

TARAWERA HIGH SCHOOL ENROLMENT APPLICATION



Tick the year level for which you are applying:

- Year 7
 Year 8
 Year 9
 Year 10
 Year 11
 Year 12
 Year 13

Student Details:

Surname:		First Names:	
Middle Names:		Preferred Name:	
Pronouns: He/Him She/Her They/Them <i>(circle)</i>		Date of Birth:	Male Female <i>(circle)</i>
Home address:			
Home Phone:		Student Cell Phone:	
Ethnicity: <input type="checkbox"/> NZ European <input type="checkbox"/> Other:		<input type="checkbox"/> NZ Māori Iwi:	
Other: _____		_____	

At Tarawera High School we strive to live by the values of MANA. Through modelling, teaching & rewarding positive behaviours, we will embed the tikanga/ kaupapa of our school into the everyday lives of the whole school community. MANA stands for:

MANAAKITANGA: Respect for ourselves, for others, the environment and the traditions of our school.

AKO: To learn, study, instruct, teach and advise.

NGĀKAU PONO: Integrity, being honest, trustworthy, responsible and accountable for your actions and decisions.

ĀWHINA: To care, mentor, to assist and to help.



Whānau Agreement:

- I/We agree to follow the values and behaviour expectations of Tarawera High School.
- I/We agree that our child must attend school regularly & not be truant.
- I/We agree that our child will wear the official school uniform.
- I/We agree to the school's phone policy and that my child will not use their phone at school.
- I/We agree that the school takes no responsibility for the damage or loss of devices while at school.
- I/We agree to Tarawera High School accessing previous school records and sharing information for educational purposes.
- I/We give permission for Tarawera High School to use photos, or work produced for promotional purposes.

Signature of caregiver (1):

Signature of caregiver (2):

- I/We acknowledge that the CCTV cameras at Tarawera High School comply with the Privacy Act and will only be used to minimise intentional damage and investigate student behaviour & theft.
- I/We agree to learning and behaviour information about my child being included in the Tarawera High School Learning support register, and this information being used to access appropriate resources to support them.
- I/We agree to our child's contact details being shared to gain consent relating to vaccinations and dental care.
- I/We give permission for the school to make arrangements as necessary for the treatment of our child and agree to pay any costs incurred in the event of sickness, an accident, or an emergency whereby staff are unable to contact caregivers.
- I/We confirm that the information contained in this application is true and correct.
- I/We give permission for our child to go on low-risk trips. I understand that individual permission will be sought when outside of the school day or local area.

Signature of Student:

Residence A (Primary Caregiver)
Enrolling Parent/Caregiver(s) - Relationship to the student:

Caregiver 1

Surname

First Name

Phone (cellphone)

Phone (home)

Email Address

Physical Address

Postcode

Relationship to Student

If the student is not residing with their parents please provide proof that you are the legal caregiver/guardian (ie a court order).

Caregiver 2 (if applicable)

Surname

First Name

Phone (cellphone)

Email Address

Relationship to Student

EMERGENCY CONTACT (someone other than those already listed)

Full Name

Contact Number

Physical Address

Relationship to Student

Residence B (Secondary Caregiver)
Other Custodial Parent(s) or Caregiver(s) if applicable - Relationship to the student:

Caregiver 1

Surname

First Name

Phone (cellphone)

Phone (home)

Email Address

Physical Address

Postcode

Caregiver 2 (if applicable)

Surname

First Name

Phone (cellphone)

Email Address

Relationship to Student

IMPORTANT:

Do you want Residence B to receive financial statements?

Yes

No

Student Additional Information

Previous or current school attending:

- Mainstream Rumaki Kura kaupapa Other:

Siblings that currently attend Tarawera High School:

Dietary Requirements:

Agency Information

Is your child/or has your child previously been involved with any of the following agencies

- | | | |
|---|--|---|
| <input type="checkbox"/> Oranga Tamariki | <input type="checkbox"/> RTLB | <input type="checkbox"/> Ministry of Education |
| <input type="checkbox"/> Tūwharetoa ki Kawerau Hauora | <input type="checkbox"/> ACC | <input type="checkbox"/> Voyagers |
| <input type="checkbox"/> Youth Justice | <input type="checkbox"/> Social Workers in Schools | <input type="checkbox"/> Paediatrician |
| <input type="checkbox"/> In Class Support | <input type="checkbox"/> Ongoing Resource Scheme (ORS) | <input type="checkbox"/> Education Psychologist |

Sensitive Information

If there is any other information you think the school should be aware of relating to the student please detail it here (e.g. any stand-downs, exclusions, special education, legal access etc). This information will be treated in the strictest of confidence.

