KAITĀIA COLLEGE

APPLICATION FOR YEAR 9 ENROLMENT

MEETING TIME / DAY
Day:
Date:
Time:

STUDENT INFORMATION

LEGAL SURNAME: *(Family Name)* _____

CHRISTIAN: *(First Names)* _____

PREFERRED: *(The name your student would like to be called at College)* _____

GENDER: Male / Female / Other

DATE OF BIRTH: _____/_____/_____

NATIONALITY:
Please tick one box
New Zealander ☐
Other ☐
Please state: _____

LANGUAGE:
What language is mostly spoken at home?
English ☐
Māori ☐
Other: _____

If from overseas, date of arrival into New Zealand: _____/ _____ / _____

PREVIOUS SCHOOL
What school is your student now attending, or about to leave, or just left?

_____

NSN NUMBER
Please supply your student NSN number (National Student Number).

_____

OVERSEAS STUDENT
If you are a new student arriving from overseas, please supply a copy of your passport, visa and / or birth certificate

Date of last attendance: _____/ _____/ _____

CAREGIVER 1 INFORMATION

Full Name: Mr / Mrs / Miss / Ms _____
Relationship to student: _____
Physical Address: *(Road & Rapid Number & Post Code)*
_____
Postal Address: _____
Contacts: Home: _____Work: _____Mobile: _____
Email: _____
Place of Work: _____

CAREGIVER 2 INFORMATION

Full Name: Mr / Mrs / Miss / Ms _____
Relationship to student: _____
Physical Address: *(Road & Rapid Number & Post Code)*
_____
Postal Address: _____
Contacts: Home: _____ Work: _____ Mobile: _____
Email: _____
Place of Work: _____

Student resides with Caregiver: 1 ☐ 2 ☐ 1 & 2 ☐

EMERGENCY CONTACT

Full Name: Mr / Mrs / Miss / Ms _____
Relationship to student: _____
Contacts: Home: _____ Work: _____ Mobile: _____

Kaitāia College Use Only

Records requested	☐
Records received	☐
Enrolling Teacher	☐
Pre-Enrol Entry	☐
Computer Entry	☐
Enrol Entry	☐
Medical Records	☐
File Envelope	☐
Passport	☐
Birth Certificate	☐

Verification Number
_____

First Day at Kaitāia College
_____/ _____/ _____

Whanau Group

Entry Level / Class

CORE CLASS		TCHRS
1	ENG	_____
2	MATH	_____
3	PHYS ED	_____
4	HEALTH	_____
5	SCIENCE	_____
6	S/STUDIES	_____

LANGUAGE OPTION

1	TRM / MPA	_____
2		_____
3		_____
4		_____
5		_____

ETHNICITY / IWI AFFILIATIONS

Please **number (1 or 2)** in order of preference the student's ethnicity: Māori ☐ NZ European ☐

Asian ☐ (Please state) _____Pacific Islander ☐ (Please state) _____

Other ☐ (Please state) _____

If Māori, please tick the relevant Northern iwi he/she is affiliated with:

Iwi: Ngāi Takoto ☐ Ngāpuhi ☐ Ngāti Kahu ☐ Ngāti Kuri ☐ Te Aupōuri ☐ Te Rarawa ☐

Please state any other iwi student is affiliated with: _____

_____

WHĀNAU GROUP

Does student want to be in the same House as other IMMEDIATE (**brother/sister ONLY**) family members: YES / NO

If yes, circle which one: **Buck / McMahon / Miller / Ngārimu / Trigg**

_____

SIBLINGS

Is your student the oldest in your immediate family attending Kaitāia College? YES / NO

Please name your other children currently attending Kaitāia College: *(State first and last names and Year level)*

_____ Year _____

_____ Year _____

_____

BOARDING DETAILS:

Is student living away from home? YES / NO

If yes, please state the student's Caregiver / Parent address, and contact details:

Caregivers' / Parents' names: _____

Address: _____

Contacts: Home: (0)_____ Work: (0) _____ Mobile: (0)_____

INTERESTS / PATHWAYS:

Is student involved with any sporting / cultural activities, or does he/she belong to any community groups:

eg: rugby, netball, kapa haka, dance, St John's Cadet, ATC? Please state:

Sporting: _____

Cultural: _____

Community Group: _____

Pathways: _____

STAND DOWNS / SUSPENSION:

Has student ever been stood down or suspended from a school in New Zealand? YES / NO

If yes, please give name of school/s: _____

Please give reason: _____

PERSONAL AND MEDICAL - Confidential

The information you supply here will REMAIN CONFIDENTIAL to those people at Kaitāia College who are directly concerned with student's health. There may be some aspects of student's medical history which could have a bearing on his/her performance, either in the classroom or on the sports fields. If there is anything important concerning your student, please let us know.

