

PLEASE FILL IN ALL DETAILS



# SPOTSWOOD COLLEGE

Te Kura Tuarua O Ngāmotu

## ENROLMENT FORM

### 2019

#### SECTION A:

Date of interview : \_\_\_\_\_ **START DATE** : \_\_\_\_\_

Students Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Gender (circle): M / F      Date of Birth: \_\_\_\_\_

Level (circle): **Yr 9**      **Yr 10**      **Yr 11**      **Yr 12**      **Yr 13**

Previous school : \_\_\_\_\_

Student Cellphone Number : \_\_\_\_\_

Ethnicity: New Zealand/European ( )      Māori ( )      Other (Specify) \_\_\_\_\_

Iwi affiliation: \_\_\_\_\_      Country of Birth: \_\_\_\_\_

New Zealand Resident: Yes / No  
*If yes, please go to Section C*

COPY of N.Z Birth Certificate   
COPY of N.Z. Passport

**Must get  
a copy**

Serial No : \_\_\_\_\_

#### SECTION B: NON-NZ CITIZENS

1. Eligibility for enrolment at a New Zealand Secondary School

NZ Resident       Int (Foreign) Fee Paying Student       Student Exchange

Other \_\_\_\_\_

2. Verification Documents:      Medical Certificate with immunisation data

Passport       State/Country \_\_\_\_\_      Student Visa/Permit

Parent Work Permit  (Must get a copy)      Other       Specify \_\_\_\_\_

Document Serial # (of verification): \_\_\_\_\_

3. FF/Ex Details:

Exchange Scheme: AFS       EF       Other \_\_\_\_\_

ESOL: Yes / No      Country of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_      First Language: \_\_\_\_\_

**SECTION C: PARENTS/CAREGIVERS**

**MAIN CAREGIVER (Lives with)**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Suburb/Town: \_\_\_\_\_

Post Code: \_\_\_\_\_

Work Place: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Secondary Caregiver: (if applicable)**  
(e.g. Joint custody/Grandmother/Aunt/Uncle)

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_

Work Place : \_\_\_\_\_

Work Phone : \_\_\_\_\_

**Copy of Report:** Yes / No (for extra report)  
(Address Details given)

**MAIN CAREGIVER (Lives with)**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Suburb/Town: \_\_\_\_\_

Post Code: \_\_\_\_\_

Work Place: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Secondary Caregiver: (if applicable)**  
(e.g. Joint custody/Grandmother/Aunt/Uncle)

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_

Work Place : \_\_\_\_\_

Work Phone : \_\_\_\_\_

**Copy of Report:** Yes / No (for extra report)  
(Address details given)

**SECTION C (Cont):**

**PLEASE FILL IN ALL DETAILS**

**Emergency Contacts:**

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

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cellphone: \_\_\_\_\_

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

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

**Siblings/ Family Circumstances**

Name of brother/s, sister/s **currently** at Spotswood College:

\_\_\_\_\_

**Special Family Circumstances/ Custodial Arrangements We Should Know About:**

\_\_\_\_\_

Further Documentation: \_\_\_\_\_ attached Y / N

See attached Policy "Dealing with custodial parents" (NAG 5)

**SECTION D: HEALTH**

**(PLEASE FILL IN IF ANY MEDICAL PROBLEMS)**

Medical Problems/Any Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_ ORS Funded Yes ( ) No ( )

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

**Medical Certificate:-** In the event of the College closing due to a measles/or other medical epidemic the College will require a Doctors Certificate to confirm that immunisation has taken place before the Student will be permitted to return to school.

**If possible please attach a copy of the immunisation record.**

**Immunised against MMR** (measles, mumps and rubella) Yes ( ) No ( ) Not sure ( )

*Any additional relevant information regarding your child's Medical Conditions would be greatly appreciated, including details of any past medical history that may be of importance.*

**SECTION E: TRANSPORT**

Method of coming to school \_\_\_\_\_

**FOR BUS STUDENTS** (Tick which bus route)

Omata ( ) Oakura ( ) Okato ( ) Bell Block ( ) Waitara ( ) Egmont Village ( ) Inglewood ( )

New Plymouth City ( ) Other ( )

**SECTION F: SUBJECT SELECTION (see Curriculum Book)**

**Year 9 and 10:**

LITERACY	NUMERACY	STEAM 1	STEAM 2	WOTM	COMMUNITY CONNECT

**Year 11-13:**

LITERACY	NUMERACY	STEAM 1	STEAM 2	STEAM 3	WOTM	COMMUNITY CONNECT

**SECTION G: AGREEMENT**

We wish your child to have a positive learning experience at Spotswood College.

