Phone:	_____
Work Phone:	_____	Work Phone:	_____
Mobile Phone:	_____	Mobile Phone:	_____
Email Address:	_____	Email Address:	_____
Occupation:	_____	Occupation:	_____

Caregiver Information: Parents or Guardians NOT Living with the Student

Surname:	_____	Surname:	_____
First Name:	_____	First Name:	_____
Relationship:	_____	Relationship:	_____
Street Address:	_____	Street Address:	_____
Mailing Address:	_____	Mailing Address:	_____
Home Phone:	_____	Home Phone:	_____
Work Phone:	_____	Work Phone:	_____
Mobile Phone:	_____	Mobile Phone:	_____
Email Address:	_____	Email Address:	_____
Occupation:	_____	Occupation:	_____

Emergency Contact Details

Name:	_____	Relationship:	_____
Street Address:	_____	Mobile Phone:	_____
Phone Number:	_____		

Identification Provided

Identification Provided (circle at least one):

Birth Certificate

Passport

Last School Report Provided:

Yes

No

General Video and Photographic Release

Students may, at times, be videoed or have photos taken of them during school or extra-curricular activities. These photos and videos may be used for school related news feeds or promotional material. Kaipara College does respect the wishes of students and families, to avoid any publication. Please inform the school during the enrolment meeting if there are any concerns relating to the release of any photos or videos.

Kaipara College New Student Enrolment Agreement

Enrolments at Kaipara College are accepted providing that the student and their parents or guardians agree to the following:

- To follow the school rules which are:
 - To show respect for others
 - No Violence
 - No Abuse
 - No Racism
 - No Harassment
 - Attend all classes and be on time
 - Respect other people's property
 - Stay within bounds
 - Behave appropriately
- Kaipara College is a uniformed school. All students will follow the school uniform code in regards to clothing worn (including footwear) and guidelines relating to jewellery, makeup and facial hair.
- Students who travel by bus will behave in a way that does not distract the driver or in any way endanger the comfort and safety of other passengers.
- The possession or use of cigarettes, alcohol, solvents or any drugs by students while in any part of the school grounds or involved in any activity under the control of the school, is strictly forbidden.
- Students who are suspected of involvement may be required to undergo a programme of assessment, drug testing or counselling.
- Students who damage school property by being negligent or by acts of vandalism may be required to pay a fair and reasonable payment for the damage.
- Families are to advise the College of any absences from school.

I hereby make application to enrol my child at Kaipara College

Caregiver's Signature: _____

Date: _____

Student's Signature: _____

Date: _____

Confirmation of enrolment by the Principal (or delegate)

Principal's Signature: _____

Date: _____



DIGITAL CITIZENSHIP STUDENT USER AGREEMENT

Rules for using Mobile Learning Devices,
School Computers and Phones.
No use is permitted without a signed agreement.

PARTNERSHIP: This is reflected through positive relationships between students, the school, whanau and the wider Kaipara community.

- I will protect our relationships by only sharing, sending or publishing material that is helpful, respectful, appropriate and accurate.
- I will have the express permission of the supervising teacher to use ICT to photograph, video or record people in the school context, publish or distribute these recordings.
- I will take responsibility for reporting inappropriate usage of ICT in the school community.

RESPECT: By having respect for ourselves and others we are able to work as a team to achieve success and grow as individuals and as a community.

- I will use ICT to communicate in a respectful manner.
- I will exercise appropriate care for ICT property and the resources of the school and of other people.

INNOVATION: We recognise the value of creativity and the need to promote new solutions to existing problems.

- I will ensure that the use of ICT and mobile devices at school is related to the genuine curriculum and education-related learning activities.
- I will recognise the authority and responsibility of staff to direct, permit, restrict and authorise the use of ICT at school and act accordingly.

DIVERSITY: The diversity of our community enriches the culture of our school, providing us with opportunities to learn from others and view issues from differing perspectives.

- I will protect the privacy, confidentiality and the dignity of individuals, by not disclosing, using, distributing or publishing information about individuals.