Family Doctor: _____ Clinic: _____ Phone: _____

Dentist: _____ Clinic: _____ Phone: _____

Please indicate whether any of the following apply to your student:

a) Are there any medical reasons which would prevent him/her from taking a full part in the College's Physical Education programme, games, swimming, or outdoor education? YES / NO
If yes, please give reason/s:

_____

b) Must he/she take medication during College hours for any other reason? YES / NO
If yes, please state:

_____

c) Does he/she have a sight or hearing condition which could affect his/her class work? YES / NO
If yes, please state:

_____

d) Has your child/ren been fully immunised: YES (Cert is required) Partial (please state below) NO

_____

1) Please tick if your child has any of the following

◊ Asthma
◊ Chronic Nose Bleeds
◊ Colour Blindness
◊ Diabetes
◊ Dizzy Spells
◊ Epilepsy
◊ Fits of any type
◊ Heart Condition
◊ Migraine
◊ Travel Sickness
◊ Other – Please specify

_____

2) Medical Alert Number

_____

3) Date of last tetanus injection?
(if applicable)

……/……/…….

_____

4) Is your child currently taking medication/s

◊ No
◊ Yes – Please state ailment/s

Name of medications/s

Dosage & time/s to be taken

Other treatment

_____

5) Does he/she carry his/her own medication

◊ No
◊ Yes– Please specify

6) 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?

◊ No
◊ Yes – please specify

_____

7) Is your child allergic to any of the following?

Prescription Medication

◊ No
◊ Yes – Please specify

_____

Food

◊ No
◊ Yes – Please specify

_____

Insect Bites/Stings

No
◊ Yes – Please specify

_____

Other Allergies

◊ No
◊ Yes – Please specify

_____

8) Please outline any dietary requirements.

9) Please tick if you give permission for him / her to be given

☐ Ibuprofen
☐ Panadol
☐ Paracetamol
☐ Antihistamine

_____

10) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases in the last four weeks?

◊ No
◊ Yes – please give brief details

_____

11) Is there any other information that staff should know to ensure the physical and emotional safety of your child? (Eg. Cultural practices, disability, anxiety about heights / darkness / small places, pregnancy, behavioural and/or emotional problems)

◊ No
◊ Yes – Please give brief details

_____

NOTE: All medication can be left with the First Aide Officer at the Student Centre for safe keeping.

MEDICAL CONSENT - IN AN EMERGENCY SCHOOL MAY ACT ON MY BEHALF

- ☐ School may administer pain relief
- ☐ I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
- ☐ I will inform Kaitāia College as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.
- ☐ I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered by the medical authorities present.
- ☐ Any medical costs not covered by ACC or a community service card will be paid by me.
- ☐ If my child involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will be sent home at my expense.

Signed: ……

PERMISSIONS (Please circle Yes or No)

CYBER SAFETY

Student will adhere to the school's agreement in regard to internet use and cyber safety YES / NO

NOTE: It is important that you are aware that if the student does not agree to this, they will not be permitted to use the internet at school.

USE OF MEDIA

I give permission for the school to use photos/videos of student to promote their achievement or the school in general. YES / NO

USE OF DATA

I give permission for the school to share achievement data with outside agencies to support student achievement. YES / NO

SWIMMING CONSENT

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

Swimming ability

Is your child able to swim 50 metres?	Yes	No	Don't know
Is your child water confident in a pool?	Yes	No	Don't know
Is your child confident in deep water?	Yes	No	Don't know
Is your child able to tread water?	Yes	No	Don't know
Is your child able to survival float?	Yes	No	Don't know
Is your child confident in the sea or in open inland water?	Yes	No	Don't know
Is your child safety conscious in and around water?	Yes	No	Don't know

Signed: ……..

STUDENT CONTRACT

To be read and signed by all participating students.

☐ I understand that any EOTC event is an opportunity for me to learn, practise skills and gain attitudes and values in an environment outside the classroom.

- I realise that this requires me to take on genuine responsibility for my own learning and safety, and that of others.

☐ I agree to do the following to make this happen:

- Show courtesy and consideration for others; follow the rules and instructions of staff and other supervisors at any event; take part in all activities within challenge-by-choice options; look after myself and my personal belongings; declare medical conditions that could affect participation in the event; accept the rules set by the school for any event, even if they are different from what is accepted at home.

☐ I understand that my parent/caregivers will be contacted and I may be sent home at their expense if:

- My actions are considered unacceptable by staff; I break the school's drug and alcohol policy; My actions put me or others in any danger.

Signed (by student): …… Date: ….…... /……..... / …….....

PARENTAL CONSENT

☐ I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.

☐ I understand that there are risks associated with involvement in Kaitāia College EOTC events and that these risks cannot be completely eliminated.

☐ I understand Kaitāia College will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.

☐ I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures.

☐ I acknowledge that in order to gain a better understanding of the risks involved, I am able to ask any questions of Kaitāia College about the activities in which my child will be involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.

☐ I understand that Kaitāia College does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.

Signed: ……Date: ….…… / ……. / ……..

……

(Full name of parent/caregiver)

OTHER INFORMATION

HISTORY:

There may be some aspect of your student's PERSONAL or FAMILY history which could have some bearing on his/her school performance. This would be important for us to know.

LEGAL MATTERS:

Legal matters about custody and who may or may not visit your student are especially important.
Please give any relevant details. (The school MUST SIGHT and copy any relevant court orders etc.)

