



ŌTĀHUHU COLLEGE

ENROLMENT FORM

| |
|-------------------------|
| ID NUMBER (office use): |
| NATIONAL STUDENT NO.: |

Note: Enrolling staff member to complete all shaded boxes.

| | | |
|--------------------------|-----------------------------|---------------------------------|
| Surname: | First Name: | Preferred Name: |
|--------------------------|-----------------------------|---------------------------------|

| | | |
|--|---|--|
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Ethnicity (Circle up to 3, or add): Māori Samoan Tongan Niuean Cook Island Kiribati Indian Fijian NZ European Other: Iwi: | Language(s) spoken at home: 1. 2. |
| | | ESL Testing required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Birthdate: / / | | |

| | | |
|--|--|--|
| Country of Birth: Date of entry into NZ: Refugee status: <input type="checkbox"/> Yes <input type="checkbox"/> No | Previous School: | Start Date at Ōtāhuhu College: / / Starting as Year: House: G H M S |
|--|--|--|

| | |
|--|--|
| Caregiver 1 (Student's address - please circle): Mother / Father / Other Surname: First Name: Address: Phone: Home: Mob: Work: Email: | Caregiver 2 (please circle): Mother / Father / Other Surname: First Name: Address: Phone: Home: Mob: Work: Email: |
|--|--|

| | |
|---|--------------------------------|
| Emergency Contact (other than family): | |
| Name: | Phone: |
| Email: | Relationship to student: |

**Out of Zone Enrolments Close
30th September**

Names of family at Ōtāhuhu College: Brothers / Sisters / Cousins

.....

.....

.....

House Affiliation: G H M S

LEARNING SUPPORT

- Does your child have a special need or require special learning support? Yes No
e.g. ADHD, ADD, ODD, Bi Polar, Dyslexia, Autism, Hearing, Sight, etc...

If **yes**, please list/identify:

.....

- Have they received specialist support? Yes No
e.g. SPELD Assessment/tutoring, RTLB, GSE, Counselling, Child and Adolescent Health Services, ORRS

If **yes**, please list/identify:

.....

If a learning difficulty is found at school, I give consent for my child to be tested (school will notify):

Signed _____
Parent / Caregiver

CO-CURRICULAR / OTHER INTERESTS / PERSONAL ASPIRATIONS

One of the guiding principles of the College is the active participation of all students in co-curricular activities:

- Sport and / or cultural activities in which my child will participate (list):

.....

- Other personal interests and personal aspirations (list):

.....

Has the student ever been suspended or excluded from school? Yes No

Has the student been stood down from school this year? Yes No If **yes** – number of days.....

If **yes** has been answered to any of the above, which school?:

HEALTH INFORMATION

Please provide the following information to assist our Health Centre in providing the best possible care for your child in any illness / emergency situation.

1. **Family Doctor (Name and Address):**

2. **Medical Conditions (Tick if yes):**

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Heart Problem | <input type="checkbox"/> Hearing/Vision |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Any Other Illness |

If there is a condition you would like to talk to the Nurse about privately, please phone the Health Centre.
Ph: 09 963 4081.

3. **Is your child on any medicines/inhalers?** Yes No

If yes, name of medicine:

4. **Allergic Reactions to (Tick if yes):**

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Nil known | <input type="checkbox"/> Bee / Wasp |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Food |
| <input type="checkbox"/> Other | |

5. **Immunisations/Vaccinations:**

Has your child had all their immunizations? Yes No Don't know

6. **Services at the Health Centre:**

Nursing (health assessments and first aid); GP (doctor); Physiotherapist; Dentist (XMM Dental Group); Social Workers; Referral to Specialist Services; Psychologist. All Year 9 students are offered a full health screen by the registered nurse. The Health Centre offers a range of free services for your child within the school grounds. First aid will always be provided. I agree to my child being administered common medications such as Panadol or Ibuprofen where deemed appropriate.

If staff are unable to contact you in case of an accident or emergency, we may arrange for an ambulance for your child to be taken to a medical centre. I agree to meet any costs incurred.

I understand the range of services provided and give consent to my child using the health centre.

Signed _____
Parent / Caregiver

EDUCATION OUTSIDE THE CLASSROOM (EOTC)

Ōtāhuhu College values the concept of providing students with a variety of learning opportunities. Some of these occur beyond the boundaries of the classroom and some come with an element of risk.

Please sign to provide consent for your child to participate in activities deemed to be low risk and during school hours while at our school

E.g.: Sports teams, Cultural groups, Museum/Library trips.

Signed _____
Parent / Caregiver

Parents/caregivers will be informed of any planned events/activities. Separate consent will be sought for activities deemed to be of higher risk e.g. Open water activities, Tramping in the bush and those that conclude outside of normal hours.

**Out of Zone Enrolments Close
30th September**

PRIVACY OF INFORMATION

I agree to Ōtāhuhu College collecting personal information on my child.

Ōtāhuhu College has advised me that the information I provide will be used for:

Student records for Ministry of Education purposes, accounting purposes of the Ōtāhuhu College Board of Trustees, communication with Alumni Association, NZ Qualifications Authority (NZQA) and Special Education Services (SES). I accept that this information may later be used for educational and pastoral care needs as well as statistical and/or research purposes and agree to its use for that purpose, provided that if the information is published in any way it will not identify me or the individual concerned. I understand that the information that I provide will be held at the offices of Ōtāhuhu College at 74-78 Mangere Road, Ōtāhuhu Auckland, New Zealand. I am aware of the rights to access and to the correction of this information. I agree to Ōtāhuhu College using visual images for promotional purposes.

Address and phone number details are collected at the time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary. These contact details may also be passed on to the Ministry of Education and other Government agencies.

Signed _____
Parent / Caregiver

COMPUTING / CYBER SAFETY AGREEMENT

Computer and other technology at Ōtāhuhu College are to be used for educational purposes.

Misuse of ICT equipment will result in discipline actions and loss of privileges.

Any personal devices brought into the College are subject to the same use agreements as College provided ICT and may be confiscated if used inappropriately.

Ōtāhuhu College is not responsible for any loss or damage of personal devices including phones.

A full copy of the Computing / Cyber Safety Agreement is available on request.

Signed _____
Student

DECLARATION

I would like to be accepted into Ōtāhuhu College. I understand that in being part of the Ōtāhuhu College community I am expected to work hard at my studies, try my best in everything I do and contribute to the proud history and traditions of Ōtāhuhu College (eg. Academic workshops, Haka-Waiata, House Sports Days, Cultural Festivals).

Signed _____
Student

I/We agree that the above named student will abide by the rules, regulations, proud history and traditions of Ōtāhuhu College

I/We declare that the information on this form is true and correct. I/We authorise information to be collected, used and disclosed by the school for education and administrative purposes.

Signed _____ Date: _____ / _____ / _____
Parent / Caregiver

All enrolments are provisional until signed by the Principal of Otahuhu College.

Signed _____ Date: _____ / _____ / _____
Principal

CHECKLIST *(enrolling staff member to complete)*

Form completed by: *(Teacher code)*

- New Zealand Citizen / Permanent Resident : Yes No Birth Certificate and/or Passport copied : Yes No
- Copy of student's latest school report.
 - Copies of other certificates of academic/personal achievement.
 - Copy of immunization records.
 - Proof of address e.g. Utility bill/Rates bill/Bank Statement.

**Out of Zone Enrolments Close
30th September**