

2022 ENROLMENT FORM

Please indicate by ticking box:

IN-ZONE ENROLMENT

(Must complete section In Zone Applicant questionnaire)

OUT-OF-ZONE APPLICATION

STUDENT DETAILS

Legal Surname: <i>(Last Name)</i>		Legal First Name(s):	
Preferred Name: <i>(Name student wishes to be known by but NOT nickname)</i>			Home Telephone:
Student's permanent residential address:			
		Town:	
Postcode:		Rapid Response No: <i>(The reflective red on white sign for rural properties)</i>	
Male <input type="checkbox"/> Other <input type="checkbox"/>	Date of Birth:	Last School attended:	
Female <input type="checkbox"/>	_____/_____/_____ Day Month Year		

CULTURAL IDENTITY

<p>Please tick relevant boxes: <i>(This information is required by the Ministry of Education)</i></p> <p><input type="checkbox"/> MAORI <input type="checkbox"/> NZ EUROPEAN/PAKEHA</p> <p><i>If New Zealand Maori, please state Iwi:</i></p> <p>Iwi: _____ Number Code: _____</p> <p>Iwi: _____ Number Code: _____</p> <p>Iwi: _____ Number Code: _____</p> <p>Tick box and specify where indicated: <i>(e.g. Samoan)</i></p> <p><input type="checkbox"/> Other European Specify _____</p> <p><input type="checkbox"/> Polynesian Specify _____</p> <p><input type="checkbox"/> Asian Specify _____</p> <p><input type="checkbox"/> Other Specify _____</p> <p>Languages spoken: _____</p> <p>Main language used at home: _____</p> <p>Born in New Zealand? Yes / No <i>(Please circle)</i></p>	<p>If you were not born in New Zealand, please answer the following questions:</p> <p>Country of origin: _____</p> <p>Approximate date of arrival in New Zealand: _____</p> <p>Is the student a: <i>(Please tick box)</i></p> <p><input type="checkbox"/> Citizen of NZ</p> <p><input type="checkbox"/> Permanent Resident</p> <p><input type="checkbox"/> Holder of a current open student visa as a dependant of a holder of an unexpired work permit.</p> <p><input type="checkbox"/> Student on a Government-approved exchange scheme.</p> <p>If the student is a permanent resident or holder of a current open student visa, please complete the following:</p> <p><input type="checkbox"/> Passport No. _____</p> <p><input type="checkbox"/> Visa No. _____</p> <p><input type="checkbox"/> Work Permit: _____</p> <p><input type="checkbox"/> Documents sighted: _____</p> <p><i>(To be signed by Principal or delegate. Copies to be placed in student file)</i></p> <p>Date sighted: _____</p>
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OFFICE USE ONLY

Received on: ___/___/___	Year Level:	Bus Route: <u>MUST BE COMPLETED</u> <input type="checkbox"/> Pukekawa/Opuatia (TK1/1548) <input type="checkbox"/> Port Waikato (TK3/1545) <input type="checkbox"/> Pokeno (TK5/1546) <input type="checkbox"/> Mercer Ferry/Harrisville (TK6/1547) <input type="checkbox"/> Mangatawhiri (TK8/1675) <input type="checkbox"/> Pukekohe <input type="checkbox"/> NOT using school buses
START DATE: ___ / ___ / 2022	T/Class:	
IN ZONE <input type="checkbox"/> OUT OF ZONE <input type="checkbox"/>	Whanau Class:	
	House: <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Red <input type="checkbox"/> Yellow	

PARENT/CAREGIVER(S) DETAILS (living at same address as student as shown on Page 1)

Parent/Caregiver 1 <i>(Living at same address as student)</i>	Parent/Caregiver 2 <i>(Living at same address as student)</i>
Title: <i>(circle one)</i> Mr / Mrs / Ms / Miss	Title: <i>(circle one)</i> Mr / Mrs / Ms / Miss
First name:	First name:
Surname:	Surname:
Home phone no:	Home phone no:
Mobile:	Mobile:
Work phone no:	Work phone no:
Email:	Email:
↑ The above mobile numbers/email address may be used for school communications such as attendance, newsletters, etc.	
Occupation: <i>(required by the Ministry of Education)</i>	Occupation: <i>(required by the Ministry of Education)</i>
Workplace:	Workplace:
Relationship to student: <i>(circle one or state)</i> Mother/Father/Step-parent/Legal Guardian/Caregiver	Relationship to student: <i>(circle one or state)</i> Mother/Father/Step-parent/Legal Guardian/Caregiver

