



PO Box 12-228, Hamilton 3248, New Zealand
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FAIRFIELD COLLEGE



OFFICE USE:	
Interviewed	<input type="text"/>
Start Date	<input type="text"/>
Entered KAMAR	<input type="text"/>

STUDENT ENROLMENT 2025

How did you find out about Fairfield College? (Please tick ✓) Website FB Current school Other

Student Information

Level (The year you will enter FFC into ✓) 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/>	Please tick ✓ Male <input type="radio"/> Female <input type="radio"/> Gender Diverse <input type="radio"/>	Date of Birth ____/____/20__
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Student Legal Surname (Name as on birth certificate)	Student Legal First & Middle Names (Names as on birth certificate)
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Preferred (Name you wish to be known by) Home Address	Postal Address (If different from Home Address)
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Postcode: Student Mobile Number	Postcode: Student Email (Please print email address clearly)
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Please note there is **NO SCHOOL ZONING** for Fairfield College

Schooling Information

Name of your current school	Have you previously attended FFC? Yes <input type="radio"/> or No <input type="radio"/>
Have you ever been: (Please tick ✓ if applicable) Stood down <input type="radio"/> Suspended <input type="radio"/> Excluded <input type="radio"/>	Brother/Sisters previously attended FFC: Brother/Sisters presently attending FFC:

Citizen Information

COUNTRY OF ORIGIN	RESIDENCY STATUS	CULTURAL IDENTITY (You may tick ✓ more than one)
If not born in New Zealand what year did you arrive?	New Zealand Citizen Yes <input type="radio"/> or No <input type="radio"/>	Maaori Yes <input type="radio"/> or No <input type="radio"/>
Do you have Refugee status? Yes <input type="radio"/> or No <input type="radio"/>	Are you a Permanent Resident? Yes <input type="radio"/> or No <input type="radio"/>	Please list Iwi Affiliations (Refer overleaf) 1. _____ 2. _____ 3. _____
What language/s do you speak at home? English <input type="radio"/> Maaori <input type="radio"/> Other <input type="radio"/>	Do you have a Student Visa/Permit? Yes <input type="radio"/> or No <input type="radio"/> Expiry date: _____	NZ European / Pakeha Yes <input type="radio"/> or No <input type="radio"/>
Please specify if 'Other': _____ _____ _____	Are you an Exchange Student? Yes <input type="radio"/> or No <input type="radio"/>	European Yes <input type="radio"/> or No <input type="radio"/>
	Or International Fee Payer? Yes <input type="radio"/> or No <input type="radio"/>	Pacific Islander Yes <input type="radio"/> or No <input type="radio"/>
	Passport Number: _____	Please specify _____ Other _____

NOTE

Please attach a copy of New Zealand birth certificate or passport.
This is required for ALL New Zealand applicants.



FAIRFIELD COLLEGE
REMEMBER THE 3B'S

"BE respectful BE responsible BE the best you can be"



LIST OF IWI CODES

(Please choose only three Iwi Affiliations for Ministry of Education statistical purposes only)

Tick ✓

Northland / Auckland: Te Tai Tokerau / Tamaki Makau Rau Region	
<input type="checkbox"/>	Te Aupouuri
<input type="checkbox"/>	Ngaati Kahu
<input type="checkbox"/>	Ngaai Kurii
<input type="checkbox"/>	Ngaapuhi
<input type="checkbox"/>	Ngaapuhi ki Whaangaroa-Ngaai Kahu ki Whaangaroa
<input type="checkbox"/>	Te Rarawa
<input type="checkbox"/>	Ngaai Takoto
<input type="checkbox"/>	Ngaati Wai
<input type="checkbox"/>	Ngaati Whaatua
<input type="checkbox"/>	Te Kawerau
<input type="checkbox"/>	Te Uri-o Hau
<input type="checkbox"/>	Te Roroa
<input type="checkbox"/>	Te Tai Tokerau / Taamaki Makau Rau (Northland / Auckland) Region, not further defined

Coromandel: Hauraki Region	
<input type="checkbox"/>	Ngaati Hako
<input type="checkbox"/>	Ngaati Hei
<input type="checkbox"/>	Ngaati Maru (Manutuahu)
<input type="checkbox"/>	Ng'iti Paoa
<input type="checkbox"/>	Patukikiriri
<input type="checkbox"/>	Ngaati Porou ki Harataunga ki Mataora
<input type="checkbox"/>	Ngaati Puukenga ki Waiau
<input type="checkbox"/>	Ngaati Raahiri Tumutumu
<input type="checkbox"/>	Ngaati Tai
<input type="checkbox"/>	Ngaati Tamateraa
<input type="checkbox"/>	Ngaati Tara Tokanui
<input type="checkbox"/>	Ngaati Whanaunga
<input type="checkbox"/>	Hauraki (Coromandel) Region, not further defined

