



# Fairfield College

*"Committed to quality education and personal excellence."*  
"E uu ana ki te maatauranga kounga me te hiranga aa-tangata."

## ENROLMENT APPLICATION 2027

Thank you for your interest in enrolling at Fairfield College.

Please ensure copies of the following documents are submitted to complete your enrolment application.

Ngaa mihi

<b>STUDENT INFORMATION:</b>	<input type="checkbox"/> Completed Enrolment Application Form <input type="checkbox"/> Student's Birth Certificate or Passport
<b>IDENTIFICATION &amp; CITIZENSHIP:</b>	<input type="checkbox"/> Passport (if not born in New Zealand) <input type="checkbox"/> Visa Documentation (if applicable) <input type="checkbox"/> Citizenship Certificate (if applicable)
<b>IMMUNISATION RECORD:</b>	<input type="checkbox"/> Immunisation Record/Certificate ( <i>In case of an outbreak but his will not halt the enrolment process</i> )
<b>PROOF OF ADDRESS</b>	<input type="checkbox"/> Proof of current address (e.g. utility bill, tenancy agreement/sale purchase agreement)
<b>PREVIOUS SCHOOL REPORT</b>	<input type="checkbox"/> Report from previous school
<b>YEARS 11,12,13 NZQA RESULTS:</b>	<input type="checkbox"/> Years 11, 12, 13 NZQA results
<b>YEAR 9 COMPLETE FORM:</b>	<input type="checkbox"/> Year 9 "All About Me" form to be completed online: <a href="https://forms.gle/dAKdAm1Ax6jjYAZL6">https://forms.gle/dAKdAm1Ax6jjYAZL6</a> as this is the basis on which we interview



# STUDENT INFORMATION

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  10  11  12  13

Gender (Please tick ✓)  
Male  Female  Gender Diverse

DOB  
\_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Student Legal Surname (Name as on birth certificate)

Student Legal First & Middle Names (As on birth certificate)

Preferred Name (Name you wish to be known by)

Home Address

Postal Address (If different from Home Address)

Postcode:

Postcode:

Student Mobile Number

Student Email (Please print email address clearly)

Please check your zone status for Fairfield College and ✓ In Zone  or Out of Zone

## SCHOOLING INFORMATION

Name of your current school

Have you previously attended FFC?

Yes  No

Have you ever been: (Please ✓ if applicable)

Stood down  Suspended  Excluded

Brothers/Sister previously/currently attended 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?

Are you a New Zealand Citizen?  
Yes  No

Are you Maaori descent?  
Yes  No

Do you have Refugee status?  
Yes  No

Are you a Permanent Resident?  
Yes  No

Please list Iwi Affiliations (refer over/leaf)

What language/s do you speak at home?  
English:   
Maaori:   
Other

Do you have a Student Visa/Permit?  
Yes  No

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Please specify if 'Other':  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expiry date:

Are you an Exchange Student?  
Yes  No

Or are you an International Student?  
Yes  No

NZ European/Pakeha  
Yes  No

Are you an Exchange Student?  
Yes  No

Or are you an International Student?  
Yes  No

European  
Yes  No

Pacific Islander  
Yes  No

Passport Number:  
\_\_\_\_\_

Please specify:  
\_\_\_\_\_  
Other:  
\_\_\_\_\_

Please attach a copy of the applicants New Zealand Birth Certificate or Passport.  
This is required for ALL New Zealand applicants.



