

Opunake High School – Te Kura Tuara o Opunake

Application for Enrolment

Student Details

Surname:

First Names:

Preferred Name:

Date of Birth

Day

Month

Year

Male / Female

Place of Birth

(Please include Birth Certificate. If born overseas please include proof of residency ie: Student VISA, Passport, letter from Immigration NZ)

Ethnicity

Iwi

Residential Address:

Postal Address:

Brothers or Sisters at O.H.S:

Junior PE Shirt Size
(Please circle)

S 14 M L XL XXL XXXL

XXXXL XXXXXL

Caregiver Details

Caregiver 1 Details

Mr / Mrs / Ms / Miss

Name:

First Name

Surname

Residential Address: (if different from student)

Postal Address:

Phone:
(Home) _____

(Work) _____

(Mobile) _____

Email: _____

Occupation: _____

Student lives with:

Mother

Father

Guardian (relationship) _____

If not living with parent/s, please describe access and living arrangements for the student and parent/s contact details if different from above:

Parent/s Name: _____

Address: _____

Caregiver 2 Details

Mr / Mrs / Ms / Miss

Name:

First Name

Surname

Residential Address: (if different from student)

Postal Address:

Phone:
(Home) _____

(Work) _____

(Mobile) _____

Email: _____

Occupation: _____

Emergency Contact/s

Phone Number/s: _____

Name of person to contact in an emergency (if parents, caregivers not available)

Name: _____ Relationship to student: _____

Phone Number/s: _____

Name: _____ Relationship to student: _____

Phone Number/s: _____

Emergency, Natural Disaster or Traumatic event

If there is a MAJOR disaster, such as an EARTHQUAKE, what would you like us to do for your child: (Please tick one box only)

- a) stay at school until you can collect him/her, or the school is informed of alternative arrangements
- b) leave after the minimum compulsory time of two hours
- c) other: (please state) _____

Declaration

I request that my child be enrolled at OPUNAKE HIGH SCHOOL agreeing that the rules and discipline of the school will be conformed with, and recognising the obligations set out in the school charter and policies.

I understand the school collects the information on this form to:

- » enrol my child at school
- » assess the educational needs of my child
- » ensure the school gets the correct resources from the Ministry of Education for my child.

The school collects and uses this information in accordance with the Privacy Act. The school sends some of my child's information to the Ministry of Education and other education and health agencies. The school will not provide my child's information to any other people or organisations without my authorisation, unless needed by law.

The Ministry of Education shares my address and phone number information with the Ministry of Social Development (MSD) as part of the Youth Service initiative. Youth Service identifies young people who may have difficulty finding future employment, training or further education. Youth Service uses the contact information to find these young people and support them into education or training when they leave school.

I understand I can contact the school if I want to view or change my child's information.

Name of Parent/Caregiver: _____

Signature: _____

Opunake High School – Te Kura Tuarua o Opunake

Health Profile and Medical Consent

Name: _____ Medic Alert Number: _____ (if applicable)

1. Please tick if you have any of the following:

- | | | | | | |
|---------------------|--------------------------|------------------------|--------------------------|------------------|--------------------------|
| Migraine | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | Asthma | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Travel sickness | <input type="checkbox"/> | Fits of any type | <input type="checkbox"/> |
| Chronic nose bleeds | <input type="checkbox"/> | Heart condition | <input type="checkbox"/> | Dizzy spells | <input type="checkbox"/> |
| Colour blindness | <input type="checkbox"/> | Other (Please specify) | _____ | | |
| ADHD | <input type="checkbox"/> | | | | |

For overnight events

Sleepwalking Bedwetting

2. Is your child currently taking medication? Yes No

If YES, please state: Health condition/s: _____

Name of medication/s: _____

Dosage and time/s to be taken: _____

Other Treatment: _____

3. Is a health plan required? Yes No

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?

Yes No

If YES, please state the injury/illness:

4. Is your child allergic to any of the following?

	Yes	No	Please specify
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insect bites/stings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____

What treatment is required? _____

5. When was your /your child's last tetanus injection? _____

6. Outline any dietary requirements:

7. What pain/flu medication may your child be given if necessary?

8. To the best of your knowledge. Have you/your child been in contact with any contagious or infectious diseases in the last four weeks?

Yes No

If YES, please give brief details

9. Is there any information the staff should know to ensure the physical and emotional safety of your child? (For example cultural practices; disability; anxiety; about heights/darkness/small spaces; pregnancy; behaviour or emotional problems).

Yes No

If YES, please state or attach the information.

