



WAIUKU COLLEGE Application for Enrolment

Section 5 Digital Citizenship Agreement

When I use digital devices, both at school and at home, I have responsibilities and rules to follow. I agree:

- To be a safe user whenever and wherever I use that technology.
- To be responsible whenever and wherever I use technology and support others by being respectful in how I talk to and work with them and never participate in online bullying. This includes forwarding message and supporting others in harmful, inappropriate, or hurtful online behaviour.
- To report if I feel unsafe or uncomfortable online or see a friend or being made to feel unsafe/uncomfortable by others.
- To maintain the reputation of Waiuku College and refrain from making inflammatory or rude comments about other students, staff or matters which may have arisen within Waiuku College.

When at school I agree:

To abide by the rules outlined in this document.

- To keep myself and my friends safe by not giving out personal details including full names, telephone numbers, addresses and images, protecting my password.
- To use the technology at school for learning, use the equipment properly and not interfere with the work or data of another student.
- Not to bring or download unauthorised programs or files.
- Not to attempt to access inappropriate or offensive material.
- To remember that the content on the web is someone's property and ask my teacher or a parent/caregiver to help me get permission if I want to use the information or pictures.
- Not to attempt to install programs, games, or apps on any school device.
- Not to attempt to edit any system settings.
- Not to use tools or sites that will enable me to bypass systems in place to filter or restrict access.
- I understand that my computer internet use at school can be monitored by the school.
- Not to attempt to access staff devices, the staff network or network management system.

I will talk to my teacher or an adult if:

- I need help online.
- I am not sure what I should be doing on the internet or a device.
- I come across sites that are not appropriate.
- Someone writes something I do not like, makes me or my friends feel uncomfortable or asks me to provide information that I know is private.
- I feel that the welfare of students or staff at the Waiuku College is threatened.

When I use my laptop at school I agree to:

- Use it as only as directed by my teacher during class time.
- Be responsible for the device always.
- Be responsible for the power management (charging) of my device.

I understand the school policy on mobile phone use while at school:

- Mobile phones are not to be on or used by students** between the first bell at 8.40am and the last bell of the day at 3.10pm. This includes class time, admin time, assemblies, interval, and lunchtime
- Earphones are not be worn at any of the above restricted times unless approved by a teacher for class use. They may only be connected to a school approved device e.g. BYOD Device or school computer

When using any device, I will:

- Only take photos and record sound or video when it is part of a class or lesson.
- Seeks permission from individuals involved PRIOR to taking photos, recording sound or videoing them (including teachers).
- Be respectful in how I talk to and work with others online and never write or participate in online bullying.
- Seek teacher permission before uploading any school or student related content to websites.
- Protect the privacy of others and never share private information about another person.

This Contract also applies to students during school excursions, camps, and extra-curricular activities.

I have read and agreed to the following these rules. I understand that my access to the internet and mobile technology at school may be withdrawn if I do not act responsibly. I understand that if my internet usage is revoked it may affect my ability to complete assessments and participate in learning activities.

Student Signature _____ Date: _____

ADMIN USE ONLY- Enrolment Interview Check List: Yr 9 Yr 10 Yr 11 Yr 12 Yr 13

Interview Date & Time _____ Enrolment Number _____

Flag: Guidance Learning Support ESOL Form Class _____

BYOD: Yes No Assistance House _____

Induction Day _____

Subject Options (if Required):

Notes:



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Section 1 STUDENT INFORMATION Please PRINT clearly and neatly.

Legal Surname: _____ Preferred Surname: _____

Legal First Names: _____ Preferred First Names: _____

Gender (Please circle) Female Male Gender Diverse

Address

Home Phone _____ Date of Birth __/__/__ Country of Birth _____

First Language _____ Previous School _____

Ethnicity 1) _____ Ethnicity 2) _____ Ethnicity 3) _____

Iwi 1) _____ Iwi 2) _____ Iwi 3) _____

NZ Birth Certificate No. _____

Passport No. _____

CITIZENSHIP INFORMATION

Visa Type (circle one)
Residency visa, Visa Domestic,
Visa with conditions of study,
Limited purpose permit.

Date of Entry to NZ

____/____/____

Visa Serial No. _____

Visa Expiry __/__/__

Section 2 Main PARENT/CAREGIVER INFORMATION

Second PARENT/CAREGIVER INFORMATION

Last Name _____ Title (circle) Mr/Mrs/Miss/Ms/Other

First Name _____

Living with Student (circle) Yes / No

Relationship with student (circle)
Mother Father Stepparent Grandparent Legal Guardian Caregiver
Other: _____
Occupation _____

Address

Home Phone No. _____ Mobile No. _____

Work No. _____

Email: _____

To receive school communication (circle one) Yes / NO

Last Name _____ Title (circle) Mr/Mrs/Miss/Ms/Other

First Name _____

Living with Student (circle) Yes / No

Relationship with student (circle)
Mother Father Stepparent Grandparent Legal Guardian Caregiver
Other: _____
Occupation _____