Health information

To help us care for your child please answer the following questions about their health:

Please contact the school nurse if you wish to discuss any health or disability matters in private

Doctor:

Medical Practice:

Do you permit your child to receive an appropriate dose of Ibuprofen or panadol/paracetamol if required?

- No Yes

Do you permit the school nurse to assess your child to identify health/social concerns?

- No Yes

Is your child currently taking any medication?

- No Yes- Please state:

Ailments(s):

Name of medication (Please include dosage and times taken)

Student Questionnaire

What do you like to do outside of school?

What do you like about school?

What areas of your learning would you like to improve?

What co-curricular activities are you involved in or would like to be involved in at Tarawera High School?

<input type="checkbox"/> Kapa Haka	<input type="checkbox"/> Soccer	<input type="checkbox"/> League
<input type="checkbox"/> Peer Mediation	<input type="checkbox"/> Rugby	<input type="checkbox"/> Netball
<input type="checkbox"/> Hockey	<input type="checkbox"/> Top School	<input type="checkbox"/> Choir
<input type="checkbox"/> Band	<input type="checkbox"/> Ki o Rahi	<input type="checkbox"/> Badminton
<input type="checkbox"/> Basketball	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Touch
<input type="checkbox"/> Other: _____		

Privacy of Information

The information on this form is collected and used by the school to provide education for your child, and it is used for associated school activities. We also seek your consent to collect any information that has been gathered at your child's previous school to help inform us of their educational needs and programmes already provided to assist their learning. 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 disclosures of any information within the school.

The school is sometimes obliged by law to give information to government departments (e.g. Ministry of Education or the Ministry of Health) but it will not otherwise be disclosed without your authorisation. You have the right to request access to and request correction of information held about you by the school. We would be grateful if you could contact the school office if any details need to be changed, especially contact details.

Signature of parent/legal guardian:

Date:

Expression of Interest

I would like my child to be considered for Te Aranui Reo-Rua Programme

Yes

Year 7 & 8 students only

Parent/Caregiver Checklist

- Have you and your child signed the Whānau Agreement on the front page?
- Have you completed the application form in full?
- Have you completed the Cyber Safety Agreement?
- Have you completed the EOTC Blanket Consent?
- Has your child completed the Authenticity Statement? *(Year 10-13 students only)*

Have you attached ONE of the following:

- A copy of the student's Birth Certificate if the student was born in New Zealand
- A copy of the student's passport page if not born in New Zealand
- A copy of the student's residence permit if not born in New Zealand
- A family court order *(if applicable)*

For office use only

Date Received:

Date entered on Kamar:

Enrolled by:

Birth certificate/passport sighted:

Yes No

Visa sighted:

Yes No

Family court order sighted:

Yes No

TARAWERA HIGH SCHOOL

EOTC Blanket Consent



This EOTC (Education Outside The Classroom) form is to cover events which occur during a school day and conclude before approximately 6:00 pm. When 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.

This form must be completed for all students participating in EOTC events as described above. Details on this form will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events. You must provide us with up-to-date information, that is accurate and complete, to allow us to plan appropriately and keep all tamariki (children) safe.

Please ensure all sections of this form are completed and returned to the school office or Whānau teacher

Student Information

Name:

Student Cell Phone:

Address:

Medical Alert Number: *(if applicable)*

Date of last Tetanus Injection:

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 activities?

No

Yes- Please specify:

Is your child allergic to any of the following:

Prescription medication:

No

Yes- Please specify:

Food:

No

Yes- Please specify:

Insect bites/stings:

No

Yes- Please specify:

Other Allergies:

No

Yes- Please specify:

Is there any other information that staff should know to ensure the physical and emotional safety of your child? E.g. Cultural practices, disabilities, anxiety about heights, darkness, small places, bed wetting, pregnancy, behavioural problems:

No

Yes- Please specify:

Please fill in the following:

Condition	Mild	Mod	Severe	Medication taken for the condition:
Bee/Wasp Sting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADHD or ADD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Migraines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chronic Nose Bleeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fits of any type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dizzy Spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Colour Blindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Aids: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other- Please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SWIMMING CONSENT

For activities where being able to swim is essential. Consent does not remove the need for the group leaders to ascertain the students' swimming ability for themselves.

Swimming Ability

My child is a non-swimmer (unable to float or move themselves through water)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
My child can confidently and competently swim 25 metres (one length)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
My child can confidently and competently swim 50 metres (two lengths)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
My child can confidently and competently swim 200+ metres	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
My child is confident in deep water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
My child can tread water for 2-3 minutes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
My child can survival float on their back for 2-3 minutes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
My child is safety conscious in or around water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know

SWIMMING CONSENT *Continued*

Any other relevant information that we should know about your child's water competence or water ability:

Signed (*by the parent*):

STUDENT CONTRACT

To be read and signed by all participating students

- I understand that EOTC (education outside the classroom) events are an opportunity for me to learn, practice 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 learning and the safety of myself and others.
- I recognise that participation in such activities is voluntary and not mandatory through a "challenge by choice" procedure.

