

# 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:

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Postal Address:

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Brothers or Sisters at O.H.S:

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## 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:

### 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:

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: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Emergency Contact/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: \_\_\_\_\_

# HEALTH PROFILE 2018

**Student Name:**

<p><b>1 Please tick if your child has any of the following:</b></p> <p><input type="checkbox"/> 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</p> <p>.....                  .....                  ...</p> <p><b>2 Medical Alert Number (if applicable)</b></p> <p>.....                  .....</p> <p><b>3 Date of last tetanus injection?</b></p> <p>...../...../.....</p> <p><b>4 Is your child currently taking medication?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – Please state ailment/s</p> <p>.....                  .....</p> <p>Name of medication/s</p> <p>.....                  .....</p> <p>Dosage &amp; time/s to be taken</p> <p>.....                  ...</p> <p>Other treatment</p> <p>.....                  .....</p>	<p><b>5 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?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – Please specify</p> <p>.....                  .....</p> <p><b>6 Is your child allergic to any of the following?</b></p> <p>Prescription medication</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – Please specify</p> <p>.....                  .....</p> <p>Food</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – Please specify</p> <p>.....                  .....</p> <p>Insect bites/stings</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – Please specify</p> <p>.....                  .....</p> <p>Other allergies</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – Please specify</p> <p>.....                  .....</p> <p>Treatment required?</p> <p>.....                  .....</p>	<p><b>7 Outline any dietary requirements?</b></p> <p>.....                  .....</p> <p><b>8 What pain/flu medication may your child be given if necessary?</b></p> <p>.....                  .....</p> <p><b>9 To the best of your knowledge, has your child been in contact with any contagious or infectious diseases in the last four weeks?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – please give brief details</p> <p>.....                  .....</p> <p><b>10 Is there any other information that staff should know to ensure the physical and emotional safety of your child? Eg. Cultural practices, disability, anxiety about heights/darkness/small places, pregnancy, behavioural or emotional problems)</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes – please give brief details</p> <p>.....                  .....</p> <p>Other information</p> <p>.....                  .....</p>
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# Blanket Consent Form

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

This EOTC form is to cover events which occur during the course of a school day and conclude prior to approximately 6.00pm.

Where an event involves risk exposure greater than what would typically be the case at school, such as adventurous activities or hazardous environments or the event continues overnight, specific consent will be required. At the time of our seeking any further consents you will also be asked to update the health and contact information held by school.

## Swimming 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?<br>know                       | Yes | No | Don't |
| • Is your child water confident in a pool?<br>know                    | Yes | No | Don't |
| • Is your child confident in deep water?<br>know                      | Yes | No | Don't |
| • Is your child able to tread water?<br>know                          | Yes | No | Don't |
| • Is your child able to survival float?<br>know                       | Yes | No | Don't |
| • Is your child confident in the sea or in open inland water?<br>know | Yes | No | Don't |
| • Is your child safety conscious in and around water?<br>know         | Yes | No | Don't |

**Caregiver Signed:** .....

## Medical Consent

- In an emergency the school may act on my behalf
- School may administer pain relief
- 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 [Opunake High](#) school as soon as possible of any changes in the medical or other circumstances.
- 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 involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will be sent home at my expense.

**Caregiver Signed:** .....

## Student Contract

To be read and signed by all participating students.

- I understand that any EOTC event is an opportunity for me to learn, practise skills and gain attitudes and values in an environment outside the classroom.
  - I realise that this requires me to take on genuine responsibility for my own learning and the safety and that 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 within challenge-by-choice options; Look after myself and my personal belongings; Declare medical conditions that could affect participation in the event; Accept the rules set by the school for any event, even if they are different from what is accepted at home.
- I understand that my parent/caregivers will be contacted and I may be sent home at their expense if:
  - My actions are considered unacceptable by staff; I break the school drugs and alcohol policy; My actions put me or others in any danger.

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

## Parental Consent

- I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.
- I understand that there are risks associated with involvement in [Opunake High](#) school's EOTC events and that these risks cannot be completely eliminated.
- I understand [Opunake High](#) school 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 any questions of [Opunake High](#) school about the activities in which my child will be involved. I recognise that participation in such activities 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 [Opunake High](#) school does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.

Signed: .....

**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.

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**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:** .....

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**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*

*Auroa Secondary 3058*

*Rahotu North/Kahui/Punagarehu 3060*



*Eltham/Kaponga 3057*

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: \_\_\_\_\_