

TOKOROA HIGH SCHOOL

STUDENT ENROLMENT FORM



"The best and highest qualifications for all"



TOKOROA HIGH SCHOOL – ENROLMENT FORM

Tutor Group

Surname: _____

Whanau: FT TM TR SA

First Name: _____

Date of Entry

Preferred Name: _____

Date Left

Destination

Student's mobile phone number: 02 _____

Birth Certificate / Passport

No: Expiry date:

Country of Birth

Date of Birth

Male/ Female

Ethnicity 1.
2.

Language spoken at home.....

Brothers/Sisters in this school

1.
2.

Iwi if appropriate

1.
2.
3. Unknown

Health Problem

.....

.....

Doctor

Dentist

Media Image Consent: Yes/No

Caregivers (1)

Mr Mrs Miss Ms

Name

Relationship to student

Address

Home phone

Mobile

Email address

Caregivers (2)

Mr Mrs Miss Ms

Name

Relationship to student

Address

Home phone

Mobile

Email address

Emergency contact (3)

Name

Relationship to student

Address

Home phone

Mobile

Email address

Current Year Level

Current School

NSN #

Parent/Guardian's Signature

Student Signature

Date

Please note these contact details may be passed onto the Ministry of Education and the Ministry of Social Development. This is to enable these ministries to identify, office support and assist young people in finding employment, training, or further education.

NB: It is now a requirement by the Ministry of Education that the school be provided with a copy of either a birth certificate or a passport of the enrolled student.

**TOKOROA HIGH SCHOOL
OPERATIONS**

Subject: Enrolment Agreement

ENROLMENT AGREEMENT FOR

..... (Student's Name)

Student:

1. I will do my best in class to gain the best and highest qualifications.
2. I will follow these rules:
 - **Respect and care for all other people and school property**
(e.g. take care of all property, return all private property to its owner, take care of and consider the feelings of others – **The use of drugs or verbal or physical abuse is unacceptable**).
 - **Follow staff directions the first time they are given**
(e.g. starting work as directed, attempting all tasks, including homework)
 - **Be punctual and ready with books and equipment to work each period**
 - **Listen while others are speaking and raise a hand and wait to be invited to speak**
 - (e.g. Listening to instructions, wait for your turn to speak, do not interrupt the work of others)

Signed: (Student) Date

Parents/Guardian:

- We will support and encourage his/her pathway to qualifications.
- We will make sure he/she wears the school uniform correctly and we will pay the school donation and subject fees.
 - We agree to / not agree to photos being used for publicity.

- We agree to the above requirements.

Signed:
(Parent/Guardian)

Date:

School:

Tokoroa High School agrees to provide as wide a variety of opportunities to gain qualifications as Ministry of Education funding allows by:

- providing attention and action to help meet the needs of individuals and groups.
- following the requirements of the School Strategic Plan.

Please Note:
An enrolment record will be requested from your previous school.
On leaving this school your enrolment record will be updated and passed on to the next school, as well as other school records pertaining to you.
You or your parents can request a copy of the enrolment record from the school.

Principal:

Date:



CYBERSAFETY AT TOKOROA HIGH SCHOOL

CYBER SAFETY USE AGREEMENT FOR SECONDARY STUDENTS

SECTION A INTRODUCTION

The school's computer network, Internet access facilities, computers and other school ICT equipment/devices bring great benefits to the teaching and learning programmes at Tokoroa High School, and to the effective operation of the school.

The overall goal of the Tokoroa High School Cybersafety Use Agreement, is to create and maintain a cybersafety culture which is in keeping with the values of the school, and legislative and professional obligations. This use agreement includes information about your obligations, responsibilities, and the nature of possible consequences associated with cybersafety breaches which undermine the safety of the school environment.

SECTION B RULES TO HELP KEEP TOKOROA HIGH SCHOOL STUDENTS CYBER SAFE

As a safe and responsible user of ICT I will help keep myself and other people safe by following these rules

1. I cannot use school ICT equipment until my parent and I have read and signed my use agreement form (see Section C) and returned it to school.
2. If I have my own user name, I will log on only with that user name. I will not allow anyone else to use my user name.
3. I will not tell anyone else my password.
4. While at school or a school-related activity, I will not have any involvement with any ICT material or activity which might put myself or anyone else at risk (e.g. bullying or harassing).
5. I understand that I must not at any time use ICT to upset, offend, harass, threaten or in any way harm anyone connected to the school or the school itself, even if it is meant as a joke.
6. I understand that the rules in this use agreement also apply to mobile phones. I will only use my mobile phone(s) at the times that I am permitted to during the school day.
7. I understand that I can only use the Internet at school when a teacher gives permission and there is staff supervision.
8. While at school, I will not:
 - Access, or attempt to access, inappropriate, age restricted, or objectionable material
 - Download, save or distribute such material by copying, storing, printing or showing it to other people
 - Make any attempt to get around or bypass security, monitoring and filtering that is in place at school.