Waikato / King Country: Waikato / Te Rohe Pootae Region	
<input type="checkbox"/>	Ngaati Haua (Waikato)
<input type="checkbox"/>	Ngaati Maniapoto
<input type="checkbox"/>	Ngaati Raukawa (Waikato)
<input type="checkbox"/>	Waikato
<input type="checkbox"/>	Waikato / Te Rohe Pootae (Waikato / King country) Region, not further defined

Rotorua / Taupoo: Te Arawa / Taupoo Region	
<input type="checkbox"/>	Ngaati Pikiao (Te Arawa)
<input type="checkbox"/>	Ngaati Rangiteore (Te Arawa)
<input type="checkbox"/>	Ngaati Rangitihia (Te Arawa)
<input type="checkbox"/>	Ngaati Rangiwewehi (Te Arawa)
<input type="checkbox"/>	Tapuika (Te Arawa)
<input type="checkbox"/>	Taraawhai (Te Arawa)
<input type="checkbox"/>	Tuuhourangi (Te Arawa)
<input type="checkbox"/>	Uenuku-Koopako (Te Arawa)
<input type="checkbox"/>	Waitaha (Te Arawa)
<input type="checkbox"/>	Ngaati Whakaue (Te Arawa)
<input type="checkbox"/>	Ngaati Tuuwharetoa
<input type="checkbox"/>	Ngaati Tahu (Te Arawa)
<input type="checkbox"/>	Te Arawa / Taupoo (Rotorua / Taupoo) Region, not further defined

Bay of Plenty: Tauranga Moana / Maataatua Region	
<input type="checkbox"/>	Ngaati Puukenga
<input type="checkbox"/>	Ngaterangi
<input type="checkbox"/>	Ngaati Ranginui
<input type="checkbox"/>	Ngaati Awa
<input type="checkbox"/>	Ngaati Manawa
<input type="checkbox"/>	Ngii Tai
<input type="checkbox"/>	Tuuho
<input type="checkbox"/>	Whakatohe
<input type="checkbox"/>	Whaanauj-A-Apanui
<input type="checkbox"/>	Ngaati Whare
<input type="checkbox"/>	Tauranga Moana / Maataatua (Bay of Plenty) Region, not further defined

Tick ✓

East Coast: Te Tairāwhiti Region	
<input type="checkbox"/>	Ngaati Porou
<input type="checkbox"/>	Te Aitanga-A-Maahaki
<input type="checkbox"/>	Rongowhakaata
<input type="checkbox"/>	Ngaai Taamanuhiri
<input type="checkbox"/>	Te Tai Tairāwhiti (East Coast) Region, not further defined

Hawkes Bay / Wairarapa: Te Matau a Maui / Wairarapa Region	
<input type="checkbox"/>	Rongomaiwahine (Te Maahia)
<input type="checkbox"/>	Ngaati Kahungunu Ki Te Wairoa
<input type="checkbox"/>	Ngaati Kahunguru Ki Heretaunga
<input type="checkbox"/>	Ngaati Kahungunu Ki Wairarapa
<input type="checkbox"/>	Ngaati Kahungunu, region unspecified
<input type="checkbox"/>	Rangitaane (Te Matau a Maui/Hawkes Bay/Wairarapa)
<input type="checkbox"/>	Ngaati Kahungunu ki Whanganui a Orotu
<input type="checkbox"/>	Ngaati Kahungunu Ki Tamatea
<input type="checkbox"/>	Ngaati Kahungunu ki Tamakinui a Rua
<input type="checkbox"/>	Te Matau a Maui / Wairarapa (Hawkes Bay / Wairarapa) Region, not further defined

Taranaki Region	
<input type="checkbox"/>	Te Atiawa (Taranaki)
<input type="checkbox"/>	Ngaati Maru (Taranaki)
<input type="checkbox"/>	Ngaati Mutunga (Taranaki)
<input type="checkbox"/>	Ngaai Rauru
<input type="checkbox"/>	Ngaai Ruahine
<input type="checkbox"/>	Ngaati Ruanui
<input type="checkbox"/>	Ngaati Tama (Taranaki)
<input type="checkbox"/>	Taranaki
<input type="checkbox"/>	Tangaahoe
<input type="checkbox"/>	Pakakohi
<input type="checkbox"/>	Taranaki (Taranaki) Region, not further defined

Whanganui / Rangitikei Region	
<input type="checkbox"/>	Ngaati Apa (Rangitikei)
<input type="checkbox"/>	Te Ati Hau Nui-A-Paapaarangi
<input type="checkbox"/>	Ngaati Haua (Taumarunui)
<input type="checkbox"/>	Ngaati Hauiti
<input type="checkbox"/>	Whanganui / Rangitikei (Whanganui / Rangitikei) Region, not further defined