Be respectful  
Be responsible  
Be the best you can be



Me whai whakaaro  
Me ū ki ngā tikanga  
Me eke te taumata



## List of Iwi Codes (for Ministry of Education statistical purposes only)

Tick	Tick	Tick
<b>Northland / Auckland : Te Tai Tokerau / Tamaki Makau Rau Region</b>	<b>East Coast : Te Tairāwhiti Region</b>	<b>South Island / Chatham Islands : Te Waipounamu / Wharekauri Region</b>
<input type="checkbox"/> Te Aupōuri	<input type="checkbox"/> Ngāti Porou	<input type="checkbox"/> Te Atiawa (Te Waipounamu / South
<input type="checkbox"/> Ngāti Kahu	<input type="checkbox"/> Te Aitanga-A-Māhaki	<input type="checkbox"/> Ngāti Koata
<input type="checkbox"/> Ngā Kuri	<input type="checkbox"/> Rongowhakaata	<input type="checkbox"/> Ngāti Kuia
<input type="checkbox"/> Ngāpuhi	<input type="checkbox"/> Ngāi Tāmanuhiri	<input type="checkbox"/> Kāti Mamoe
<input type="checkbox"/> Ngāpuhi ki Whāngaroa-Ngāt Kahu ki Whāngaroa	<input type="checkbox"/> Te Tai Tairāwhiti (East Coast) Region, not	<input type="checkbox"/> Moriori
<input type="checkbox"/> Te Rarawa		<input type="checkbox"/> Ngāti Mutunga (Wharekauri / Chatham
<input type="checkbox"/> Ngāi Takoto	<b>Hawkes Bay / Wairarapa : Te Matau a Māui /</b>	<input type="checkbox"/> Rangitāne (Te Waipounamu / South
<input type="checkbox"/> Ngāti Wai	<input type="checkbox"/> Rongomaiwahine (Te Māhia)	<input type="checkbox"/> Ngāti Rārua
<input type="checkbox"/> Ngāti Whātua	<input type="checkbox"/> Ngāti Kahungunu ki Te Wairoa	<input type="checkbox"/> Ngāi Tahu / Kī Tahu
<input type="checkbox"/> Te Kawerau	<input type="checkbox"/> Ngāti Kahunguru Ki Heretaunga	<input type="checkbox"/> Ngāti Tama (Te Waipounamu / South
<input type="checkbox"/> Te Uri-o Hau	<input type="checkbox"/> Ngāti Kahungunu Ki Wairarapa	<input type="checkbox"/> Ngāti Toarangatira (Te Waipounamu / South
<input type="checkbox"/> Te Roroa	<input type="checkbox"/> Ngāti Kahungunu, region unspecified	<input type="checkbox"/> Waitaha (Te Waipounamu / South
<input type="checkbox"/> Te Tai Tokerau / Tāmaki Makau Rau (Northland / Auckland) Region, not further defined	<input type="checkbox"/> Rangitāne (Te Matau a Maui/Hawkes Bay/Wairarapa)	<input type="checkbox"/> Ngāti Apa ki te Waipounamu
	<input type="checkbox"/> Ngāti Kahungunu ki Whanganui a	<input type="checkbox"/> Te Waipounamu / Wharekauri (South Island /
	<input type="checkbox"/> Ngāti Kahungunu Ki Tamatea	
	<input type="checkbox"/> Ngāti Kahungunu ki Tamakinui a Rua	<b>Iwi known, but region unspecified</b>
	<input type="checkbox"/> Te Matau a Maui / Wairarapa (Hawkes Bay /	<input type="checkbox"/> Te Atiawa, region unspecified
		<input type="checkbox"/> Ngāti Haua, region unspecified
<b>Coromandel : Hauraki Region</b>	<b>Taranaki Region</b>	<input type="checkbox"/> Ngāti Maru, region unspecified
<input type="checkbox"/> Ngāti Hako	<input type="checkbox"/> Te Atiawa (Taranaki)	<input type="checkbox"/> Ngāti Mutunga, region unspecified
<input type="checkbox"/> Ngāti Hei	<input type="checkbox"/> Ngāti Maru (Taranaki)	<input type="checkbox"/> Rangitāne, region unspecified
<input type="checkbox"/> Ngāti Maru (Manutuahu)	<input type="checkbox"/> Ngāti Mutunga (Taranaki)	<input type="checkbox"/> Ngāti Raukawa, region unspecified
<input type="checkbox"/> Ng' ti Paoa	<input type="checkbox"/> Ngā Rauru	<input type="checkbox"/> Ngāti Tama, region unspecified
<input type="checkbox"/> Patukirikiri	<input type="checkbox"/> Ngā Ruahine	<input type="checkbox"/> Ngāti Toa, region unspecified
<input type="checkbox"/> Ngāti Porou ki Harataunga ki	<input type="checkbox"/> Ngāti Ruanui	<input type="checkbox"/> Waitaha, region unspecified
<input type="checkbox"/> Ngāti Pūkenga ki Waiau	<input type="checkbox"/> Ngāti Tama (Taranaki)	<input type="checkbox"/> Ngāti Apa, area unspecified
