



# IN ZONE ENROLMENT APPLICATION 2024

FOR SCHOOL USE ONLY

SURNAME \_\_\_\_\_

FIRST NAMES \_\_\_\_\_

## APPLICANT MUST PROVIDE:

Check

**All students must provide a birth certificate (NZ or overseas).** Please provide a scanned copy of the original document (or photocopy at the school office).

## PROVIDE WHERE NEEDED:

**If the enrolling student was NOT born in New Zealand, but is a New Zealand citizen, please provide the student's New Zealand passport or New Zealand Citizenship Certificate.** Please provide scanned copy of the original documents, (or photocopy at the school office).

**If the enrolling student is NOT a New Zealand citizen, please provide the student's passport & other relevant documents.** Please provide a scanned copy of the original documents, (or photocopy at the school office). Student visas must be accompanied by parent's work permit.

*Note: Since 1 January 2006, a child born in New Zealand is not automatically considered a New Zealand citizen if the parent/s are not New Zealand citizens.*

**If the student is NOT living with a parent/legal guardian, please provide a parent/ guardian statutory declaration explaining which caregiver the student has permission to live with** (please contact school office for a copy).

## APPLICANT MUST PROVIDE PROOF OF ADDRESS:

A statutory declaration must be completed if the enrolling student is living with a caregiver that isn't their birth parent(s)

**Proof of address of parent / legal guardian / caregiver:** Please provide a scanned copy of document from either phone / internet / electricity provider, government e.g. Police / Work & Income, bank, or rental agreement **with street address and no more than 2 months old.**

**If proof of address document is NOT possible** for parent / legal guardian or caregiver (with parent / guardian statutory declaration) then **please complete a proof of address statutory declaration** (please contact school office for a copy).

**If the student is not living with their parent / legal guardian, provide a parent /guardian statutory declaration form explaining which caregiver the student has permission to live with** (please contact school office for a copy).

## FOR SCHOOL USE ONLY:

KAMAR

Year level

Form class

Learning class

Enrolled by

Date

Regular

Re-enrol

ESOL

RCentre

FFPS

Insurance

Refugee  O / Q

Data entry

Prev school sent

Prev school rec'd

NZQA Results

DP Pastoral seen

DP House seen

Appt ESOL

Appt TWM

TWM copy

Nurse copy

Counsellors copy

To deans

School lunches

Start date

## SECTION A: STUDENT DETAILS

First names			
Family name			
Preferred name		Gender (tick box)	Male      Female
Home Address	Post code:	Date of birth	
		Country of birth	
Iwi (if Māori)		Ethnicity 1	
Home phone		Ethnicity 2	
Student's mobile #		NSN number	
Previous school*		Current year level	
* Reason if transferring from another secondary school			

### Is the student a New Zealand citizen?

Note: Since 1 January 2006, a child born in New Zealand is not automatically considered a New Zealand citizen if the parent/s are not New Zealand citizens.

YES      NO

### Complete if the student is NOT a NZ citizen:

Country of citizenship:		Residence permit Permanent NZ resident Parent work permit Study permit / visa Certificate of identity
Date arrived in NZ:	Permit expiry date:	

### BROTHERS OR SISTERS who are (or have been) enrolled at Papatoetoe High School:

First name:		First name:	
Family name:		Family name:	
House:		House:	

PHS houses: Kauri (Blue), Rimu (Green), Pohutukawa (Red), Kowhai (Gold)

## SECTION B: SERIOUS DISCIPLINE

Has the student been stood down from a previous school?	NO	YES	When?
Has the student been suspended from a previous school?	NO	YES	When?
Has the student been excluded/expelled from a previous school?	NO	YES	When?
If 'YES' to any of the above			
Name of school:			
Reason:			

## SECTION C: INTERNET AND DEVICES INFORMATION

Please select any that apply to your household:		
No internet at home	Limited data	Unlimited data
No device at home	Mobile or tablet	Laptop / desktop

## SECTION D: STUDENT'S PARENT / GUARDIAN / CAREGIVER DETAILS

PART 1: CAREGIVERS LIVING WITH THE STUDENT AT HOME ADDRESS FROM SECTION A OF THIS FORM										
	Parent / guardian / caregiver A					Parent / guardian / caregiver B				
Title (tick)	Mrs	Miss	Ms	Mr	Dr	Mrs	Miss	Ms	Mr	Dr
Family name:										
First name:										
Mobile phone:										
Work phone:										
Occupation:										
Email address:										
Relationship to student :										
	<i>(mother / stepfather / caregiver, etc)</i>					<i>(mother / stepfather / caregiver, etc)</i>				