Manawatu / Horowhenua / Wellington: Manawatu / Horowhenua / Te Whananui a Tara Region	
<input type="checkbox"/>	Te Atiawa (Te Whanganui a Tara / Wellington)
<input type="checkbox"/>	Muaupoko
<input type="checkbox"/>	Rangitaane (Manawatu)
<input type="checkbox"/>	Ngaati Raukawa (Horowhenua/Manawatu)
<input type="checkbox"/>	Ngaati Toarangatira (Te Whanganui a Tara/Wellington)
<input type="checkbox"/>	Te Atiawa ki Whakarongotai
<input type="checkbox"/>	Manawatu / Horowhenua / Te Whanganui a Tara (Manawatu / Horowhenua / Wellington) Region not further defined

Tick ✓

South Island / Chatham Islands: Te Waipounamu / Wharekauri Region	
<input type="checkbox"/>	Te Atiawa (Te Waipounamu / South Island)
<input type="checkbox"/>	Ngaati Koata
<input type="checkbox"/>	Ngaati Kuia
<input type="checkbox"/>	Kaati Mamoe
<input type="checkbox"/>	Mori
<input type="checkbox"/>	Ngaati Mutunga (Wharekauri / Chatham Islands)
<input type="checkbox"/>	Rangitaane (Te Waipounamu / South Island)
<input type="checkbox"/>	Ngaati Raarua
<input type="checkbox"/>	Ngaai Tahu / Ki Tahu
<input type="checkbox"/>	Ngaati Tama (Te Waipounamu / South Island)
<input type="checkbox"/>	Ngaati Toarangatira (Te Waipounamu / South Island)
<input type="checkbox"/>	Waitaha (Te Waipounamu / South Island)
<input type="checkbox"/>	Ngaati Apa ki Te Waipounamu
<input type="checkbox"/>	Te Waipounamu / Wharekauri (South Island / Chatham Islands) Region, not further defined

Iwi known, but region unspecified	
<input type="checkbox"/>	Te Atiawa, region unspecified
<input type="checkbox"/>	Ngaati Haua, region unspecified
<input type="checkbox"/>	Ngaati Maru, region unspecified
<input type="checkbox"/>	Ngaati Mutunga, region unspecified
<input type="checkbox"/>	Rangitaane, region unspecified
<input type="checkbox"/>	Ngaati Raukawa, region unspecified
<input type="checkbox"/>	Ngaati Tama, region unspecified
<input type="checkbox"/>	Ngaati Toa, region unspecified
<input type="checkbox"/>	Waitaha, region unspecified
<input type="checkbox"/>	Ngaati Apa, area unspecified
<input type="checkbox"/>	Hapuu affiliated to more than one iwi

Iwi unknown, but waka or iwi confederation known	
<input type="checkbox"/>	Taainui
<input type="checkbox"/>	Te Arawa
<input type="checkbox"/>	Takitimu
<input type="checkbox"/>	Aotea
<input type="checkbox"/>	Maataatua
<input type="checkbox"/>	Mahuru
<input type="checkbox"/>	Maamari
<input type="checkbox"/>	Ngaatokimatawhaorua
<input type="checkbox"/>	Nukutere
<input type="checkbox"/>	Tokomaru
<input type="checkbox"/>	Kurahaupo
<input type="checkbox"/>	Muriwhenua
<input type="checkbox"/>	Hauraki / Pare Hauraki
<input type="checkbox"/>	Turanganui a Kiwa
<input type="checkbox"/>	Te Tauhū o Te Waka a Maui
<input type="checkbox"/>	Tauranga Moana
<input type="checkbox"/>	Horouta

Iwi information not provided	
<input type="checkbox"/>	Don't know
<input type="checkbox"/>	Refused to answer
<input type="checkbox"/>	Response unidentifiable
<input type="checkbox"/>	Response outside scope
<input type="checkbox"/>	Not stated

Source: Statistics New Zealand, New Zealand Standard Classification of Iwi

Education require us to record your iwi

This is because iwi authorities are interested in the educational achievement of their children.

YOU MAY TICK UP TO THREE IWI ABOVE.



Parent/Caregiver Information

Residence A / Primary Caregivers *(This is the residence with whom the student lives with most of the time)*

NB: All communication and correspondence from the school will be with the Primary Caregivers, mainly via email

RESIDENCE A / PRIMARY CAREGIVER 1		RESIDENCE A / PRIMARY CAREGIVER 2	
Full name of Caregiver 1		Full name of Caregiver 2	
Relationship to student <i>(e.g. mother, father)</i>		Relationship to student <i>(e.g. mother, father)</i>	
Legal Guardian Yes <input type="radio"/> or No <input type="radio"/>		Legal Guardian Yes <input type="radio"/> or No <input type="radio"/>	
Home Address		Home Address	
Postcode:		Postcode:	
Email Caregiver 1 <i>(Please print email address very clearly)</i>		Email Caregiver 2 <i>(Please print email address very clearly)</i>	
Home Phone	Mobile Cell Phone	Home Phone	Mobile Cell Phone
Work Phone	Occupation	Work Phone	Occupation
Place of employment		Place of employment	

NOTE: Please tick if you require Primary Caregiver 2 to receive correspondence from the school: Yes or No