<input type="checkbox"/> Ngāti Rāhiri Tumutumu	<input type="checkbox"/> Taranaki	<input type="checkbox"/> Hapū affiliated to more than one iwi
<input type="checkbox"/> Ngāti Tai	<input type="checkbox"/> Tangāhoe	
<input type="checkbox"/> Ngāti Tamaterā	<input type="checkbox"/> Pakakohi	<b>Iwi unknown, but waka or iwi</b>
<input type="checkbox"/> Ngāti Tara Tokanui	<input type="checkbox"/> Taranaki (Taranaki) Region, not defined	<input type="checkbox"/> Tāinui
<input type="checkbox"/> Ngāti Whanaunga		<input type="checkbox"/> Te Arawa
<input type="checkbox"/> Hauraki (Coromandel) Region, not further defined	<b>Whanganui / Rangitīkei Region</b>	<input type="checkbox"/> Takitimu
	<input type="checkbox"/> Ngāti Apa (Rangitīkei)	<input type="checkbox"/> Aotea
<b>Waikato / King Country : Waikato / Te Rohe Pōtae Region</b>	<input type="checkbox"/> Te Ati Hau Nui-A-Pāpāranġi	<input type="checkbox"/> Mātaatua
<input type="checkbox"/> Ngāti Haua (Waikato)	<input type="checkbox"/> Ngāti Haua (Taumarunui)	<input type="checkbox"/> Mahuru
<input type="checkbox"/> Ngāti Maniapoto	<input type="checkbox"/> Ngāti Hauiti	<input type="checkbox"/> Māmari
<input type="checkbox"/> Ngāti Raukawa (Waikato)	<input type="checkbox"/> Whanganui / Rangitīkei (Wanganui / Rangitīkei) Region, not further	<input type="checkbox"/> Ngātokimatawhaorua
<input type="checkbox"/> Waikato		<input type="checkbox"/> Nukutere
<input type="checkbox"/> Waikato / Te Rohe Pōtae (Waikato / King country) Region, not further	<b>Manawatū / Horowhenua / Wellington : Manawatū /</b>	<input type="checkbox"/> Tokomaru
	<input type="checkbox"/> Te Atiawa (Te Whanganui a Tara / Wellington)	<input type="checkbox"/> Kurahaupo
<b>Rotorua / Taupō : Te Arawa / Taupō</b>	<input type="checkbox"/> Muaūpoko	<input type="checkbox"/> Muriwhenua
<input type="checkbox"/> Ngāti Pikiao (Te Arawa)	<input type="checkbox"/> Rangitāne (Manawatū)	<input type="checkbox"/> Hauraki / Pare Hauraki
<input type="checkbox"/> Ngāti Rangiteorere (Te Arawa)	<input type="checkbox"/> Ngāti Raukawa	<input type="checkbox"/> Turanganui a Kiwa
<input type="checkbox"/> Ngāti Rangitīhi (Te Arawa)	<input type="checkbox"/> Ngāti Toarangatira (Te Whanganui a Tara/Wellington)	<input type="checkbox"/> Te Taihū o Te Waka a Maui
<input type="checkbox"/> Ngāti Rangiwewehi (Te Arawa)	<input type="checkbox"/> Te Atiawa ki Whakaronġotai	<input type="checkbox"/> Tauranga Moana
<input type="checkbox"/> Tapuika (Te Arawa)	<input type="checkbox"/> Manawatū / Horowhenua / Te Whanganui a Tara (Manawatū / Horowhenua / Wellington) Region not	<input type="checkbox"/> Horouta
<input type="checkbox"/> Tarāwhai (Te Arawa)		<b>Iwi information not provided</b>
<input type="checkbox"/> Tūhouranġi (Te Arawa)		<input type="checkbox"/> Don't know
<input type="checkbox"/> Uenuku-Kōpako (Te Arawa)		<input type="checkbox"/> Refused to answer
<input type="checkbox"/> Waitaha (Te Arawa)		<input type="checkbox"/> Response unidentifiable
<input type="checkbox"/> Ngāti Whakaue (Te Arawa)		<input type="checkbox"/> Response outside scope
<input type="checkbox"/> Ngāti Tūwharetoa		<input type="checkbox"/> Not stated
<input type="checkbox"/> Ngāti Tahu (Te Arawa)		
<input type="checkbox"/> Te Arawa / Taupō (Rotorua / Taupō) Region, not further defined		
<b>Bay of Plenty : Tauranga Moana / Mātaatua Region</b>		
<input type="checkbox"/> Ngāti Pūkenga		
<input type="checkbox"/> Ngāteranġi		
<input type="checkbox"/> Ngāti Ranginui		
<input type="checkbox"/> Ngāti Awa		
<input type="checkbox"/> Ngāti Manawa		
<input type="checkbox"/> Ngāi Tai		
<input type="checkbox"/> Tūhoe		
<input type="checkbox"/> Whakatōhea		
<input type="checkbox"/> Whānau-A-Apanui		
<input type="checkbox"/> Ngāti Whare		
<input type="checkbox"/> Tauranga Moana / Mātaatua (Bay of Plenty) Region, not further defined		

