

Hurunui College Enrolment Form

Personal Details

Date of enrolment: _____ Actual Start Date: _____

Legal Surname: _____ Preferred Surname: _____

Legal Christian Name/s: _____

Middle Name: _____ Preferred Christian Name/s: _____

Date of Birth (DOB): _____ Gender: _____

School Year Level: _____ First Schooling Date: _____

Ethnicity: _____ IWI Affiliation: _____

Residency: _____ Citizenship: _____

Place of Birth: _____ Home Language: _____

Caregiver 1 Name: _____ Caregiver 2 Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Home Phone Number: _____

Home Phone Number: _____

Mobile Number: _____

Mobile Number: _____

Work Number: _____

Work Number: _____

Email Address: _____

Email Address: _____

Caregiver 3 Name: _____

Relationship: _____

Address: _____

Home Phone Number: _____

Mobile Number: _____

Work Number: _____

Email Address: _____

Office only

New Zealand resident/Visa sighted: _____

Number of children in the family: _____

Place of child in the family: _____

Bus/Non Bus pupil: _____

Emergency Contact:

Class Teacher: _____

Year Level: _____

Subjects:

Class: _____

House: _____

Birth Certificate attached

Health Information

Doctor: _____ Medic Alert Number: _____

Health Issues:

Overnight Issues:

Do you suffer any Allergies:

What treatment is required:

Are you/your child taking any medication:

Please state health condition:

Name of medication/s:

Dosage and time/s to be taken:

Other Treatment:

Is a health plan required:

Have you had any major injuries:

Please state major injuries:

Medication to be kept at school:

Other Medical problems:

When was you/your child's last tetanus injection:

Outline any dietary requirements:

What pain/flu medication may your child be given if necessary?

Have you/your child been in contact with any contagious or infectious diseases in the last four weeks?

Please give brief details:

To Complete with Executive Officer

- 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 the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.
- I agree to my child/myself receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- Any medical costs not covered by ACC or a community service cars will be paid by me.
- If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, s/he will be sent home at my expense.

To be read and signed by adult participant or parent/caregiver of child participant

Signature: _____

Name: _____ Date: _____

THIS FORM OR A COPY MUST BE TAKEN ON THE EVENT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.

Prior Schooling and Participation of Early Childhood Education

Please enter the number of hours per week for up to three services	Services (hrs/week)
Kōhanga Reo	
Playcentre	
Kindergarten or Education and Care Centre	
Home based service	
Playgroup	
The Correspondence School - Te Aho o Te Kura Pounamu	

Or:

Please tick the appropriate box	
Attended, but only outside New Zealand	
Attended, but don't know what type of service	
Did not attend	
Unable to establish if attended or not	

Did the child regularly attend Early Childhood Education: (*“Regularly attend” means the child was booked into a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.*)

Previous School:

Has your child received support or outside intervention?:

If Yes, please specify:

Student Permission

Parent agrees for child/children to do:

Physical Education	
Swimming	
Religious Instruction	

Parent gives permission to print child/children's photos/names e.g. Newsletter/website:

Education Outside the Classroom (EOTC) is the name given to all events/activities that occur outside the classroom, both on and off the school site. This includes sport.

- Hurunui College believes in using a range of environments and experiences to enhance our students' learning.
 - We have ready access to the beach, rivers, mountains, and the bush in our area and beyond. We are also close to various built environments on our community. These areas are rich learning environments for our students both in and out of school. They need to learn how to be safe. Our school also values the concept of providing students with opportunities. Thus some of the learning for students occurs beyond the school site and this document is seeking your consent for your child/ren to participate in such learning.
-

The Ministry of Education's EOTC guidelines identify four EOTC activity types, each with recommended types if parental/caregiver consent. In brief they are:

Type of Event	Description	Type of consent
A	On site - in school grounds (i) Lower risk environments (ii) Higher risk environments*	(i) No consent sought or blanket consent (ii) Separate consent for each event or programme
B	Off-Site events in the local community occurring in school time. (i) Lower risk environments (ii) Higher risk environments*	(i) Blanket consent at enrolment (ii) Separate consent for each event or programme
C	Off-site events - finishing after school finishes. (i) Lower risk environments (ii) Higher risk environments*	(i) Blanket consent at enrolment (ii) Separate consent for each event or programme
D	Off-site residential overnight events. (i) Lower risk environments (ii) Higher risk environments*	(i) Separate consent (ii) Separate consent for each event or programme

* Involves risk assessed to be greater than that associated with the average family activity

All EOTC activity categories require staff to undertake an analysis of the risks, and identify the management strategies required to eliminate, isolate and minimise the risks. Emergency procedures are also in place.

Blanket Consent

I/we agree to the participation of _____ (student) In lower risk category **A** and **B** and **C**.

Student has permission to take part in lower risk activities at Hurunui College:

EOTC events while a student at Hurunui College

I/we have provided the school with up to date medical, supervision and learning information through the enrolment process and will make every endeavour to keep this information current.

To Complete with Executive Officer

Name: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____

Hurunui College Bus Code of Conduct

This Code of Conduct is between _____ (*student*),

_____ (*their caregivers*), GoBus (bus operator), and
Hurunui College.

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.

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 respect other student's and their property at all times (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 respect the property of the bus operator at all times (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 observe the requirements and instructions of the bus driver and the teacher/s responsible for the bus duty at all times.
- 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 depend 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 behavior.

IF THIS CODE OF CONDUCT IS BROKEN ACTIONS COULD INVOLVE:

- The student being placed on daily report and the caregiver will be notified.
- If there is 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.
- If the driver feels the safety of the bus is compromised they will pull off the road, contact the police and have the offending pupils removed.

To be filled out with the Executive Officer

AGREEMENT

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

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

Date: _____

Hurunui College Cybersafety Rules

As a safe and responsible user of ICT I will keep myself and others safe by following these rules.

1. I cannot use school ICT equipment until a Cybersafety Use Agreement has been signed by me and my parents/caregiver(s) and returned to school.
2. I understand the computers and other school ICT equipment are provided for school work.
3. If I am unsure whether I am allowed to do something involving ICT, I will ask a teacher first.
4. I will log on only with MY username. I will not let anyone else use my username.
5. I will not tell anyone else my password.
6. I should only go online or access the Internet at school when a teacher gives permission or is present.
7. I understand that I must not, at any time use the Internet, email, mobile phones or any ICT equipment to be mean, rude, offensive, to bully, harass, or in any way harm anyone else connected to our school, or the school itself, even if it is as a 'joke'.
8. While at school, I will not
 - a. Search for things online that I know are not acceptable at school. This could include anything that is rude, violent or uses unacceptable language such as swearing,
 - b. Attempt to bypass, monitoring, security or filtering that is in place at our school.
9. If I find anything mean or rude or things I know are not acceptable at school, I will:
 - a. Not show others,
 - b. Leave the website/message or turn off the screen and,
 - c. Get a teacher straight away.
10. I understand that I must not download or copy files such as music, videos, games or programs without the permission of a teacher, to ensure copyright laws are not breached.
11. If I want to use my own computer or other equipment on the school network I must first complete a BYOD Agreement, found through Crystal. School will record details of the equipment for audit purposes. The school accepts no responsibility for damage to or loss of this equipment.
12. I will not connect any device (such as a USB drive, camera or phone) to school ICT gear, or run any software, without a teacher's permission. This includes all wireless technologies.
13. The school cybersafety rules apply to any ICT gear brought to school.
14. I will not give out personal information about myself or others without getting permission from a teacher and the person involved. This includes uploading pictures or other files (audio/video) where individuals can be identified. Personal information can include:
 - a. Name,
 - b. Address including mail
 - c. Phone number.
15. I will respect all school ICT equipment and will treat it with care. This includes:
 - a. Not intentionally disrupting the running of any school ICT systems,

- b. Not attempting to hack or gain unauthorised access to any system,
 - c. Following cybersafety rules, and not joining in if others choose to be irresponsible with ICT,
 - d. Reporting and breakages/damage.
16. I understand that if I break these rules, the school may inform my parents/caregivers. In serious cases the school may take disciplinary action against me. I also understand that my family may be charged for repair cost.