Residence B / Alternative or Secondary Contact Details *(NOT the primary residence for the student)*

RESIDENCE B / Alternative or Secondary Contact		RESIDENCE B / Alternative or Secondary Contact	
Full name of Caregiver 1		Full name of Caregiver 2	
Relationship to student <i>(e.g. mother, father, grandparent)</i>		Relationship to student <i>(e.g. mother, father, grandparent)</i>	
Legal Guardian Yes <input type="radio"/> or No <input type="radio"/>		Legal Guardian Yes <input type="radio"/> or No <input type="radio"/>	
Home Address		Home Address	
Postcode:		Postcode:	
Email <i>(Please print email address very clearly)</i>		Email <i>(Please print email address very clearly)</i>	
Home Phone	Mobile Cell Phone	Home Phone	Mobile Phone
Work Phone		Work Phone	

Emergency Contact Details *(This must be someone that lives in Hamilton that the school can contact with if a parent/caregiver is unable to be contacted)*

Emergency Contact Person	Home Phone	Mobile Phone
Relationship to student <i>(e.g. uncle, aunty, grandparent)</i>	Work Phone	

Extra Family Information

The school does not automatically send information to the alternative/secondary caregiver (if applicable) Yes or No

Do you wish that reports be sent to the alternative/secondary caregiver (if applicable)? Yes or No

Do you wish that emails be sent to the alternative/secondary caregiver (if applicable)? Yes or No

Are there any special access / custody orders / parenting orders / financial arrangements the school should be aware of?

If 'Yes' please explain and provide documentary proof for our file: Yes or No



Consent & Declaration Form

This document must be read, completed, signed and uploaded as part of the online enrolment application

Student Name	Parent/Caregiver Name
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PARENT/CAREGIVER and STUDENT AGREEMENT

	PARENT	STUDENT
3B's We acknowledge and support the 3 B's – Be Responsible, Be Respectful, Be the Best You Can Be.	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Student Runner (Year 9's only) All Year 9 students are required to be a Student Runner for at least one day of the year. <i>Please tick box to indicate your consent.</i>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Year 9 Camp (Year 9's only) It is a requirement for all Year 9 students to attend the annual Year 9 Camp, I agree that I/my student will attend the camp. <i>Please tick box to indicate your consent.</i>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Attendance Fairfield College places significant importance on regular attendance. We monitor the daily attendance of students to: <ul style="list-style-type: none"> Account for them in an emergency; Identify students with achievement, engagement, or other issues; Meet our legal responsibilities. We therefore remind parents of their legal obligations to ensure their children attend school. We ask that you: <ul style="list-style-type: none"> Notify the school if your student is going to be absent (by text, email or phone call); Try to arrange appointments etc outside school hours or in holidays; Work with the school to manage any attendance issues. I, the student, will attend regularly and on time. If I have to leave during school hours I will bring a note from home and get a pass at the Student Services Centre. <i>Please tick box to indicate your agreement.</i>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Course Costs I agree to pay all course costs in full prior to the end of the school year. <i>Please tick box to indicate your agreement.</i>	Yes <input type="radio"/> No <input type="radio"/>	
Privacy Act In accordance with the Privacy Act, 1993, I consent to the information contained in this application being available to the Ministry of Education, NZ Police, Oranga Tamariki, NZ Qualifications Authority or any other relevant institutions/agencies for the advancement of my education, where disclosure is required for the maintenance of law and order, and to this information being available for school use for the purpose of improving my student's performance as a learner and ensuring their personal safety. I agree to information regarding my student's school performance being transferred between educational institutions to which they are transferring or have transferred. <i>Please tick box to indicate your consent.</i>	Yes <input type="radio"/> No <input type="radio"/>	
Contact details I understand that should my contact details change, it is my responsibility to ensure this information has been updated by making the changes myself via the School KAMAR portal or by contacting the Student Services Centre. <i>Please tick box to indicate your agreement.</i>	Yes <input type="radio"/> No <input type="radio"/>	
EOTC Permission I agree to the participation of my student in Category A and B and C (1) EOTC (Education Outside the Classroom) events while attending Fairfield College. (Refer Appendix A) <i>Please tick box to indicate your consent.</i>	Yes <input type="radio"/> No <input type="radio"/>	
Photo/Video Consent Occasionally the school takes photographs of students to record activities within the school for the students' learning journals, the school newsletter, FFC Facebook, the school magazine and school website. It is the school's policy that any photos for publication are either positive depictions of the students or the photographs are taken in such a way as to avoid identification. <i>Please tick box to indicate your consent.</i>	Yes <input type="radio"/> No <input type="radio"/>	
CCTV Footage As a school promoting a safe learning environment, we wish to protect our students, staff and property. CCTV will, when necessary, be used to identify both issues and people to ensure everyone's safety. <i>Please tick box to indicate your consent.</i>	Yes <input type="radio"/> No <input type="radio"/>	
Internet Use PARENT: As the parent/caregiver of this student, I grant my permission for him/her to use the Fairfield College Network. I understand that students will be held accountable for their own actions and any activity undertaken using their Network login. STUDENT: I agree to comply with the school rules on computer use and internet access. I will use the Network in a responsible way and observe all restrictions set out in Appendix C. (Refer Appendix C) <i>Please tick box to indicate your consent.</i>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

I/we confirm that we have read and understand this Consent and Declaration form (and associated Appendices)

Students Signature _____ Date _____

Parent/Caregiver Signature _____ Date _____



Health Information

To help us care for your student please answer the following questions about their health:
Please contact the school nurse if you wish to discuss any health or disability matter in private.