NAME & ADDRESS OF PARENT(S) (living at a separate address from student)

Title <i>(circle one)</i> Mr / Mrs / Ms / Miss	Title <i>(circle one)</i> Mr / Mrs / Ms / Miss
First name:	Surname:
Address:	Address:
Town/City: Postcode:	Town/City: Postcode:
Home phone no.	Home phone no.
Mobile phone no.	Mobile phone no.
Email address:	Email address:
Work phone no.	Work phone no.
Occupation: <i>(required by the Ministry of Education)</i>	Occupation: <i>(required by the Ministry of Education)</i>
Workplace:	Workplace:
Relationship to student <i>(circle one)</i> Mother/Father/Legal Guardian	Relationship to student <i>(circle one)</i> Mother/Father/Legal Guardian
Requires copy of school reports? Yes / No. <i>(circle one)</i>	Requires copy of school reports? Yes / No. <i>(circle one)</i>

All correspondence is addressed to the main caregiver at the student's address on page 1.

ACCESS RIGHTSAre there any access rights to student? Yes / No *(circle one)*

Legal documentation is required.

EMERGENCY CONTACT DETAILS (for when parents CANNOT be reached.)

Full Name:	Home phone:	Relationship to student:
Title <i>(circle one)</i> Mr / Mrs / Ms / Miss	Work phone: Mobile phone no:	

PARENTS OR SIBLINGS WHO HAVE ATTENDED TUAKAU COLLEGE

Parent Name:	House:	Sibling Name:	House: Year:
Parent Name:	House:	Sibling Name:	House: Year:

IN ZONE APPLICANTS QUESTIONNAIRE

The Education Act gives a guarantee of enrolment to students who live in the home zone specified in the school's enrolment scheme. The Board of Trustees needs to be sure that an in-zone address is genuine, because it is required to manage the enrolment scheme for the benefit of local students

In addition to specific documents showing proof of residence, it is a requirement for you to complete the following declaration as part of your application to enrol at Tuakau College. The questions in this declaration follow the guidelines specified by the Ministry of Education

Applicants must be aware that providing false information in this declaration will result in the application being declined.

To be accepted as an in-zone student you must be permanently resident in-zone when you start at the college and intend to live permanently at the address of enrolment.

1. Has the student lived at this address for more than one year? Yes No

2. **If the answer to 1 is "No":**

(a) How long has the student lived at this address? _____ + _____

3. Is the address given:

(a) the student's only residential address Yes No

(b) the student's main residential address Yes No

What is the other address of the student?

4. *Who is the parent/caregiver that the student lives with (tick more than one box if necessary)*

(i) Mother

(ii) Father

(iii) Stepmother

(iv) Stepfather

(v) Other (*please state*) _____

5. **If you answered "Other" to 4(v) above please complete the questions below.**

How long has the student lived with you? _____

What is the reason for the student living with you? _____

6. Does the named student live permanently with you at the above address?

Yes No

7. Do you own the house at the address listed above? Yes No

**If yes, please provide proof of ownership.
Please also provide an original water or electricity account.**

8. Do you rent the house listed above? Yes No

If yes you must provide both the following:

(1) The rental agreement which clearly shows that you have been permanently resident at this address.

(2) An original water or electricity account.

9. **If you have answered "No" to 7 and 8 above**, who is the owner or tenant of the house?

What is the connection between this person and the student being enrolled?

