

# Papatoetoe High School



## IN ZONE ENROLMENT APPLICATION 2017

### In-zone enrolments

Section 11D(1) of the Education Act 1989 provides that, subject to the provisions of that Act, a person who lives in the home zone of a school is entitled to enrol at the school. The Act distinguishes between pre-enrolment and enrolment. "Pre-enrolment" refers to the process of applying for entry to the school. "Enrolment", on the other hand, occurs when attendance at the school commences and the student is first marked as present on the school roll. The school may actively collect information and make all enquiries necessary in its opinion to ensure that enrolment details contained in this application are accurate.

### Moving out of the home zone between pre-enrolment and the commencement of attendance

The address given at the time of application for pre-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, the board may withdraw any offer of a place made on the basis of the given address.

### Enrolment based on false information or temporary residence

If the school learns that a student was not living at the in-zone address given at the time of pre-enrolment, or the school has reasonable grounds to believe that a temporary in-zone residence has been used for the purpose of gaining enrolment at the school then the board may review that enrolment.

### Applicants must provide the following:

	Check (✓)
<b>The student's birth certificate.</b> This must be an original copy.	
<b>If <u>not</u> born in New Zealand, the student's passport/New Zealand Citizenship Certificate.</b> This must be an original copy. Student visas must be accompanied by parent's work permit.	
<b>Proof of address by either an original telephone or electricity account no more than 2 months old.</b> Rental agreement/house purchase agreements/rate demands will not be accepted by the school as proof of address.	
<b>A Proof of Address Statutory Declaration</b> must be filled out if parents/caregivers' names are not on the original account.	
<b>If a student is not living with their parent/s, a Parent/Guardian Statutory Declaration</b> must be completed.	

### For school use only:

Reg	<input type="checkbox"/>	Y
Re-enrol	<input type="checkbox"/>	F
ESOL	<input type="checkbox"/>	T
Exch	<input type="checkbox"/>	EN
RC	<input type="checkbox"/>	SD
FFPS	<input type="checkbox"/>	
Ins	<input type="checkbox"/>	
Refugee	O/Q	
Enrolled by:		
Date:		
Data entry:		
Previous school faxed:		

If your application for enrolment is declined, you may appeal the board's decision by contacting the Ministry of Education.

**Parent Contribution:** We are very grateful to the large number of families who pay the Parent Contribution. Your positive support of our school assists us greatly in providing the high quality education opportunities that we offer at Papatoetoe High School. Receipts for this donation to the school can be used for tax deduction purposes and a 20% discount is offered if contribution is paid in full or automatic payments commenced before the end of term one.

1 student = \$100.00 per year      Family (2 or more students from same household) = \$200.00 per year

**SECTION A: STUDENT DETAILS**

First names: .....	Family name: .....
Preferred name: (if applicable) .....	Date of birth: .....
Home address: .....	Gender (tick box):      Male <input type="checkbox"/> Female <input type="checkbox"/>
.....	Ethnic group: .....
.....	Post code: .....
.....	Iwi (if Maori): .....
Home phone: .....	Student's mobile phone: .....
Country of birth: .....	NSN number: .....
Previous school:* .....	Current year level: .....
* Reason for change if transferring from another secondary school	

**Complete only if the student was NOT born in NZ:**

Country of citizenship: .....	RESIDENCE PERMIT <input type="checkbox"/>
Date arrived in NZ: .....	PERMANENT NZ RESIDENT <input type="checkbox"/>
Permit expiry date: .....	PARENT WORK PERMIT <input type="checkbox"/>
	STUDY PERMIT/VISA <input type="checkbox"/>
	NZ CITIZENSHIP <input type="checkbox"/>
	CERTIFICATE OF IDENTITY <input type="checkbox"/>

**BROTHERS OR SISTERS** who are or have been enrolled at Papatoetoe High School:

First name: .....	
Family name: .....	
House: .....	

*Kauri (Blue), Rimu (Green), Pohutukawa (Red), Kowhai (Gold)*

**SECTION B: SERIOUS DISCIPLINE**

Has the student been stood down from a previous school?      NO       YES       When?.....

Has the student been suspended from a previous school?      NO       YES       When?.....

Has the student been excluded/expelled from a previous school? NO       YES       When?.....

*If 'yes' to any of the above:*

Name of school: .....

Reason: .....