To the parent/caregiver, please:

1. Read this page to check you understand your responsibilities under this agreement.
2. Sign the appropriate section on this form and return it to the school office
3. Keep the 'Cybersafety at Hurunui College' page for your reference

When students enrol at Hurunui College, they are given a username and password to access the school's computer network and ICT (*Information & communication Technologies*) equipment. From 2014, the internet is part of the computer network - a student cannot have access to a computer without also having internet access. Students will also be given a school Google Apps account, which provides programs they can use to communicate, create and share work, at school and at home, including and school email address. The school's wireless network can provide internet access to personal devices brought to school. (BYOD)

I understand that Hurunui College will:

- Do its best to enhance learning through the safe use of ICT. This includes working to restrict access to inappropriate, illegal or harmful material on the internet or school ICT equipment/devices at school, or at school-related activities.
- Work with students to encourage and develop an understanding of the importance of cybersafety and digital citizenship. This includes teaching strategies to keep themselves safe in cyberspace.
- Keep a copy of this signed Cybersafety Use Agreement on file.
- Respond to any breaches in an appropriate manner.
- Welcome enquiries from parents or students about cybersafety issues.

My responsibilities include:

- I will read and discuss this Cybersafety Use Agreement with my child
- I will return the signed agreement to the school
- I will support the school's cybersafety programme by encouraging my child to follow the cybersafety rules, and to always ask the teacher if they are unsure about any use of ICT.
- I will contact the principal or school ICT staff to discuss any questions I might have about cybersafety and/or this agreement and I am welcome to do this at any time.

Additional information can be found on the NetSafe website www.netsafe.org.nz/

I have read this Cybersafety Use Agreement and I am aware of the school's initiatives to maintain a cybersafe learning environment, including my child's responsibilities.

To be filled out with the Executive Officer

Student name: _____

Student Signature:

Name of parent/caregiver:

Parent/caregiver signature:

The above-named student may have: a computer network log-in which includes Internet access and a Google Apps account:

- Yes
- No

Please note: This agreement for your child will remain active as long as he/she is enrolled at Hurunui College. If this agreement is amended or modified, you will be advised.

Our Library is a school-community library. Enrolling in our library gives you access to all libraries in the Hurunui district

Surname: _____ First Name: _____

Date of Birth: _____ Preferred Name: _____

Postal Address: _____

Contact Phone: _____

If the student would like to receive text alerts for books due back and requested items being ready please give: Student mobile number: _____

Does the student already have a Hurunui Libraries card?

- Yes
 No

Parent/caregiver email: << Email Address >>

1. *I verify that the above information is correct*
2. *I agree to the following conditions:*
 - a. *Financial responsibility for all materials borrowed*
 - b. *Adherence to school and District library policy*
 - c. *Use of information as stated below under the Privacy Act*

To be filled out with the Executive Officer

Signed: _____ Date: _____

Parent/Caregiver to sign if borrower is under 16 years or if required by school

STATEMENT FOR THE PURPOSE OF PRINCIPLE 3 OF THE PRIVACY ACT

1. Purpose for which the information about you is being collected. *To enable you to borrow stock from and assist in focusing on services that meet user needs in the Hurunui District Libraries*
2. Intended user of the personal information contained in the membership enrolment form. *Hurunui District Libraries.*
3. Name and address of the agency collecting and holding your personal information. *Hurunui District Library PO Box 13 Amberley*
4. The personal information about you is not required by law and the supply of information is not mandatory.
5. The consequences for yourself if yourself if you do not provide the information requested is that the Library may decline your application.

SCHOOL USE ONLY Year level _____ Class name/SLG number _____

LIBRARY USE ONLY

Library _____ Membership Number _____

Category _____ Entered by _____ Date _____