Therefore we ask you, as parents and caregivers, to agree to do the following:

- 1) Encourage your child to participate in as many school activities as possible.
- 2) Support your child to attend all lessons.
- 3) Ensure your child is provided with and attends in the correct uniform (dress code for Year 13).
- 4) Ensure your child is provided with correct equipment for learning.
- 5) Liaise with the school on all matters affecting the welfare of your child.
- 6) Assist your child to abide by the Regulations as laid down by the Ministry, the Board of Trustees as well as other school rules and directions given by the Principal and staff.
- 7) Permission to display/publish your child's work and name for purpose of acknowledgement and celebrating their success/achievement.
- 8) Attend IDP (Goal Setting) meetings with Whanau teachers.
- 9) Contact the school or Board of Trustees if you have any queries or concerns regarding your child.
- 10) That the Parent Teacher Association (PTA) can use your contact details to inform you of important school events.

I agree to support Spotswood College in the areas listed above (1-10)

I permit information on my child to be made available to this school, or to a further learning institution our student may attend. Information will be dealt with according to our Privacy Policy to ensure information security and sensitivity.

**SIGNATURES:**

Parent: \_\_\_\_\_ Parent: \_\_\_\_\_

Teacher: \_\_\_\_\_ Dated : \_\_\_\_\_

## SECTION H: PRIVACY

The information on this form as well as achievement and engagement information collected by teachers and deans is used by the school to enhance the education of your child. It is available to all staff of the school and to members of the Board of Trustees. Please advise the school if you have any concerns about disclosure of any of the information collected about your child. This information is collected according to our Privacy Policy and procedures regarding the collection, storage and access of personal information. This policy is available on request.

The school is sometimes obliged by law to give information to government departments (e.g. Ministry of Education and Ministry of Health) but it will not otherwise be disclosed without your authorisation.

You have the right to request access and to request correction of information held about you or your child by the school. We would be grateful if you could contact the school office if any details need to be changed, especially contact details.

From time to time the school takes photographs of students to record activities within the school for the students' learning journals, for the school newsletter and for the school website. It is the school's practice that photographs for publication are positive depictions of students involvement in learning activities. Please advise the school if you have any concerns about publication of your child's photograph.

Signed: \_\_\_\_\_ (Parent/Guardian)

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

## ENROLMENT PROCESS CHECKLIST :

Enrolment form has been fully completed :

- All sections A - G have been completed
- Section I (Cyber Safety Agreement) has been signed
- An interview time has been arranged : When : \_\_\_\_\_  
With Whom : \_\_\_\_\_
- We have a copy of the students Birth Certificate/ Passport / Student Visa
- Section J (E.O.T.C) has been signed

**SECTION I :**

## **STUDENT - ICT USE AGREEMENT**

Please read through this document with your whanau/parents/caregivers and ask if you don't understand anything.

Please note: The school and N4L monitor and record all school ICT activity 24/7.