**SECTION C: LANGUAGE AND INTERNET INFORMATION**

What was the first language that the student ever learned in their life? \_\_\_\_\_

How often is English spoken at home? (tick box)

<input type="checkbox"/>	All of the time
<input type="checkbox"/>	Some of the time
<input type="checkbox"/>	Never

Has the student had ESOL support at their present school?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
<input type="checkbox"/>	No	<input type="checkbox"/>	Yes

Do you have internet access at home?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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Broadband / dial-up  
(delete one)

## SECTION D: STUDENT'S CAREGIVER/PARENT/GUARDIAN DETAILS

### PART 1: PRIMARY CAREGIVER LIVING WITH THE STUDENT AT THE ADDRESS IN SECTION A

	<b>Female</b>	<b>Male</b>
Title ( <i>circle</i> ):	Mrs Miss Ms Dr	Mr Dr
Family name:		
First name:		
Mobile phone:		
Work phone:	Extn:	Extn:
Occupation:		
Email address:		
Relationship to student:		
	<i>(mother/stepmother/caregiver, etc)</i>	<i>(father/stepfather/caregiver, etc)</i>

### PART 2: PARENT NOT LIVING AT THE SAME ADDRESS AS STUDENT (SECONDARY CAREGIVER)

A natural mother or father not living with a child is entitled to vote in board of trustees elections and receive information on the student's progress if requested. Please name here any such person with this legal right.

	<b>Natural mother:</b>	<b>Natural father:</b>
Title ( <i>circle</i> ):	Mrs Miss Ms Dr	Mr Dr
Family name:		
First name:		
Address:		
	Post code:	Post code:
Home phone:		
Mobile phone:		
Work phone:	Extn:	Extn:
Occupation:		
Email address:		

## SECTION E: FIRST POINT OF CONTACT

Which of the persons named above is to be contacted **first** in the event of an emergency?

Title (*circle*): Mrs Miss Ms Mr Dr

Name: .....

Relationship to student: .....

In case the person(s) named above cannot be contacted by telephone please nominate another contact person. (For example grandparent, friend, relative, etc.)

Title (*circle*): Mrs Miss Ms Mr Dr

Home phone: .....

Name: .....

Mobile phone: .....

Relationship to student: .....

Work phone: .....

Extn: .....

The school uses text messaging to notify parents/caregivers of student absences and other important information. To whose mobile number should these be sent?

Name: .....

Mobile phone: .....

Newsletters & fees notices will be distributed by email. To whose email address should these be sent?

Name: .....

Email address: .....

**SECTION F: LIVING ARRANGEMENTS DECLARATION**

The Education Act guarantees enrolment to students who live in the home zone specified in the school's enrolment scheme.

Home address of the student while at their last school: \_\_\_\_\_  
\_\_\_\_\_

**PART 1: COMPLETE THIS SECTION IF THE STUDENT WILL BE LIVING WITH THEIR PARENT/GUARDIAN**

How long has the student lived at their current address given in section A? \_\_\_\_\_

What family members (and other people) live with the student at your address? \_\_\_\_\_  
\_\_\_\_\_

Address ownership: Own  Rent  Board

Will the student be staying at any other address on a regular basis during the school week? NO  YES  If yes please provide details:

Staying with (name): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

At (address): \_\_\_\_\_

(phone number): \_\_\_\_\_

**PART 2: COMPLETE THIS SECTION IF THE STUDENT WILL NOT BE LIVING WITH THEIR PARENT/GUARDIAN** Note: *Parent/guardian Statutory Declaration* must also be completed.

How long has the student lived at their current address given in section A? \_\_\_\_\_

Why are they living there? \_\_\_\_\_  
\_\_\_\_\_

Will the student be staying at any other address on a regular basis during the school week? NO  YES  If yes please provide details:

Staying with (name): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

At (address): \_\_\_\_\_

(phone number): \_\_\_\_\_

**SECTION G:**

Is there any further information the school should be aware of to support the physical and emotional safety of the student?  
Include any involvement of outside agencies (eg, CYFS) , court orders, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION H: HEALTH INFORMATION

In order to help us care for the student in an illness/emergency, please answer the following questions. While this information will be kept confidential by the school nurse, it may be necessary, on occasions, to inform relevant staff of a medical condition.

A health consent form (available from the school office) is to be completed and labelled medication provided to the school nurse if it is required for regular use or for emergencies. This is for things like antihistamines for bee stings, Imigran for migraines.

Doctor's name: .....

Phone: .....

Student's NHI number: .....

*Obtain from hospital correspondence, Plunket book or your GP*

Please tick all health concerns	Asthma	<input type="checkbox"/>	Poor vision	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>	Hepatitis/HIV	<input type="checkbox"/>	Migraines/headaches	<input type="checkbox"/>
	Heart conditions	<input type="checkbox"/>	Poor hearing	<input type="checkbox"/>	Recurring abdominal pain	<input type="checkbox"/>	Back/neck problems	<input type="checkbox"/>	Past illness or operations	<input type="checkbox"/>	Mental illness	<input type="checkbox"/>
	Diabetes	<input type="checkbox"/>	Bee/wasp sting allergy	<input type="checkbox"/>	Medication allergy	<input type="checkbox"/>	Food allergy	<input type="checkbox"/>	Seasonal allergies	<input type="checkbox"/>	Other	<input type="checkbox"/>

If you have ticked above please indicate severity of condition:

Mild

Moderate

Severe

Regular prescription medications: .....

Comments: .....