EXCELLENCE: By aspiring to reach personal excellence in all we do, we set ourselves targets that challenge us, motivate us and set standards for us to strive towards in our learning.

- I will harness our ICT expertise and skills to support and enhance the work of the school.
- I will only use ICT to engage in productive activities that respect the school's network and infrastructure.
- I will motivate myself by remaining focused on only using ICT to support our learning and the learning of others.
- I will properly reference the work of others, abiding by the copyright laws.

WE AGREE that we have read these rules and we agree to follow them.

Student Name: _____ Signature: _____

Parent/Caregiver Name: _____ Signature: _____

Dated: _____

<p>2. Medical Alert number (if applicable)</p> <p>.....</p> <p>.....</p> <p>3. Date of last tetanus injection?</p> <p>...../...../.....</p> <p>Please provide evidence of your child's immunisations: copy of well-being book immunization page or certificate from GP.</p>	<p>8. Has your child had any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – Please specify</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>14. Treatment required?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>15. Outline any dietary requirements</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>18. Is there any other information that staff should know to ensure the physical and emotional safety of your child? E.g. cultural practices, disability, anxiety about heights/darkness, small places, pregnancy, behavioural or emotional problems.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – Please specify</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Please take time to update health information with the school if there are any changes during the year.

SWIMMING SPECIFIC CONSENT

For activities where being able to swim is essential. Consent does not remove the need for group leaders to ascertain for themselves the level of the student's swimming ability.

Swimming ability

- | | | | |
|---|-----|----|------------|
| • Is your child able to swim 50 metres? | Yes | No | Don't know |
| • Is your child water confident in a pool? | Yes | No | Don't know |
| • Is your child confident in deep water? | Yes | No | Don't know |
| • Is your child able to tread water? | Yes | No | Don't know |
| • Is your child able to survival float? | Yes | No | Don't know |
| • Is your child confident in the sea or in open inland water? | Yes | No | Don't know |
| • Is your child safety conscious in and around water? | Yes | No | Don't know |

Signed (by parent/caregiver): Dated:/...../.....

MEDICAL CONSENT

- In an emergency the school may act on my behalf
- The school may administer pain relief
- I agree that if a prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure the prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration
- I will inform Kaipara College as soon as possible of any changes in the medical or other circumstances between now and the commencement of an event
- I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered by the medical authorities present
- Any medical costs not covered by ACC or a community service card will be paid by me
- If my child is involved in any serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, they will be sent home at my expense

Signed (by parent/caregiver): Dated:/...../.....

STUDENT AGREEMENT

To be read and signed by all participating students.

- I understand that any EOTC event is an opportunity for me to learn, practice skills and gain attitudes and values in an environment outside the classroom:
 - I realise that this requires me to take genuine responsibility for my own learning and the safety of myself and others
- I agree to do the following to make this happen:
 - Show courtesy and consideration for others; follow the rules and instructions of staff and other supervisors at any event; take part in all activities with challenge-by-choice options; look after myself and my personal belongings, declare medical conditions that could affect participation in any event; accept the rules set out by the school for any event, even if they are different from what is expected at home
- I understand that my parents/caregivers will be contacted and I may be sent home at their expense if:
 - My actions are considered unacceptable by staff; I breach the school smoking, drugs and/or alcohol policies, or my actions put me or others in any danger

Signed (by student):Dated:/...../.....

PARENTAL AGREEMENT

- I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly
- I understand that there may be risks with involvement in Kaipara College events and that these risks cannot be completely eliminated
- I understand that Kaipara College will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks
- I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures
- I acknowledge that in order to gain a better understanding of the risks involved I am able to ask questions of Kaipara College about the activities in which my child will be involved. I recognized that participation in such events is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge
- I understand that Kaipara College does not accept responsibility for loss or damage to personal property (either my child's property or damage to others property caused by my child) and that it is my responsibility to check my own insurance policy

Signed (by parent/caregiver):Dated:/...../.....

(Full name of parent/caregiver):

contact number: email address:

Office Notes