You will be required to bring in a statutory declaration signed by yourself and the tenant, or owner of the house, stating how long you have been living there and that this is your permanent address. ***This must be signed in front of a Justice of the Peace.***

10. If you are not a parent of the student being enrolled, you and the student will be required to attend an interview with a senior staff member. You will need to bring to this interview the following:

- a) Evidence that the student has been living with you for a reasonable period of time.
- b) A Statutory Declaration signed by you and the student's parent stating that the student is _____ living with you long-term and that you will be fully responsible for the student throughout their attendance at Tuakau College. **This must be signed in front of a Justice of the Peace.**

If your application for enrolment is declined, you may appeal the board's decision by asking the Ministry of Education to direct the board to enrol the student. Application forms are available from the Ministry's local office.

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.

STUDENT HEALTH INFORMATION

This information assists with student pastoral care and in illness or emergency. The information is confidential, however it may be necessary for student safety to inform relevant staff or medical personnel of medical conditions. Teachers may be informed of conditions affecting the student's educational progress.

Family Doctor:

Phone no:

Medical Centre/Surgery:

CONDITIONS

All medication or drugs required for regular or emergency use must be provided in original pharmacy container with student's name and dosage details on it and given to Health Centre staff.

CONDITION	MEDICATION TO ADMINISTER IF REQUIRED*	CONDITION	MEDICATION TO ADMINISTER IF REQUIRED*
ADHD / ADD <i>please circle which</i>	<input type="checkbox"/>	Hearing Loss	<input type="checkbox"/>
Allergies <i>please state</i>	<input type="checkbox"/> _____	Headaches	<input type="checkbox"/> _____
Asthma [‡] <i>please circle whether Mild / Moderate / Severe</i>	<input type="checkbox"/> _____	Heart Defects	<input type="checkbox"/> _____
Bee/wasp stings	<input type="checkbox"/> _____	Migraine	<input type="checkbox"/> _____
Diabetes	<input type="checkbox"/> _____	Vision Loss	<input type="checkbox"/> _____
Epilepsy	<input type="checkbox"/> _____	Any Hospitalisation? <i>Please state what for in next column.</i>	<input type="checkbox"/> _____

[‡]*Please ensure Asthma medication is taken on school trips.*

Further details on condition(s) above, or state other medical/physical/emotional problems and medication required.

Is the student up to date with childhood vaccinations including Tetanus? Yes / No / Unsure

If the student has HIV/AIDS/Hepatitis B or C or another blood-borne virus, we ask that the Principal be informed prior to the student starting at school. This will enable us to work with the student and family to provide the best possible support.

Other factors that may affect the student's behaviour or learning requirements? Yes / No *(please specify details)*

PERMISSION FOR ADMINISTRATION OF MEDICATION

Medication, including Panadol (paracetamol) or antihistamines, cannot be administered to students under 16 years old without parental consent. Please sign permission below for paracetamol, antihistamines or other medication, as stated above, to be given if required. All medication must be provided in original packaging with student's name and dosage on it.

Yes / No *please circle*

Signature _____ **(parent/caregiver)**

PERMISSION IN CASE OF ACCIDENT OR EMERGENCY WHERE SCHOOL IS UNABLE TO CONTACT YOU

I grant permission for the school to make the necessary arrangements for my child's treatment in an accident or emergency and agree to meet any costs incurred. This may include child being taken to medical centre or Accident & Emergency centre.

Yes / No *please circle*

Signature _____ **(parent/caregiver)**

DENTAL CARE

Basic dental care is free to anyone under 18 years old who is enrolled with a contracting dentist.

My contracting dentist is: _____ Phone: _____

Years 7-8 dental care come under the local primary school dental health clinic.

Years 9-13 have the option of using Smilecare Dental's free mobile dental service.