Student First Name	Student Surname
Level (The year you will enter FFC into ✓) 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/>	Date of Birth ____/____/20____
Doctor:	Gender
Dentist:	Male / Female / Other (Please specify) _____

MEDICAL CONDITIONS

Are there any medical conditions (including mental health) or disability that the school should be aware of? If 'Yes', please provide details. If you are unsure/confidential, please indicate when returning the enrolment form. Yes or No

Does the student take regular medication? If 'Yes' please provide name, time and dose of medication Yes or No

Does the student have any allergies? If so, please provide details (including severity and treatment). Yes or No

Has the student ever had anaphylactic reaction? Yes or No

Do they have an EpiPen? Yes or No

Do you give permission for the school nurse or a designated first aider to administer routine shelf medication as required (e.g., paracetamol, antihistamine cream/tablets, arnica, throat lozenges)? Yes or No

Does the student have full immunisation? If Yes, please provide proof. Yes or No

Has the student had their COVID-19 vaccination? If Yes, please provide proof. Yes or No

I consent to the School Nurse accessing my student's NHI records. Yes or No

YEAR 9 ONLY

Fairfield College has an agreement with Pinnacle Midlands Health Network regarding provision of nursing services. As part of this agreement, the school's Registered Nurse undertakes a comprehensive health and social assessment of all consented Year 9 students. The assessment (referred to as HEADSS) normally takes approximately one hour and this initial assessment provides an opportunity for our students to discuss their health, social concerns, medical history and emotional strengths. Also recorded or discussed is height, weight and information on nutrition and physical activity.

I give consent for the student to take part in the HEADSS assessment as detailed above. Yes or No

I give consent for the student to participate in the Waikids Year 9 Vision and Hearing checks. Yes or No

Please Note: Information provided on this form is available to staff. Any concerns please contact the School Nurse, Dean or Guidance Counsellor

Parent / Caregiver's Name (please print)	Parent / Caregiver Signature
Relationship	Date



Learning Support Information

Please fill out this form to help us identify any support the student has had or may need

Student First Name

Student Surname

Year Level

LEARNING SUPPORT

If the student is ORS funded, or if there has ever been any assessment/s by an agency outside school (such as counselling, Hauora Waikato, ICAMHS, Ngaa Ringa Awhina, Oranga Tamariki, or other private provider), a copy of the report and/or supporting documents MUST be provided when submitting this enrolment form.

Please tick any intervention or formal diagnosis your child has received.

ADHD /ADD (Hyperactivity Disorder / Attention Deficit)

CDC (Child Development Centre Referral)

ASD (Autism Spectrum Disorder)

Education Psychologist

ICAMS (Infant, Child & Adolescent Mental Health Services)

RTLB (Resource Teacher Learning & Behaviour Referral)

Other (please specify)

Has your child received any reports from specialist services e.g. SPELD Yes or No if yes, is copy attached Yes or No

Please describe any education concerns you have about your child:

Please provide any information which would support our understanding of the student, such as social, emotional, and personal circumstances, and other family information (use a separate sheet if necessary).

Is there current (or recent) involvement or support by external agencies (e.g. counselling, Hauora Waikato, ICAMHS, Ngaa Ringa Awhina, or Oranga Tamariki)?



APPENDIX A



Parent Consent for EOTC Activities

Education Outside The Classroom (EOTC) is the name given to all events and activities that occur outside the classroom, both on the school grounds and off-site.

Our students participate in a wide range of learning opportunities within and outside the school grounds. Students, especially senior students, may participate in a wide range of sporting events outside the school throughout the year. All class teachers are encouraged to provide extension and enrichment opportunities for their students. These learning opportunities sometimes require travel outside the school and may extend outside school hours.

Our school uses a process, which is monitored by the Principal and Board of Trustees, to identify and manage risk for all activity types. The Ministry of Education EOTC Guidelines identify four activity types, each with recommended parent/caregiver consent (as outlined below).