EXTERNAL AGENCY INVOLVEMENT:

Is he/she involved in any of the following external agencies:

☐ Oranga Tamariki ☐ Kimiora Mental Health ☐ Miriam Centre ☐ Police ☐ WINZ

☐ Paediatrician

☐ Other Agencies or Specialist (please state) _____

BOARD OF TRUSTEES ELECTIONS CONSENT

☐ I agree that my contact details be passed to the Returning Officer for the sole purpose of electing new Board members to Kaitaia College. {Every three (3) years}

Signed: ……Date: ….…… / ……. / ……..…..

……

(Full name of parent/caregiver)

MANAAKI ACHIEVEMENT HAU KAINGA INTEGRITY
TAHI

Code Of Conduct For School Bus Travel

The caregiver and the student should ensure they have read and understood this document, which is to be adhered to for the safety of the bus driver and all students travelling on the school bus.

This Code of Conduct is between _____(student/s),

_____(their caregiver), the Bus Operator and Kaitāia College.

I, _____(student), agree to abide by the behavioural expectations described below:

- When I am a seated passenger, I will remain in my seat for the whole journey.
- I will not eat on the bus or throw anything inside or out of the bus.
- If I am a standing passenger, I will stand quietly and not push or move around the bus.
- I will always respect other students and their property (this includes pushing, verbal or physical abuse, or any other behaviour that may distract the driver).
- I will use socially acceptable language when conversing with the driver and/or other students and I will not speak at a volume that may distract the driver.
- I will always respect the property of the bus operator (e.g. refraining from standing on seats or vandalising the vehicle in any way).
- I will not engage in any behaviour that could put the driver or other students at risk.
- I will always observe the requirements and instructions of the bus driver and the teacher/s responsible for bus duty.
- I understand that any damage I cause to the bus will result in my caregiver being billed for the cost of repairs.

The safety and comfort of everyone on the bus depends on a standard of behaviour and consideration for others that is expected in the classroom. We hope that caregivers will support the school in maintaining these standards of behaviour.

IF THIS CODE OF CONDUCT IS BROKEN

- The student will be placed on daily report for one week and the caregiver will be notified immediately.
- If no improvement is evident after one week, an interview will be arranged between the student, caregiver/s, and school.
- If there is still no improvement, travel on a school bus will be withdrawn, and the caregiver will be required to find alternative transport to get the student to school.
- In extreme cases of misbehaviour, the privilege of travelling on a school bus could be withdrawn immediately.

AGREEMENT

I agree to abide by the conditions of this contract and understand the consequences if I do not.

(Signed) _____(Student) (Signed) _____(Caregiver)

(Signed) _____(Principal) Date: _____

TRANSPORT

How will your student travel to and from school? Walk ☐ Bicycle ☐ Private car ☐ School Bus ☐
If by school bus, please tick the bus the student will be catching:

Ahipara / Foreshore Road / Brass Road Corner / Bells Gardens		Ngātaki / Houhora	
Ahipara / Roma Road / Ōkahu Road / Ōkahu Downs		Paparore / Ūnahi Road / Waimanoni / Waipa Domain / Imms Road / Dole Road	
Ahipara / Teneke / Manukau		Paparore Sch / Westcoast Road / Sweetwater Road / Spains Road	
Diggers Valley Road / Ruaroa Road		Pukenui / Waiharara Express	
Duncans Road / Kaingaroa School only		Sandhills Road / Gill Road / Wireless Road / Bells Road	
East Coast Private Bus		Snelgars Road / Clough Road	
Fairburn / Wells / Mangatoetoe / Wallace / Fisher Riley		Takahue / Ruaroa Road	
Herekino / Whāngapē		Te Hāpua / Te Kao only	
Kaingāroa / Church Road (pm) / Pairatahi Road / Arawhata Road / Kaingāroa		Te Kao	
Kaingāroa / Church Road / Kareponia Hill		Victoria Valley / Pēria Valley Road / Jecentho Road	
Kumi Road / Quarry Road / Ōturu / Hillcrest Road / Donald Road		Waiharara / Kaimaumau only	

PARENT/CAREGIVER
I have read the information in the Kaitāia College Prospectus and agree that while my student is enrolled at Kaitāia College, he/she will be subject to the rules, guidelines and disciplines of the College.
I undertake to see that he/she does conform to these rules, including the wearing of the appropriate uniform or dress code.
I also undertake to make good, any damages done by my student to College property, or for any text books or library books not returned, or not returned in good order.

Parent/Caregiver Signature: _____ Date: _____/ _____/ _____

STUDENT:
I have read the information in the Kaitāia College Prospectus and agree to abide by the rules and disciplines of Kaitāia College and also to wear the appropriate uniform or dress code.

Student Signature: _____ Date: _____/ _____/ _____

PRINCIPAL: _____ Date: _____/ _____/ _____
Louise Ānaru

EXTRA SUPPORT:

☐

☐

☐

☐

☐

☐ In Class Support MOE funding ☐ Yes ☐ No