Signed (*by the student*):

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 a designated adult with instructions on its administration.
- I will inform Tarawera High 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 anesthetic 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 is involved in a serious disciplinary problem, including the use of illegal substances and/ or alcohol, or actions that threaten the safety of others, my child will be sent home at my expense, or I may be asked to collect them.
- I understand that if my child needs to come home for personal reasons or illness, it is my responsibility to make arrangements and/ or cover any cost incurred.
- I understand that if my child is stood down they will not be able to participate in all EOTC activities.
- I understand that my child takes personal valuables on EOTC activities at their own risk.

Signed (*by the parent*):

TARAWERA HIGH SCHOOL

STUDENT AUTHENTICITY STATEMENT



This is a generic statement which acknowledges that all work submitted by me will be my own original work.

Authenticity

To ensure that work is authentic, teachers may:

- ask students to complete tasks in class
- collect work at the end of each lesson and return it for the next lesson
- ask students to hand in all draft material (including Google Doc version history or logbook)
- expect students to meet checkpoints before final deadlines
- discuss ideas and findings with students
- ask you to work independently and/or in formal assessment conditions.

It is appropriate for learners to learn from others and to gather information from a variety of sources. However, it must be clear that the work to be assessed has been processed and produced by the learner.

Breach of Authenticity

I acknowledge that a 'Not Achieved' grade may be awarded if:

- there is evidence that I have copied work from another student
- I let another student copy my work
- I copied from other sources without correctly citing their work
- I received undue assistance from family, friends, a tutor or a reader-writer
- If there is evidence that AI or assistive technology have been used in a way that compromises the work as being authentically mine.

Where there is doubt about the authenticity of a piece of work, the relevant Curriculum Leader, the Principal's Nominee and/or a Deputy Principal may be asked to give independent assessments of the work in question.

Authenticity Declaration

- Any reference materials I have used will be cited or quoted.
- Any text reproduced from a source, that is larger than a complete sentence, will be quoted and referenced at the point that it is used.
- Any image reproduced or generated from a source will be referenced at the point that it is used.
- I acknowledge that ongoing assessments (over a period of time in class) may include checkpoints. I will make my work available for feedback and feed-forward.
- My teachers will keep a close eye on the progress of my work and have a clear understanding that it is authentically mine.
- I acknowledge that Assistive Technology or AI has not been misused to generate content being assessed.

By submitting my work for assessment (digitally/hardcopy/physically), I declare that all the work presented is my own and that I have worked to meet the requirements of authenticity for NCEA.

Students Name	
Signature	
Date	

TARAWERA HIGH SCHOOL

STUDENT CYBER SAFETY USE AGREEMENT



THE FOLLOWING RULES ARE TO HELP KEEP STUDENTS CYBERSAFE

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 or amend any information or rule, parents will be advised in writing.

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

1. I will only use the username provided to log onto a school device. I will not allow anyone else to use my username or share my password.
2. I understand I must use ICT responsibly, it must not be used 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.
3. Mobile phones are not allowed at school "away for the day", this includes headphones and AirPods. If I choose to bring these to school they must be off and out of sight, this includes intervals and lunchtimes. The only exception is if a teacher gives permission for me to use my phone/device for a specific learning task or period of time.
4. I understand that I can only use the Internet at school when a teacher gives permission and there is staff supervision
5. I understand I require permission to use the internet and any usage will be monitored by staff.
6. 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.
7. I will immediately report any inappropriate material to an adult, I will not show it to others.
8. 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.
9. The ICT rules apply to all school and privately owned devices, used while at school.
10. I will not give out personal details or photographs of myself or others without permission of an adult while logged into a school device.
11. 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.
12. 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.
13. 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.
14. I understand that if I break these rules,
 - The school may inform my parent(s).
 - In serious cases, the school may take disciplinary action against me.
 - I understand that my family may be charged for repair costs, for deliberate or willful damage to school-owned ICT equipment
 - If illegal material or activities are involved, it may be necessary for the school to inform the police.

I have read this cybersafety use agreement and I am aware that the school will do everything reasonable to keep a safe learning environment, including my child's responsibilities.

Name of parent/guardian: _____ Signed: _____ Date: _____

Name of Student(s): _____ Signed: _____ Date: _____

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 and responsible 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, video and audio players/receivers (such as portable CD and DVD players), Gaming Consoles, 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.