9. If I accidentally access inappropriate material, I will:

1. Not show others
2. Turn off the screen or minimise the window and
3. Report the incident to a teacher immediately.

10. I understand that I must not download any files such as music, videos, games or programmes without the permission of a teacher. This makes sure the school complies with the Copyright Act 1994. I also understand that anyone who infringes copyright may be personally liable under this law.
11. I understand that these rules apply to any privately owned ICT equipment/device (such as a laptop, mobile phone, USB drive) I bring to school or a school-related activity. Any images or material on such equipment/devices must be appropriate to the school environment.
12. I will not connect any device (such as a USB drive, camera or phone) to, or attempt to run any software on, school ICT without a teacher's permission. This includes all wireless technologies.
13. I will ask a teacher's permission before giving out any personal information (including photos) online about myself or any other person. I will also get permission from any other person involved. Personal information includes name, address, email address, phone numbers, and photos.
14. I will respect all ICT systems in use at school and treat all ICT equipment/devices with care. This includes:
 - Not intentionally disrupting the smooth running of any school ICT systems
 - Not attempting to hack or gain unauthorised access to any system
 - Following all school cybersafety rules, and not joining in if other students choose to be irresponsible with ICT
 - Reporting any breakages/damage to a staff member.
15. I understand that the school may monitor traffic and material sent and received using the school's ICT network. The school may use filtering and/or monitoring software to restrict access to certain sites and data, including email.
16. I understand that the school may audit its computer 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.
17. I understand that if I break these rules, I may be banned from school ICT equipment or added to the "Fishbowl". The school may inform my parent(s). In serious cases the school may take disciplinary action against me. I also understand that my family may be charged for repair costs. If illegal material or activities are involved, it may be necessary for the school to inform the police.
18. I understand that photo/work may be displayed on the network/intranet/website.

Important terms used in this document:

- (a) The abbreviation '**ICT**' in this document refers to the term 'Information and Communication Technologies'
- (b) '**Cybersafety**' refers to the safe use of the Internet and ICT equipment/devices, including mobile phones
- (c) '**School ICT**' refers to the school's computer network, Internet access facilities, computers, and other school ICT equipment/devices as outlined in (d) below
- (d) The term '**ICT equipment/devices**' used in this document, includes but is not limited to, computers (such as desktops, laptops, PDAs), storage devices (such as USB and flash memory devices, CDs, DVDs, floppy disks, iPods, MP3 players), cameras (such as video, digital, webcams), all types of mobile phones, gaming consoles, video and audio players/receivers (such as portable CD and DVD players), and any other, similar, technologies as they come into use
- (e) '**Objectionable**' in this agreement means material that deals with matters such as sex, cruelty, or violence in such a manner that it is likely to be injurious to the good of students or incompatible with a school environment. This is intended to be inclusive of the definition used in the Films, Videos and Publications Classification Act 1993.

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.

*** The term 'parent' used throughout this document also refers to legal guardians and caregivers.**

For more information on Cybersafety and this form, see www.netsafe.org.nz

SECTION C
TOKOROA HIGH SCHOOL
STUDENT CYBERSAFETY USE AGREEMENT

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**
3. **Detach and return this form to the school office**
4. **Keep the document for future reference**

We understand that Tokoroa 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:

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:



TOKOROA HIGH SCHOOL OPERATIONS

Subject: EOTC Blanket Consent

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 (ii) Blanket consent
B	Off-site events in the local community occurring in school time. (i) Lower risk environments (ii) Higher risk environments*	(i) Blanket consent (ii) Blanket consent
C	Off-site events – including events finishing after school finishes (i) Lower risk environments (ii) Higher risk environments*	(i) Blanket consent (ii) Separate consent
D	Off-site residential overnight events (i) Lower risk environments (ii) Higher risk environments*	(i) Separate consent (ii) Separate consent

*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 _____ (student's name) In categories **A** and **B** and *lower risk* category **C**

EOTC events while a student at Tokoroa 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:** _____
(parent/caregiver's name)

Date: _____

Name: _____ **Signature:** _____
(parent/caregiver's name)

Date: _____

NB: This form MUST be signed by at least one parent/caregiver



TOKOROA HIGH SCHOOL OPERATIONS

Subject: EOTC 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 <input type="checkbox"/> | Bedwetting <input type="checkbox"/> |
|---------------------------------------|-------------------------------------|

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. Have you 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. Are you allergic to any of the following?

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

What treatment is required? _____

MMR vaccination
(Please provide a copy of vaccination certificate)

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

6. Outline any dietary requirements:

7. If you don't agree to your child receiving any of the following medication please indicate using a "X". Either left blank or using a "✓" will signal consent.

Panadol/Paracetamol Nurofen/Ibuprofen

8. To the best of your knowledge. Has 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 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 parent/caregiver of child participant.

Signature: _____

Name: _____ Date: _____

This form will be filed and you need not complete another health profile and medical consent form. If however any condition/situation changes it is imperative that you inform the school without delay.



Tokoroa High School

Year 9 option selection

NAME: _____

You don't have to do a language other than English. Should you choose to do one, we have an integrated programme of social studies and language.

Choose one of these by ticking the box next to your choice.

SUBJECT YEAR 9	CHOICE
Social Studies through Te Reo Māori	<input type="checkbox"/>
Social Studies through Cook Island Māori	<input type="checkbox"/>
Social Studies through English	<input type="checkbox"/>
	<input type="checkbox"/>

Year 10 option selection

 A B C

Year 10, 11, 12 and 13 selection

New Zealand Citizens (including: Cook Island, Niue, Tokelau), New Zealand Residents and Australian Citizens:

Please place a copy of your student's birth certificate or valid passport here.

All other nationalities:

Please place a copy of the student's passport and the Visa with conditions to study in New Zealand here.