I wish to enrol my Y9-13 child in the onsite School Dental Programme with Smilecare (0800 262 2208) *(please tick)*

DECLARATIONS – PLEASE READ CAREFULLY

- I hereby make application to enrol my son/daughter at Tuakau College and that the information given in this application is true and correct at the time of enrolment.
- I agree that he/she will follow the Health and Safety practices expected of them in all areas of the College and their subject areas, especially in the specialist subject areas of Science, Technology and Physical Education. These will vary from subject to subject but will be explicitly explained to the students on arrival into these areas.
- I agree that he/she will be subject to the school Codes of Conduct and I will endeavour to see that he/she follows them.
- I agree to attend any restorative meetings requested by the school involving my child.
- I understand that the school will act on my behalf in case of injury or sudden illness and I agree to meet all emergency costs involved.
- I agree to abide by the school policies.
- I understand that once my child is enrolled, that if they are involved in regular extra-curricular sports and cultural activities outside school hours, they may require transport with another parent, coach or manager.
- I give permission for any personal information in this enrolment form and on our student database to be used by Tuakau College, the Ministry of Education and the schools' health agencies for educational and statistical purposes within the guidelines set out in the Privacy Act 1993.
- I understand that the school may retain this information indefinitely. This information will be held securely in the school archives.
- I give my permission for information about my son/daughter held at his/her previous school(s) to be transferred to Tuakau College.

Signed: _____ **(Student)**

Dated: _____

Signed: _____ **(Parent/Guardian)**

Dated: _____

EXTRA-CURRICULAR CODE OF CONDUCT

Tuakau College prepares students for life through a quality education promoting excellence in all things.

Extra-curricular activities are an important aspect of Tuakau College and are part of our four kete (Academic, Sport, Culture, Service). We endeavour to provide students with the opportunity to experience and excel in these activities outside of the curriculum. While these are an important part of our culture, the underlying philosophy is "Classroom First". Students earn the privilege to represent Tuakau College. It is expected that students:

- Live and role model the school values.
- Attend all timetabled classes. Expected 85% minimum attendance and no more than 15% unjustified absence.
- Meet homework and assessment deadlines.
- Wear the uniform correctly, at all times.
- Attend all practices/trainings and communicate with the adult in charge if unable to attend.
- Follow the Fair Play Rules
- Sign and return the Code of Conduct form.
- Complete registration forms for your activity (if required)
- Pay for the activity (or make arrangements for regular payments) before the activity begins.
- Understand that curriculum work and school detentions take priority over extra-curricular activities.

By following the above students can enjoy activities and be successful in all areas of their Education. In cases where students do not meet the above standards, a student may be withdrawn from an activity. This may include practices and/or competitions for one or a number of weeks. This will occur after senior management discussions with the student, parents and adult in charge of activity.

Students who have been Stood Down/Suspended from school are unable to participate/train in any extra-curricular activity while on Stand Down or Suspension. Discussion will be had regarding future participation at the return meeting with senior management.

DECLARATION

I _____ have read, understood and agree to abide by the Extra-Curricular Code of Conduct.
(Student Name)

I _____ have read and understood the Extra-Curricular Code of Conduct.
(Parent/Caregiver Name)

Date _____

EDUCATION OUTSIDE THE CLASSROOM (EOTC) CONSENT

Education outside the Classroom (EOTC) is the name given to all events/activities/sports that occur outside the classroom, both on and off the school site. Our school believes in using a range of environments and experiences to enhance student 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 students both in and out of school. Students need to learn how to be safe. Our school values the concept of providing students with opportunities therefore some learning for students occurs beyond the school site. This document seeks 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 <i>(see over for examples)</i>	Type of consent
A	On site - in the school grounds. i. Lower risk environments ii. Higher risk environments*	i. Blanket consent at enrolment ii. Blanket consent at enrolment
B	Off-site events in the local community occurring in school time. i. Lower risk environments ii. Higher risk environments*	i. Blanket consent at enrolment. ii. Separate consent for each event or programme
C	Off-site events - finishing after school ends. i. Lower risk environments ii. Higher risk environments*	i. Blanket consent at enrolment. 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.

The following examples of activities have been provided by the Ministry of Education. This is not an exhaustive list.