**PARENTAL/CAREGIVER CONSENT TO TREATMENT:** If, in the case of an accident or emergency, the school cannot contact you (or if the accident is serious) it may be necessary for the school nurse to take the student to the Accident and Emergency Centre. Please ensure contact details are updated as necessary to minimise problems contacting with caregivers.

*(Tick box)*

I give consent for the school to make the necessary arrangements for the treatment of the child in my care in an emergency situation.

If my child becomes ill at school, I give permission for the school nurse to administer paracetamol, ibuprofen, antacids, throat lozenges or antihistamine where appropriate.

I give consent for the school nurse to give my child a health check if necessary. This may include a physical and/or behavioural/emotional assessment and/or education regarding health issues.

### YEAR 9 STUDENTS ONLY

Health assessment for year 9 students: I give consent for the school nurse to give my child a health check. This includes measuring height and weight, vision and hearing, blood pressure and a brief discussion on nutrition, exercise, puberty, general health, hygiene, living and school.

**SECTION I: EDUCATIONAL PROGRAMME INVOLVEMENT**

Has the student been involved in a gifted programme at a previous school? NO  YES

Has the student been professionally tested for giftedness? NO  YES

If 'yes', please include a copy of the report.

Has the student received extra learning support at their present school? NO  YES

Comments .....

.....

.....

**SECTION J: OPTION CHOICES**

**YEAR 9 STUDENTS:** All students study the following subjects: **art, English, health, mathematics, music, physical education, social studies and science.**

In addition, students are given the choice of two technology options from **hard materials technology, textiles, design & visual communications (graphics), food technology, digital technology.**

1<sup>st</sup> choice ..... 2<sup>nd</sup> choice ..... 3<sup>rd</sup> choice (if necessary) .....

They also choose from the following languages: **French, Maori, Hindi, Japanese, Samoan**

1<sup>st</sup> choice ..... 2<sup>nd</sup> choice (if necessary) .....

**YEAR 10 STUDENTS:** Choose three options from the Junior Curriculum Guide.

1. ..... 2. ..... 3. ....

**YEARS 11-13 STUDENTS:** Choose from the Senior Curriculum Guide. Check entry requirements carefully.

Courses:	Subjects studied at last school: Year: .....
1. ....	1. ....
2. ....	2. ....
3. ....	3. ....
4. ....	4. ....
5. ....	5. ....
6. ....	6. ....

# SCHOOL PRINCIPLES AND GUIDELINES

## Cybersafety Use Agreement

*Student – My responsibilities include:*

I will follow the cybersafety rules and instructions whenever I use the school's ICT.

I will also follow the cybersafety rules whenever I use privately-owned ICT on the school site or at any school-related activity, regardless of its location.

I will avoid any involvement with material or activities which could put at risk my own safety, or the privacy, safety or security of the school or other members of the school community.

I will take proper care of school ICT. I know that if I have been involved in the damage, loss or theft of ICT equipment/devices, my family may have responsibility for the cost of repairs or replacement.

I will ask the network manager if I am unsure about anything to do with this agreement.

*Parent/caregiver/legal guardian – My responsibilities include:*

I will read the cybersafety use agreement carefully and discuss it with my child so we both have a clear understanding of their role in the school's work to maintain a cybersafe environment.

I will encourage my child to follow the cybersafety rules and instructions.

I will contact the school if there is any aspect of this use agreement I would like to discuss.

**Publication and Display of the Applicants' Work and Photographic Image:** It is the school's practice to publicly display and publish students' work (written and graphic) for the purpose of communication and promotion. Student work used will be clearly identified. The undersigned give permission for the school to display the student's work and use photographic images in an appropriate manner in school publications and media such as, but not limited to, website, prospectus and other promotional material.

**School Fees:** Some subjects incur material costs and these fees are compulsory. Trip fees are to be pre-paid before a student is able to go on class field trips. Other fees are charged for optional extra-curricular activity such as sports fees and itinerant music lessons.

**INFORMATION PRIVACY:** The personal information provided in this application will be used for school management purposes and for appropriate statistical returns. The information will **not** be published in any identifying manner without the specific permission of those named. Those named will have rights of access to and correction of the information held by the school. The school will keep relevant records on all pupils but no information concerning an unsuccessful applicant will be retained. The school will take reasonable steps to check that the information held is up to date.

Contact details may also be passed on 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.

## Acceptance

**Both parents/caregivers to sign.**

I have read the school principles and guidelines and agree to abide by them. I agree to support the school values and regulations as determined by the board of trustees.

Signature of mother/female caregiver \_\_\_\_\_

Signature of father/male caregiver: \_\_\_\_\_

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

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

**Student:**

I will uphold the values and regulations of the school and at all times act in such a way as to bring credit to Papatoetoe High School. I agree to the school principles and guidelines.

Signature of student: \_\_\_\_\_

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

***This agreement will remain valid for as long as the student is enrolled at or associated with Papatoetoe High School.***