Event Type	Description	Type of consent required (Ministry Guidelines)
A	On-site – in the school grounds	
	Lower risk – e.g. sports day, horticulture, adventure-based learning (ABL) activities, painting murals, measuring for mathematics	No consent required
	Higher risk – e.g. school pool or climbing wall	Blanket consent
B	Off-site – short visits in the local community within school hours	
	Higher risk – e.g. aquatic environments (river, beach), cross-country training	No consent or blanket consent Blanket consent or separate consent for each event
C	Off-site – day trips, which extend out of school hours	
	Lower risk – e.g. farm visit; day hike in a local park or in local bush; city visit; train, bus or ferry trip; swimming	No consent or blanket consent
	Higher risk – e.g. skiing, waka ama, rock climbing, swimming in natural environments (beach, river), field trip involving chemicals or heavy machinery	Separate consent for each event and risk disclosure
D	Off-site – multi-day trips further afield	
	Lower risk – e.g. trip to another region; sports tournaments; field trips to urban environments, historic sites, and "front country" (having well-formed tracks)	Separate consent for each event
	Higher risk – e.g. overseas trips; field trips into natural water, bush, or alpine environments, or other hazardous environments (for example, where chemicals, heavy machinery, or other hazards are present); outdoor education camps; outdoor pursuit journeys in the "back country" (for example, biking, tramping, canoeing)	Separate consent and risk disclosure

APPENDIX B

Code of Conduct

Expectations of Students

Fairfield College students will show the following behaviours:

1. Attend school everyday, arrive well prepared and on time each morning
2. Bring all required equipment for every lesson in their own school bag
3. Go to every class as scheduled
4. Cooperate with and show respect to staff
5. Cooperate with and show respect to other students
6. Follow instructions
7. Complete set work
8. Keep books in order
9. Mobile phones should only be used under teachers discretion for learning activities. Personal equipment brought to school is the students responsibility
10. BE RESPONSIBLE, BE RESPECTFUL, BE THE BEST YOU CAN BE!



Dress Code

Students are given the freedom to present themselves at school as they choose, within the following guidelines:

- Tidy, casual wear is the standard
- Hats, hoodies not to be worn indoors
- Cleanliness and tidiness
- No alcohol, drugs, or offensive images
- Extreme or extravagant fashions should be avoided
- Common sense and generally accepted standards of appropriateness
- Hair, including facial hair, must be clean and tidy
- Expensive clothing and personal items should not be brought to school
- Senior students will need dress clothes for occasions when they represent the school in public, at prizegivings and at other special events. Dark pants or skirt, shirt and tie/or blouse and tidy jacket would be appropriate
- A change of clothing is required for Physical Education
- Closed in footwear must be worn in workshops

The Principal will make the final decision as to suitability of dress. Students may be asked to go home to change. Students coming to Fairfield College from a uniformed school may need to consider the purchase of suitable clothing for school. Parents are asked to help them choose appropriate, low cost clothing. For everyday school wear, "tidy casual wear" is the standard.

APPENDIX C

Internet Use Agreement

Fairfield College makes the Internet available to students for use in their subject areas. We also allow students to have their own email account.

Please read the following requirements and discuss them with the student.

Please note that:

- Access to the Internet is filtered by software that helps to ensure only suitable content can be viewed and that attempts to bypass these measures will have consequences.
- Fairfield College staff reserve the right to access all student files on the Network to ensure that students are using the system responsibly.
- All logins are logged and all Internet sites visited are logged against the user's login name.
- Fairfield College is not responsible for privately owned technology brought to school that is damaged, lost, or stolen.

The following are not permitted on the Fairfield College Network:

- Sending or displaying offensive messages through email or any other social media sites, including Facebook, Twitter and Instagram.
- Live streaming of classroom learning without the permission of the teacher.
- Downloading, sending or displaying obscene pictures.
- Using obscene language.
- Harassing, insulting or attacking others.
- Intentionally damaging, or attempting to damage computer, computer systems, or the Network. Costs of damages will be recovered from students if found to be malicious.
- Breaking copyright laws.
- Installing and playing games on the Network.
- Using other students' passwords or giving other students their password.

If a student's internet behaviour contravenes this Agreement they will have their:

1. School network rights withdrawn for a period of time.
2. Device confiscated for a period of time.

If the behaviour continues, a student may be stood down from school for continual disobedience.

Do you have a computer/device available for your student to use at home?

Yes or No

Do you have reliable internet access available at home?

Yes or No

FREE DENTIST VISITS for students 13-17 years old

Dear parent/ guardian & student

Revive A Smile Dental Clinic will be at your school this year providing **FREE** dental check-ups and treatment to all 13-17 year olds. To register with us please complete and sign the consent form below and the attached enrolment form and either return to school office or post/email back to us. We offer a range of dental services by New Zealand qualified dentists. At their first visit with us your child will get a complete dental check-up oral health education and a **FREE** oral health care pack (toothbrush, toothpaste, floss). Our clinic is unique in that we run a charity programme for adults (18+ years). If you have a community services card you may be eligible for free dental care. Contact us for an adult application form. We look forward to taking care of your family's dental needs.



Revive A Smile Dental Clinic Consent to dental check up, xrays and treatment

Yes I GIVE CONSENT FOR FREE DENTAL CHECKS, XRAYS & TREATMENT

I AGREE to having dental checks with xrays as needed and dental treatment. I understand that I have the right to change this consent at any time. Appointments are usually during school hours. Parents/ guardians are welcome to attend.