Type of event	Description	Examples of activity
A	On site - in the school grounds. i. Lower risk environments. ii. Higher risk environments.*	i. Sports Day, Horticulture, adventure-based learning activities, painting murals, measuring for mathematics, Quadrant work in science. ii. School Pool, House Day, Junior fun day.
B	Off-site events in the local community occurring in school time. i. Lower risk environments. ii. Higher risk environments.*	i. Museum, art gallery, botanic gardens, sports and recreation events. ii. Separate consent for each event or programme.
C	Off-site events - finishing after school ends. i. Lower risk environments. ii. Higher risk environments.*	i. Language department restaurant meal, sports fixtures, farm visit, day hike in local park or bush, city visit, train, bus, or ferry trip; swimming in pools. ii. Separate consent for each event or programme.
D	Off-site residential overnight events. i. Lower risk environments ii. Higher risk environments*	iii. Separate consent iv. Separate consent for each event or programme

* *Involves risk assessed to be greater than that associated with the average family activity.*

BLANKET CONSENT (PLEASE COMPLETE)

I/We agree to the participation of (*student name*): _____

in *lower risk* category **A** and **B** and **C** EOTC events while the student is at Tuakau College

I/We has/have provided the school with up-to-date medical, contact and learning information through the Enrolment form and will make every endeavour to keep this information current.

Name: _____ **Signature:** _____
Parent/Caregiver

Date: _____

Name: _____ **Signature:** _____
Parent / Caregiver

Date: _____

USE OF DIGITAL TECHNOLOGY AGREEMENT

As a student of Tuakau College you may have access to, and the use of, technologies that require the following conditions to be met by you, as user. Please tick each box when you have read and understood each condition. All conditions must be ticked and must be agreed to as part of enrolment at Tuakau College.

COMPUTER USE I agree:

- To use computers **ONLY** designated for student use.
- To not change the way the computers are set up
- To treat all computer equipment with care
- To access **ONLY** my files
- To not share any of my passwords with anyone
- To access **ONLY** approved internet sites
- NOT** to use messaging programs, personal emails, download files, or play online games.
- To always follow the correct log off procedures at the end of class
- NOT** to transfer games or other files onto the school network using any device
- That if I fail to meet the outlined requirements that my computer account may be suspended

MOBILE TECHNOLOGY USE *(mobile phones, iPods, iPads, MP3 players, etc)*

If I have a mobile device at school I will abide by the following conditions. I agree that:

- I will use the device **ONLY** at interval and lunchtime when at school
- My device will be switched off at the start of every class and whilst in class it will remain **OFF** unless the teacher gives me express permission to use it for educational purposes
- If my device becomes active by ringing, beeping or vibrating that the teacher can confiscate it
- No College staff or students will be recorded by video, sound or photographed at any time without their permission
- Any recordings taken with permission will not be shared or uploaded to networks or sites unless under teacher supervision
- I will not use the device to text bully or send, record or store inappropriate messages
- Tuakau College will not be liable for any stolen, misplaced, or lost mobile phones
- Any serious misuse of such devices may be referred to the service provider or the Police

SOCIAL MEDIA *(Facebook, YouTube, etc)*

I agree that when I use social media sites that I:

- Will ensure that they are used appropriately and with integrity
- Will not use media to bully or harass anyone at Tuakau College.
- Will not use social media sites to bring Tuakau College into disrepute (ruin the reputation of the College or College students or staff, past or present)
- Will not post any pictures, videos, text or sounds with regard to any student, teacher, staff member, or family of Tuakau College unless permission is given by that person(s) to do so.
- Understand that if I break these conditions that the Police or other agencies may be involved in resolving the issues.

THE SCHOOL'S USE OF TECHNOLOGY

Tuakau College uses photographs, video, sound recording of students for a number of reasons. These are used responsibly and with integrity to promote and acknowledge students of Tuakau College. These may be posted on reputable sites e.g. Tuakau College website, newsletters, school magazine, school notice boards, PowerPoint presentations etc. As a College, we will ensure that any material presented to the public is of high quality and content so that the reputation of any student and/or family is not brought into disrepute.

I agree to Tuakau College using such material in the manner described in the paragraph above.

DECLARATION

I have read, understood, ticked (where required) and agree to abide by the Use of Digital Technology Agreement.

I have read and understood the Use of Digital Technology Agreement.

Signed (Student) _____ Date _____

Signed (Parent/Caregiver) _____ Date _____