Source: Statistics New Zealand, New Zealand Standard

**If you are of NZ Māori descent the Ministry of 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

Full name of Caregiver 1

Relationship to student

(e.g. mother, father)

Legal Guardian

Yes  No

Home Address

Postcode:

Email Caregiver 1 (Please print email address very clearly)

Home Phone

Mobile/Cell Phone

Work Phone

Occupation

Place of Employment

### RESIDENCE A / PRIMARY CAREGIVER 2

Full name of Caregiver 2

Relationship to student

(e.g. mother, father)

Legal Guardian

Yes  No

Home Address

Postcode:

Email Caregiver 2 (Please print email address very clearly)

Home Phone

Mobile/Cell Phone

Work Phone

Occupation

Place of Employment

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

## RESIDENCE B / Alternative or Secondary Contact Details (NOT the Primary Residence for the Student)

### RESIDENCE B / Alternative or Secondary Contact

Full name of Caregiver 1

Relationship to student (e.g. mother, father, grandparent)

Legal Guardian

Yes  No

Home Address

Postcode

Email (Please print email address very clearly)

Home Phone

Mobile/Cell Phone

Work Phone

### RESIDENCE B / Alternative or Secondary Contact

Full name of Caregiver 2

Relationship to student (e.g. mother, father, grandparent)

Legal Guardian

Yes  No

Home Address

Postcode

Email (Please print email address very clearly)

Home Phone

Mobile/Cell

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 Persons

Relationship to student (e.g. uncle, aunty, grandparent)

Home Phone

Mobile Phone

Work Phone

## EXTRA FAMILY INFORMATION

The school does not automatically send information to the alternative/secondary caregiver (if applicable)

Do you wish that reports be sent to the alternative/secondary caregiver (if applicable)?

Do you wish that emails be sent to the alternative/secondary caregiver (if applicable)?

Are there any special access / custody orders / parent orders / financial arrangements the school should be aware of? If 'Yes' please explain and provide documentary proof for our file:

\_\_\_\_\_

\_\_\_\_\_

Yes  No

Yes  No

Yes  No



Be respectful  
Be responsible  
Be the best you can be



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# 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
<b>3B's</b> We acknowledge and support the 3 B's – Be Responsible, Be Respectful, Be the Best You Can Be.	Yes No <input type="radio"/> <input type="radio"/>	Yes No <input type="radio"/> <input type="radio"/>
<b>Student Runner (Year 9's only)</b> 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 No <input type="radio"/> <input type="radio"/>	Yes No <input type="radio"/> <input type="radio"/>
<b>Year 9 Camp (Year 9's only)</b> 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 No <input type="radio"/> <input type="radio"/>	Yes No <input type="radio"/> <input type="radio"/>
<b>Attendance</b> Fairfield College places significant importance on regular attendance. We monitor the daily attendance of students to: <ul style="list-style-type: none"> <li><input type="radio"/> Account for them in an emergency;</li> <li><input type="radio"/> Identify students with achievement, engagement, or other issues;</li> <li><input type="radio"/> Meet our legal responsibilities.</li> </ul> We therefore remind parents of their legal obligations to ensure their children attend school. We ask that you: <ul style="list-style-type: none"> <li><input type="radio"/> Notify the school if your student is going to be absent (by text, email or phone call);</li> <li><input type="radio"/> Try to arrange appointments etc outside school hours or in holidays;</li> <li><input type="radio"/> Work with the school to manage any attendance issues.</li> </ul> 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 No <input type="radio"/> <input type="radio"/>	Yes No <input type="radio"/> <input type="radio"/>
<b>Course Costs</b> 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 No <input type="radio"/> <input type="radio"/>	
<b>Privacy Act</b> 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 No <input type="radio"/> <input type="radio"/>	
<b>Contact details</b> 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 No <input type="radio"/> <input type="radio"/>	
<b>EOTC Permission</b> 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. <b>(Refer Appendix A)</b> <i>Please tick box to indicate your consent.</i>	Yes No <input type="radio"/> <input type="radio"/>	
<b>Photo/Video Consent</b> 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 No <input type="radio"/> <input type="radio"/>	
<b>CCTV Footage</b> 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 No <input type="radio"/> <input type="radio"/>	
<b>Internet Use</b> 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. <b>(Refer Appendix C)</b> <i>Please tick box to indicate your consent.</i>	Yes No <input type="radio"/> <input type="radio"/>	Yes No <input type="radio"/> <input type="radio"/>

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Date



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Be responsible  
Be the best you can be



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# 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 matters in private.

Student Surname	Student First Names
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 <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/> (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  No

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

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

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Has the student ever had anaphylactic reaction? Yes  No

Do they have an Epipen? Yes  No

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

Does the student have full immunization? If 'Yes', please provide proof. Yes  No

I consent to the school nurse accessing Aotearoa Immunisation Register (AIR) database system for history of all immunization given to my child. Yes  No

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

\_\_\_\_\_  
*Parent/Caregiver Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print name of Parent/Caregiver*

\_\_\_\_\_  
*Relationship to student*



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# Learning Support Information

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

Student Surname

Student First Names

Year Level

9  10  11  12  13

## LEARNING SUPPORT REPORTS

Please tick any intervention or formal diagnosis your child has received, and also tick you have provided the relevant report/s. Please attach these report/s to this enrolment form.

ADHD (Attention-Deficit/Hyperactivity Disorder)	<input type="radio"/>	CDC (Child Development Centre Referral)	<input type="radio"/>
Report provided	<input type="radio"/>	Report provided	<input type="radio"/>
ASD (Autism Spectrum Disorder)	<input type="radio"/>	Education Psychologist	<input type="radio"/>
Report provided	<input type="radio"/>	Report provided	<input type="radio"/>
ICAMS (Infant, Child & Adolescent Mental Health Services)	<input type="radio"/>	RTLB (Resource Teacher Learning & Behaviour Referral)	<input type="radio"/>
Report provided	<input type="radio"/>	Report provided	<input type="radio"/>
Intellectual Disability	<input type="radio"/>	SPELD (Dyslexia)	<input type="radio"/>
Report provided	<input type="radio"/>	Report provided	<input type="radio"/>
Other (please specify)			

## ADDITIONAL SOCIAL/EMOTIONAL INFORMATION

Please describe any educational concerns you have about your child:

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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).