Child's Full name		Child's date of birth	
Medical history: Some medical conditions and medicines can affect dental care. To help us take good care of your child please tick if your child has had, or is suffering from any of the following:			
<input type="checkbox"/> Nothing of note	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hepatitis/HIV/Aids	<input type="checkbox"/> Bleeding disorder
<input type="checkbox"/> Allergy	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Rheumatic fever	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart condition		
Email			
Health issues/concerns/medication			
Parent / guardian (print first and last name)		Relationship to child:	
		<input type="checkbox"/> Mother	<input type="checkbox"/> Parental guardian
		<input type="checkbox"/> Father	
Signature parent/ guardian (if under 16 yrs)		Today's date	

Please Complete this form **AND** the attached enrolment form and return to School Office or post/email to Revive A Smile.

PO Box 21053, Hamilton, reviveasmile@gmail.com,
Phone 0226772301

Consent remains valid while your child attends Revive A Smile Dental. Consent can be withdrawn by contacting us. For children under 16 years of age, consent must be given by parent/guardian. If you are 16 years or older you can complete and sign both forms





Enrolment for Adolescent Oral Health Services

This is not a consent to treatment form.



New enrolment

Change of dentist

To be completed by agreement holder

Name of dentist	Agreement number
Revive A Smile	3 6 4 6 7 5

We agree to provide oral health services to the patient named on this form as specified in our agreement.

Signature of dentist	Date	Payee number
[Redacted]	[Redacted]	7 1 5 4 9 4

Agreement holder's name	District health board
Dr. Assil Russell	Waikato

Address

608 River Road
Chartwell 3214
Hamilton

To be completed by legal guardian or patient

If Year 9 and above, give this form to the dentist you have chosen.

NHI number (mandatory)
[Redacted]

Patient's last name(s)	Patient's first name(s)
[Redacted]	[Redacted]

Date of birth	Sex
[Redacted]	Male <input type="checkbox"/> Female <input type="checkbox"/>

School year
[Redacted]

Full residential address
[Redacted]

Telephone number (day)
[Redacted]
Mobile
[Redacted]
Postcode
[Redacted]

Secondary school / educational institution to be attended
[Redacted]

I wish the person named above to be enrolled for oral health services with the agreement holder named. Patient details and clinical information may be provided on request to the local district health board and the Ministry of Health. If this is a transfer between dental providers, the previous dentist may be informed that this has taken place.

Full name of legal guardian or patient	Signature of legal guardian or patient
[Redacted]	[Redacted]

Date
[Redacted]

Please return to: Ministry of Health, Private Bag 3015, Whanganui Mail Centre, Whanganui 4540.

HP 5956
February 2016



297 Grey Road, RD5

Hamilton 3285

Tel: 07 871 9570

Email: info@firststepoutdoors.com

HEALTH PROFILE - MEDICAL CONSENT - RISK DISCLOSURE

One form to be completed for EACH participant.

Name School / Group name:

Address

Emergency contact name

Emergency Contact No

D.O.B. Age Gender:

1. Please tick if your child has any of the following:

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

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

4. 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

5. Is your child allergic to any of the following? If YES, please specify specific allergen

Prescription medication Yes No

Food Yes No

Insect bites/stings Yes No

Other allergies Yes No

What treatment is required?

6. Date of last tetanus injection



7. Outline any dietary requirements/special needs if we are catering for your group:

8 Any other medical information:

9. To the best of your knowledge has your child been in contact with any contagious or infectious diseases in the last four weeks? If YES, please give brief details

Yes No

If your child is unwell, please keep them at home.

10. Is there any information the staff should know to ensure your child’s physical and emotional safety. For example cultural practices s (headwear, clothing etc); disability; anxiety about heights/darkness/small spaces; behaviour or emotional problems. If YES, please state or attach information

Yes No

11. Can your child swim 25 metres? Yes No

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 First Step Outdoors as soon as possible of any changes in medical or other circumstances between now and the commencement of the event.
- I agree to my me/my child receiving any emergency medical treatment (first aid etc.) should the need arise.
- Covid-19 signs and symptoms. I will advise my child to inform FSO staff if they start to feel unwell with any potential Covid-like symptoms.
- Acknowledgement of risk: I have read and accept that I understand the content of the Disclosure of Risk.

Photography: I am happy for FSO LTD to take/use photos for publicity purposes

Yes No

PARENT / CAREGIVER NAME

PARENT / CAREGIVER SIGNATURE DATE



FIRST STEP OUTDOORS - DISCLOSURE OF RISK

First Step Outdoors asks you to read the following, then sign the form to acknowledge you have read this information and understand the Disclosure of Risks. Hand the form in with any other camp documentation.