Address

Home Phone No. _____ Mobile No. _____

Work No. _____

Email: _____

To receive school communication (circle one) Yes / NO

Other PARENT/CAREGIVER INFORMATION

EMERGENCY CONTACT (if parent/guardian not available)

Last Name _____ Title (circle) Mr/Mrs/Miss/Ms/Other

First Name _____

Living with Student (circle) Yes / No

Relationship with student (circle)
Mother Father Stepparent Grandparent Legal Guardian Caregiver
Other: _____
Occupation _____

Address

Home Phone No. _____ Mobile No. _____

Work No. _____

Email: _____

To receive school communication (circle one) Yes / NO

Last Name _____ Title (circle) Mr/Mrs/Miss/Ms/Other

First Name _____

Living with Student (circle) Yes / No

Relationship with student (circle)
Mother Father Stepparent Grandparent Legal Guardian Caregiver
Other: _____

Home Phone No. _____ Mobile No. _____

Work No. _____

ADMIN USE ONLY:

Enrolment Form Completed Passport/ID

Profile Sheet/Enroll Info Previous School Contact

Enrolment Notes: Admin Use Only



WAIUKU COLLEGE Application for Enrolment

Section 2 Continued...

Special Family Circumstances (e.g. Restricted Access/Contact) Please provide detail below:

Court Order Provided YES NO

Siblings at THIS school:

Name _____ Year _____ Name _____ Year _____

School Bus Information - Please tick the appropriate bus route the student will be taking (if applicable)

Aka Aka/Otaua Awhitu Glenbrook/Pukeoware Taurangaruru/ Te Toro

Medical Details

Name of Doctor _____ Phone Number _____ Address _____

Name of Dentist _____ Phone Number _____ Address _____

NOTE: All children are entitled to free dental care up until their 18th birthday. Waiuku Dental Centre is opposite the college – ph. (09) 235 8412

I give permission for this student to receive Panadol (at the suggested dose) if they need it. YES NO

I give permission for this student to receive Ibuprofen (at the suggested dose) if they need it. YES NO

I give permission for this student to receive Antihistamine (at the suggested dose) if they need it. YES NO

Health Information

NO Medical Conditions

Please tick the boxes below if this student suffers from any of the following medical conditions:

Allergies Asthma Back/Neck Problems Diabetes Epilepsy Glandular Fever

Heart Condition Hepatitis A or B Migraines Anxiety Depression

Please provide additional information about the medical conditions: *regular medication for any other condition

Note: For those students who have a medical condition and require regular medication, it is advisable to leave a supply of their medication with the school First Aid Team. E.g. antihistamines, migraine medication etc. Please arrange this through the school office.

Which of the following immunisations has the student had? (Please tick)

6 Weeks 3 Months 5 Months 15 Months 4 Years 11 Years 12 Years

Section 3 Student Learning Information

Special Needs Information

Not Applicable

Does this student have any learning differences that may affect their classroom learning? (Describe below)

Dyslexia Dyscalculia Dyspraxia Dysgraphia Autism ADHD/ADD

Global Developmental Delay Foetal Alcohol Syndrome Intellectual Disability Physical Disability

Visually Impaired (glasses/irlens) Hearing Impaired (Deaf/Auditory Processing)

Additional Information:



WAIUKU COLLEGE Application for Enrolment

Section 3 Student Learning Information Continued...

Previous supports provided by (please tick)

Teacher Aide In Class Support Funding (ICS) ORS Funding RTLB

Assistive Technology (MOE Computer and/or Equipment) Reading Recovery STAND (Health Camp)

Ministry of Education Psychologist Private Educational Psychologist (please attach report) IDEA Services

Taikura Trust Whirinaki (Mental Health Services)

Other:

Recognised areas of Giftedness or Special Ability

Please describe:

English as a second language

Other than English, what is the language spoken at home? _____

Has your student arrived in New Zealand in the last FIVE years? YES NO

Has your students ever received ESOL assistance YES NO

Is there anything else we should know about?

Section 4 Pastoral Information:

Pastoral Assistance: Is there anything you think we should know to assist the student in joining our school?

Parent/Guardian Declaration:

In support of my child \ ward's application for enrolment at Waiuku College I support the school and agree to see that my child abides by the rules, regulations and uniform/dress code of the school, and that he \ she accepts the authority of staff.

- I will advise the school of any subsequent change of address \ telephone numbers etc.
- PRIVACY: I give permission for the Principal of Waiuku College or his nominee to obtain from previous schools, information relevant to this application.
 I give permission for photos and/or video taken at school or on school activities to be used for promotional materials.
 I give permission for the school to collect information about my child and use it for school purposes.
- In the event of serious injury or medical emergency, and when the school is unable to contact me, I give permission for the school's First Aider to see appropriate medical treatment for my Student. I also agree to cover any costs incurred.
- I give permission for my student to participate in school trips withing Waiuku township during normal school hours. I understand that the school will seek my consent for all other trips on a case by case basis.

Parent/Guardian Signature: _____ **Date:** _____