**I understand and accept that:**

- ⇒ The only acceptable use for BYOD, school computers, internet and other Information Communication Technology (ICT) resources accessed at school is for teaching and student learning.
- ⇒ My computer login and password are for my sole use only and I will not allow others to use it.
- ⇒ I will not change, adjust any settings or re-configure any school ICT equipment.
- ⇒ I must not use ICT to upset, offend, harass, threaten or harm anyone connected to the school or the school itself, even if it is meant as a joke.  
*Example: You must not take a video and post it to Facebook without first getting written approval from everyone involved.*
- ⇒ I must not access or create material which is offensive in any way (e.g. pornographic, dangerous, inappropriate at school, illegal or objectionable) and I am forbidden to pass on any such material in any way.
- ⇒ If I accidentally access inappropriate material, I will:
  - ⇒ Turn off the screen or minimise the window, then report the incident to a teacher immediately.
- ⇒ I will not attempt to hack school systems or bypass any of the monitoring, internet filtering or security systems.
- ⇒ The Internet is for school work only and not for casual browsing and entertainment.
- ⇒ I will not store or download, games, programs, music or videos on any school ICT device. Copyright Act 1994 and the Copyright (Infringing File Sharing) Amendment Act 2011.
- ⇒ Anyone who infringes 'copyright' may be personally liable under this law.
- ⇒ I will not connect any device (USB, camera or phone) to run or attempt to run any software, without a teacher's permission. This also extends to all wireless technologies.
- ⇒ I will respect all ICT systems in use at school and treat all ICT equipment/devices with care, this includes unintentionally disrupting the running of any school ICT systems.
- ⇒ I will be responsible for keeping myself safe on the Internet and I will follow all school Cybersafety advice and be a good Digital Citizen.
- ⇒ I will report any ICT breakages/damage to a staff member.
- ⇒ I understand that I have a starting allowance for printing. Any printing beyond that allowance will be at my own cost. Any of my files or work can be viewed or accessed at any time by my teachers or anyone responsible for monitoring use of the school computers and Internet.
- ⇒ I understand that the school, Police or NETSAFE may audit the network, internet access facilities, computers and other school ICT equipment/devices or commission an independent forensic audit. Auditing of the above items may include any stored content, and all aspects of their use, including email.

**SECTION I:**

**STUDENT - ICT USE AGREEMENT cont...**

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

**Whānau class:** \_\_\_\_\_

I accept that if I break this agreement the school may inform my parents/guardians, I may lose the right to use BYOD, the school computers and the Internet. I also understand that I will be required to cover the cost of any repairs or cleanup that may be necessary because of my actions. The School, NETSAFE or the Police may also take other disciplinary action against me as appropriate.

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

**Internet Permission - Parents/Caregivers:**

I understand that while the school will do its best to stop student access to offensive, dangerous, inappropriate or illegal material on the Internet, it is the responsibility of my child to not be involved with such material.

I give permission for my child to be given access at school to global information systems such as the Internet and email.

**Parent/Caregiver name**

**(print):** \_\_\_\_\_

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

**Please note: This agreement for your child will remain in force for as long as he/she is enrolled at this school.**

## SECTION J

### BLANKET CONSENT FOR EDUCATION OUTSIDE THE CLASSROOM (EOTC)

Education Outside The Classroom (EOTC) is the name given to all events/activities that occur outside the classroom, both on and off the Spotswood College campus. Under the Health & Safety at Work Act 2015 (HSWA), a person conducting a business or undertaking is classified as a PCBU. This includes entities created by legislation which includes all educational institutions. Spotswood College is a PCBU and must comply with the Act. Spotswood College believes in providing a wide range of environments and experiences to enhance our student's learning.

All EOTC events require staff to be aware of the risks and management strategies and to comply with the Spotswood College EOTC policy. Students must also learn how to stay safe. It is the right and responsibility of the Event Leader to ensure the safety of all people under his/her responsibility. If there is any risk during any activity, the Event Leader may end an activity or event, or remove any person from further participation in that event at short or no notice.

The Ministry of Education' (MOE) EOTC guidelines identify four types of EOTC activity groups. Parental/ Caregiver consent must be given for all EOTC activities. The type of consent depends on the level of the activity.