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

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## INFORMATION TECHNOLOGY

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



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# 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)
<b>A</b>	<b>On-site – in the school grounds</b>	
	<b>Lower risk</b> – e.g. sports day, horticulture, adventure-based learning (ABL) activities, painting murals, measuring for mathematics	<b>No consent required</b>
	<b>Higher risk</b> – e.g. school pool or climbing wall	<b>Blanket consent</b>
<b>B</b>	<b>Off-site – short visits in the local community within school hours</b>	<b>No consent or blanket consent</b>
	<b>Higher risk</b> – e.g. aquatic environments (river, beach), cross-country training.	<b>Blanket consent or separate consent for each event</b>
<b>C</b>	<b>Off-site – day trips, which extend out of school hours</b>	
	<b>Lower risk</b> – e.g. farm visit; day hike in a local park or in local bush; city visit; train, bus or ferry trip; swimming	<b>No consent or blanket consent</b>
	<b>Higher risk</b> – e.g. skiing, waka ama, rock climbing, swimming in natural environments (beach, river), field trip involving chemicals or heavy machinery	<b>Separate consent for each event and risk disclosure</b>
<b>D</b>	<b>Off-site – multi-day trips further afield</b>	
	<b>Lower risk</b> – e.g. trip to another region; sports tournaments; field trips to urban environments, historic sites, and "front country" (having well-formed tracks)	<b>Separate consent for each event</b>
	<b>Higher risk</b> – 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)	<b>Separate consent and risk disclosure</b>

## Code of Conduct

### EXPECTATIONS OF STUDENTS

Fairfield College students will show the following behaviours:

- Attend school every day, arrive well prepared and on time each morning.
- Bring all required equipment for every lesson in their own school bag.
- Go to every class as scheduled.
- Cooperate with and show respect to staff.
- Cooperate with and show respect to other students.
- Follow instructions.
- Complete set work.
- Keep books in order.
- The New Zealand government requires state and state-integrated schools to implement a policy prohibiting students from using or accessing mobile phones while at school, including during breaks and lunchtimes. This is part of the Education (School Boards) Regulations 2020. Exemptions can be applied for via school management.
- 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 prizegiving's .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 maybe be stood down from school for continual disobedience.



• Be respectful  
• Be responsible  
• Be the best you can be



• Me whai whakaaro  
• Me ū ki ngā tikanga  
• Me eke te taumata





# Fairfield College



Tuesday, 11 February 2025

Tēnā koutou parents/guardians/caregivers and students,

Fairfield College has an agreement with Pinnacle Midlands Health Network and Te Whatu Ora Waikato to provide free nursing services on site. As school nurses, the health and wellbeing of your child at school is really important to us. The main aim of our clinic is to improve the health of our students so they can learn and thrive within the school environment.

As part of our commitment to student well-being, our school nurses, Shelley Bowe and Paullette Coombes, will conduct meet-and-greet sessions with all Year 9 ākonga (students) to perform comprehensive well-being assessments. If any concerns are identified, we will develop tailored health responses to address them effectively. Our goal is to complete thorough evaluations for all consenting students by the end of Year 10. These assessments will utilise the Te Ūkaipō framework, alongside the established HEEADSSS framework, to ensure a holistic approach to student health.

Te Ūkaipō was created in collaboration with Te Whatu Ora and rangatahi. Te Ūkaipō is an expression of te ao Māori values and principles, it is strength-based and mana enhancing. Te Ūkaipō includes nine interconnected Kaupapa Māori whanonga pono (values). You can read more about Te Ūkaipō and the pono here:

<https://www.tewhatauora.govt.nz/assets/For-the-health-sector/Specific-life-stage/Youth/SBHS/Te-Ukaipo-Framework-December-2023.pdf>

The HEEADSSS framework (home, education, exercise/activities/diet, drugs, sexuality, self-harm, safety) is a holistic tool recognised and used with young people within health settings worldwide. It supports the building of a thorough health plan in collaboration with your child. You can read more about this on the Starship NZ website: <https://starship.org.nz/guidelines/adolescent-consultation>

This wellbeing review is likely to take 30-60 minutes and a referral to other services will be available where needed. It will take place during the school day and there is no cost for the service. You are welcome to attend the review with your child if you wish to.