Tick

- I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
- I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.
- I agree to my child/myself receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary 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 a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, s/he will be sent home at my expense.

To be read and signed by adult participant or parent/caregiver of child participant.

Signature: _____

Name: _____ Date: _____

Opunake High School – Te Kura Tuarua o Opunake

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 at enrolment. (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 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.

BLANKET CONSENT

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

EOTC events while a student at Opunake 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: _____

SECTION C
OPUNAKE HIGH SCHOOL CYBERSAFETY USE AGREEMENT FORM

To the student and parent/legal guardian/caregiver, please:

1. **Read this page carefully** to check that you understand your responsibilities under this agreement
2. **Sign the appropriate section on this form**

We understand that Opunake High School will:

- Do its best to keep the school cybersafe, by maintaining an effective cybersafety programme. This includes working to restrict access to inappropriate, harmful or illegal material on the Internet or school ICT equipment/devices at school or at school-related activities, and enforcing the cybersafety rules and requirements detailed in use agreements
- Keep a copy of this signed use agreement form on file
- Respond appropriately to any breaches of the use agreements
- Provide members of the school community with cybersafety education designed to complement and support the use agreement initiative
- Welcome enquiries from students or parents about cybersafety issues.

Section for student

My responsibilities include:

- I will read this cybersafety use agreement carefully
- 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 keep this document somewhere safe so I can refer to it in the future
- I will ask the [relevant staff member] if I am not sure about anything to do with this agreement.

I have read and understood my responsibilities and agree to abide by this cybersafety use agreement. I know that if I breach this use agreement there may be serious consequences.

Name of student: **Tutor Group:**

Signature: **Date:**

Section for parent/legal guardian/caregiver

My responsibilities include:

- I will read this 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 ensure this use agreement is signed by my child and by me, and returned to the school
- 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.

I have read this cybersafety use agreement document and am aware of the school's initiatives to maintain a cybersafe learning environment, including my child's responsibilities.

Name of parent:

Signature: **Date:**

Please note: This agreement for your child will remain in force as long as he/she is enrolled at this school. If it becomes necessary to add/amend any information or rule, parents will be advised in writing.

Opunake High School – Te Kura Tuarua o Opunake Bus Code of Conduct

This Code of Conduct is between _____ (student),
_____ (their caregiver), Pickering Motors (bus operator), and Opunake High School(school).

The caregiver and the student should ensure they have read and understood this document, which is to be adhered to for the safety of the bus driver and all students travelling on the school bus.

Please circle the bus you travel on:

Kaweora/Kiri/Waiteika 3051

Ihaia/Namu/ Opua 3052

Arawhata/Kina 3053

Oeo/Patiki 3056

Auroa/Taikatu/Manaia 3055

Eltham/Kaponga 3057

Rahotu North/Kahui/Punagarehu 3060

I, _____ (student), agree to abide by the behavioural expectations described below:

- When I am a seated passenger, I will remain in my seat for the whole journey.
- I will not eat on the bus or throw anything inside or out of the bus.
- If I am a standing passenger, I will stand quietly and not push or move around the bus.
- I will respect other students and their property at all times (this includes pushing, verbal or physical abuse, or any other behaviour that may distract the driver).
- I will use socially acceptable language when conversing with the driver and/or other students and I will not speak at a volume that may distract the driver.
- I will respect the property of the bus operator at all times (e.g. refraining from standing on seats or vandalising the vehicle in any way).
- I will not engage in any behaviour that could put the driver or other students at risk.
- I will observe the requirements and instructions of the bus driver and the teacher/s responsible for bus duty at all times.
- I understand that any damage I cause to the bus will result in my caregiver being billed for the cost of repairs.

The safety and comfort of everyone on the bus depends on a standard of behaviour and consideration for others that is expected in the classroom. We hope that caregivers will support the school in maintaining these standards of behaviour.

IF THIS CODE OF CONDUCT IS BROKEN:

- The student will be placed on daily report for one week and the caregiver will be notified immediately
- If no improvement is evident after one week, an interview will be arranged between the student, caregiver(s), and school.
- If there is still no improvement, travel on a school bus will be withdrawn, and the caregiver will be required to find alternative transport to get the student to school.
- In extreme cases of misbehaviour the privilege of travelling on a school bus could be withdrawn immediately.

AGREEMENT

I agree to abide by the conditions of this contract and understand the consequences if I do not.

(Signed) _____ (Student)

(Signed) _____ (Caregiver)

(Signed) _____ (Principal)

(Signed) _____ (Bus Operator) Date: _____