Type of event	Description (The local community means within the 50km speed limit)
A	On-site in the school grounds during school hours/weekends/holidays
B	Off-site events in the local community occurring during school hours
C	Off-site events that finish after school finishes
D	Off-site overnight events

### EXAMPLES OF LOW LEVEL ACTIVITIES

There are many activities/events where the risk is assessed to be no greater than that associated with the activities undertaken by the average family. These activities can be covered by Blanket consent at the time of enrolment. This will reduce the number of slips required. Spotswood College has deemed the following events as low risk that can be covered by a blanket consent:-

A. On-site in the College grounds-Low Risk environments:

\* Class lessons held outside \* Sports fixtures \* Practices for Performing Arts, \* Music and Sport

B. Off-site in the local community occurring during school hours-Low Risk environments

\* New Plymouth based TSSSA events \* Locally based Sports fixtures \* Visits to Library/Puke Ariki Museum \* Senior Geography CBD research \* Mathematics Expo & Quiz \* Science Fair & Quiz \* Spelling Bee/Oratory/Debating/Mooting \* Event Cinemas \* TSB Showplace/4th Wall Theatre/Little Theatre \* Careers Expo \* TSB Stadium/Aquatic Centre/Bowlarama \* NPDC Chambers/Courthouse \* Music competitions/Festivals/Workshops \* Visits to other schools, WITT \* Art exhibitions/Govett-Brewster/ Len Lye \* Local Biology field trips

C. Off-site in the local community that finish after school finishes-Low Risk environments

\* TSB Showplace \* NP Courthouse \* Musical events(Rockquest) \* Performing Arts events(Dance & Drama) \* Mathematics/Science quiz \* Sports fixtures \* Cultural activities( Kapa Haka).

Any changes to the above information will be available on the College website.



**SECTION J cont...**

BLANKET CONSENT FOR EDUCATION OUTSIDE THE CLASSROOM (EOTC) CONT...

**TRANSPORTATION-Student Driven vehicles:**

The current Board of Trustees Policy with regards students who transport themselves to and from events is that they must comply with the conditions of their New Zealand Driver's licence.

Students **ARE NOT** permitted to transport any other students.

**AQUATIC ACTIVITIES:**

Other than during PE classes or the College Swimming sports **ALL** Aquatic Events/activities will require separate consent documentation.

**EVENT NOTIFICATION:**

The Event Leader will provide students with a Letter to Parents/Caregivers for **ALL** Spotswood College EOTC events/activities in which their son/daughter will be participation in regardless of the level of Risk.

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**BLANKET CONSENT FOR LOW LEVEL ACTIVITIES  
2019-2023**

I/We agree to the participation of \_\_\_\_\_ (Student name) taking part in Low-Risk activities as detailed in sections A-B-C while he/she is an enrolled student at Spotswood College.

**EMERGENCY CONTACT DETAILS & MEDICAL INFORMATION:**

I/We have provided the College with up to date emergency contact details and medical information relating to my/our son/daughter on this enrolment form and agree that I/We

will make every endeavour to keep this information up-to-date at all times.

Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

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



## DEALING WITH NON-CUSTODIAL PARENTS POLICY

### NAG 5

### RATIONALE

Our School is required to deal with increasingly complex family arrangements often involving legal access issues. Staff need to be informed of such issues and be given explicit direction on whom to communicate with and how.

### PURPOSES

1. To keep children safe.
2. To ensure school staff operate within the law and comply with the fair and reasonable requests of parents/caregivers.
3. To ensure the School has up-to-date information on students' living arrangements for contact and support.

### PROCEDURES:

1. At enrolment parents and caregivers are asked to
  - (a) Provide evidence (Birth Certificate or Passport) of a child's legal status
  - (b) To clarify contact details when special arrangements exist.
2. At enrolment parents and caregivers are asked to provide any legal documentation which may pertain to access or custodial arrangements for students.
3. Parents and Caregivers will be asked through the School newsletter to update the School when living arrangements of children change.
4. The status of Agencies that have responsibility for students must be explicitly stated in writing and filed in the individual student's file.
5. Students can only be enrolled under their legal name as written on their birth certificate or passport.

### Approval

When the Board approved this Policy it agreed that no variations of this Policy or amendments to it could be made, except with the majority approval of the Board.

Approved by the Board of Trustees on 26 August, 2013

Signed on behalf of, and with the authority of the Board

\_\_\_\_\_ on \_\_\_\_\_ (Date)  
Board Chairperson

Due for Review: \_\_\_\_\_ (Date)

Reviewed Date: \_\_\_\_\_ Signed for B.O.T. \_\_\_\_\_