If you have any questions, or if you do not consent to your child having this wellbeing review, please contact the school nurse (details below) or the school office:

Ngāa mihi nui

Shelley Bowe  
**Registered Nurse**  
**Waikato Student Based Health Nurse**  
**Pinnacle Midlands Health Network**

**Mobile: 0278086301,**  
**Phone: 853 5660 Ext 811**  
**Email: nurse@faircol.school.nz**



PO Box 12-228  
Hamilton 3248  
New Zealand  
Phone: +64 7 853 5660 Fax: +64 7 853 5679  
Email: adminfc@faircol.school.nz

# 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

Revive A Smile

Agreement number

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

7 1 5 4 9 4

Agreement holder's name

Dr Assil Russell

District health board

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)

Patient's last name(s)

Patient's first name(s)

Date of birth

Sex

Male

Female

School year

Full residential address

Telephone number (day)

Mobile

Postcode

Secondary school / educational institution to be attended

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

Date

# FREE DENTIST VISITS for students 13-18 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 13-18 year olds. We are committed to improving the oral health of Hamilton's youth and would like to invite you to join us in making this happen. To register with us please fill in the consent form on the other side of this letter and the attached enrolment form and either return to your school office or post/email back to us.

Our practice offers a range of dental services by New Zealand trained and 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).

Once your child is 18 they will receive a **FREE gift voucher** for a further check-up. Our clinic is also unique in that we run a charity programme for adults (18+ years). If you have a community services card you are likely eligible for free dental care. Please contact us for an adult application pack. We look forward to taking care of your family's dental needs.

Need more information?

Phone or txt 022 677 2301 or email [reviveasmile@gmail.com](mailto:reviveasmile@gmail.com)

**REVIVE A SMILE FREE DENTAL SERVICE  
IS IN YOUR COMMUNITY**



# Revive A Smile Dental Clinic Consent Form

Please fill in this & the attached enrolment form and return to the School Office or post/email to Revive A Smile (PO Box 21053 Hamilton, reviveasmile@gmail.com)

Male  Female Child's last name

Child's first name (and preferred name) Child's previous last name (if applicable)

Child's middle name NHI number (if known)

Child's date of birth (dd/mm/yy) Place/country of birth

NZ citizen/resident entitled to free health care?  Yes  No  Don't know

Street address and suburb

Town/city Post code

## Ethnic origin:

NZ European / Pakeha  Other: (specify here)  
 Māori

Current School/ School will be attending

Other children's names in family group

## Parent/ Guardian details:

First and last name last name

Street address and suburb

Town/city

Home phone Work phone

Mobile phone Email address

Consent remains valid while your child attends Revive A Smile Dental. Please fill this form as well as the bottom section of the attached enrolment form. 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 yourself.

# Revive A Smile Dental Clinic

## Consent to regular dental checks

**Yes**  I GIVE CONSENT FOR FREE REGULAR DENTAL CHECKS

I **AGREE** to having regular dental checks with xrays as needed. I understand that I have the right to change this consent at any time. I understand this consent is for dental checks only. Any other care will be by further consent.

### 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       |
| <input type="checkbox"/> Allergy           | <input type="checkbox"/> Epilepsy        | <input type="checkbox"/> HIV/Aids        |
| <input type="checkbox"/> Asthma            | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Bleeding disorder |  |  |

Family doctor's name/medical practice

Health issues/concerns/medication

Parent / guardian (print first and last name) Relationship to child:  
 Mother  Parental guardian  
 Father

Signature parent/ guardian if under 16 yrs)) Today's date (dd/mm/yy)

**No**  THIS CHILD IS NOT ELIGIBLE FOR FREE DENTAL CARE

I DO NOT AGREE to this child having regular dental checks. I understand that I have the right to change this consent at any time.

Parent / guardian (print first and last name) Relationship to child:  
 Mother  Parental guardian  
 Father

Signature Today's date (dd/mm/yy)

Please fill in this & the attached enrolment form and return to School Office or post/email to Revive A Smile (PO Box 21053, Hamilton, reviveasmile@gmail.com) The information you provide will be kept confidential. Use of and access to the information is covered by the Health Information Privacy Code. If you wish to see this information, or correct any details, please phone 022 677 2301.