First Step Outdoors has legal and regulatory obligations to provide a duty-of-care to all that participate in any of our outdoor activities. We take all reasonable steps to provide the level of care and assurances of safety that are appropriate to each of the activities. You should though be aware that there will always be certain risks that are inherent to outdoor activities. It is not possible to eliminate these risks without diminishing the character and experience value of each activity.

The level of real (as opposed to perceived) risk associated with the activities is very low. However, the types of risk may be something with which you are not familiar. To avoid uncertainty, the environments and situations that may be encountered include:

- **Rough / rugged terrain**
This may cause your child to experience greater than usual strain on joints and muscles
- **Physical effort**
Our activities may involve your child in a greater level of exertion than in their usual environment.
- **Operating at Height**
Participants may be operating at height, they may be asked to perform some safety critical tasks under appropriate supervision, all training will be given.
- **Natural environment**
The most likely occurrences are rapid and significant changes in the weather, or unstable/ slippery conditions underfoot, but can also include storms and lightning etc.
- **Slips and trips**
The most common cause of accident throughout society. The opportunity for slips, trips and falls is likely to be greater than that usually experienced.
- **Loss or damage**
The environments and activities on offer may increase the potential for loss of or damage to personal clothing or equipment.
- **Water**
Groups participating in water-based activities will wear personal flotation devices and will be supervised. We ask that participants are able to swim 25m – please advise if this is not the case.
- **Minor incidents**
Due to the nature of our activities, it is not possible to reduce the risk of injury; bumps/sprains/cuts/ bruises/splinters etc).

Dual responsibilities

Our facilities, locations and equipment are continually assessed and reviewed for suitability, condition, and safety; while FSO staff are assessed for competence and background / experience. Your children are in safe hands. However, as well as First Step Outdoors Ltd ensuring as safe an environment as possible for each activity, participants also have a responsibility for safety.

Your commitment to us. Participants will help us manage risk by:

- Actively taking responsibility for their own behaviour and willingly participate in activities.
- Not engaging in any activity whilst under the influence of drugs or alcohol.
- Disclosing all medical conditions and bringing any personal medications to each activity.
- Understanding the nature of the activities in which they are participating.
- Abiding by the expertise and decisions of First Step Outdoors staff.
- Being suitably attired, in accordance with the 'Activity Clothing List' on the following page.



ACTIVITY CLOTHING LIST

Pirongia Forest Park Lodge activities:

Climbing/abseiling, PFPL site. Purpose built climbing/abseiling wall
Confidence course, PFPL site. Low level wooden elements on wood chipped areas
Flying Fox, PFPL site. Purpose built zip wire
Archery, PFPL site. Low poundage bows .

- Closed-toe shoes (e.g. trainers), no jandals or sandals, no bare feet.
- Bottle of water.
- Sun screen, sun hat (most can be worn under helmets).
- Medication (asthma inhaler, Epi pen, insulin, adrenaline etc).
- Recommend long sleeved tops and pants due to possible scrapes and sand fly bites! (jeans and hipster trousers not advisable).
- Long hair MUST be tied back.

Off site activities:

Canoeing/kayaking, local lakes. Location will be confirmed with group leader

- Wear clothes that can get wet!
- Togs, shorts and T Shirt or jogging pants and light fleece jumper (polypros/wetsuits fine).
- Footwear (old trainers, wet shoes, sandals etc) no jandals, no bare feet.
- Sun hat, sun screen.
- Bottle of water.
- Bag with towel and change of clothes.
- Wind proof jacket (may get wet).
- Medication (asthma inhaler, Epi pen, insulin, adrenaline etc).
- Plastic bag for wet clothes and shoes.

Caving, Karamu Caves (20 minute drive from lodge). Walk in to site, wet cave with some wading and introductory squeezes.

- Relatively cold in cave and you will get wet and muddy - wear old, dark-coloured clothes!
- Footwear (gum boots, wet shoes, old hiking shoes or trainers).
- Warm clothes: Poly pro tops/bottoms, or jogging pants, t shirt and fleece jumper, (2-3 warm layers). Jeans are not recommended.
- Small backpack with sun screen, bottle of water, snacks (possibly lunch).
- Towel, change of clothes.
- Medication (asthma inhaler, Epi pen, insulin, adrenaline etc).
- Plastic bag for wet and dirty clothes and shoes (lots of muddy clothes).

Climbing/abseiling, various locations. Natural crags with bolted chain set-ups.
High ropes course, Mighty River Domain (Lake Karapiro). Purpose-built high ropes courses.

- Small backpack with sun screen, bottle of water, snacks (possibly lunch).
- Sunglasses (if have), sun hat, sun screen.
- Closed-toe shoes (e.g. trainers), no jandals or sandals, no bare feet.
- Medication (asthma inhaler, Epi pen, insulin, adrenaline etc).
- Clothing – loose and comfy. No jeans or hipsters. No midriff tops. Warm layers (polypro or wool) as weather might be unpredictable.
- Jewellery – No large sleepers, studs are OK.
- Long hair MUST be tied back please.
- Rain coat – just in case.