PART 2: PARENT/LEGAL GUARDIAN NOT LIVING AT THE SAME ADDRESS AS STUDENT										
A natural mother or natural father not living with a child is entitled to vote in board elections and receive information on the student's progress if requested. Please name here any such person with this legal right.										
	Natural mother / legal guardian:					Natural father / legal guardian:				
Title (tick)	Mrs	Miss	Ms	Dr		Mr	Dr			
Family name:										
First name:										
Address:										
	Post code:					Post code:				
Home phone:										
Mobile phone:										
Work phone:	Ext:					Ext:				
Occupation:										
Email address:										

## SECTION E: CONTACT REFERENCES

In case the primary caregivers (section D) cannot be contacted by telephone please nominate an alternative emergency contact.										
Title (tick box):	Mrs	Miss	Ms	Mr	Dr					
Name:										
Relationship to student:						Home phone:				
Mobile phone:						Work phone:	Ext:			
<b>I give authority to the school to release my child into the care of the emergency contact named above should circumstances require it:    YES    NO</b>										
<b>Signature:</b> _____										



## SECTION J: OPTION CHOICES

<b>YEAR 9 STUDENTS:</b>	All students study the following subjects: <b>art, English, health, mathematics, financial literacy, music, physical education, social studies and science.</b>		
Students are given the choice of two technology options from <b>hard materials technology, textiles, design &amp; visual communications (graphics), food technology, digital technology.</b>			
1st choice	2nd choice	3rd choice (if 1st or 2nd unavailable)	
Students are also able to choose from these languages: <b>French, Te Reo Māori, Hindi, Japanese, Gagana Samoa, Lea Faka-Tonga</b>			
1st choice	2nd choice (if 1st unavailable)		
<b>YEAR 10 STUDENTS:</b>	Choose any three: <b>Gagana Samoa, Te Reo Māori, French, Japanese, Hindi, Lea Faka-Tonga, accounting, commerce, enterprise, economics, textiles, food, hard materials, digital technology, graphics, art, art digital, music, dance, drama, performing arts, health.</b>		
1st choice	2nd choice	3rd choice	
<b>YEAR 11-13 STUDENTS:</b>	Refer to the Senior Curriculum Guide for senior option information.		
Courses:	Subjects studied at last school:	Year / Level	
1.	1.		
2.	2.		
3.	3.		
4.	4.		
5.	5.		

## SECTION K: KA ORA KA AKO HEALTHY SCHOOL LUNCHES PROGRAMME

Currently the Ministry of Education is funding school lunches at Papatoetoe High School.  
 Each student will receive a lunch prepared for them each school day.  
 To ensure your son/daughter receives the correct lunch please tick any of the following that are relevant:

No dietary needs	Vegetarian	Vegan	Fish only	Gluten free	Dairy free	Other including allergies	I do not wish to receive a lunch
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Please note, all foods are halal certified and the only meat provided currently is chicken. No beef, lamb or pork.

## SECTION L: HEALTH INFORMATION

To help us care for the student in an illness/emergency, please answer the following questions. The school nurse will keep this information confidential, however it may be necessary to inform relevant staff of a medical condition. If the student is on any medication, eg, antihistamines for bee stings/allergies, Imigran for migraines, etc, a health consent form (available from the school office) is to be completed and the labeled medication needs to be provided to the school nurse.

Doctor's name:		Medical centre:			
Doctor's phone:		Student's NHI number:			
<b>Please indicate severity of condition as follows: Mild = M Moderate = O Severe = S</b>					
Asthma <input type="checkbox"/>	Poor vision <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Food allergy <input type="checkbox"/>	Rheumatic fever <input type="checkbox"/>	Mental health & behavioural <input type="checkbox"/>
Heart condition <input type="checkbox"/>	Poor hearing <input type="checkbox"/>	Migraines/headaches <input type="checkbox"/>	Medication allergy <input type="checkbox"/>	Hepatitis <input type="checkbox"/>	Past illness or operations <input type="checkbox"/>
Diabetes <input type="checkbox"/>	Other sensory impairment <input type="checkbox"/>	Back/neck problems <input type="checkbox"/>	Bee/wasp allergy <input type="checkbox"/>	HIV <input type="checkbox"/>	Neurodevelopmental eg. autism, ADHD, dyslexia <input type="checkbox"/>
Please include copies of any immunisation records (eg. plunket book, my covid record or GP records)					
Other allergies (specify):					
Regular prescription medications:					
Comments:					

### PARENTAL/CAREGIVER CONSENT TO TREATMENT:

- If, in the case of an accident or emergency, the school cannot contact you (or if the accident is serious) it may be necessary for the school nurse to transport the student to an accident and medical centre or call an ambulance.
- If your child becomes ill at school, the nurse will assess them and give treatment if appropriate.

Please indicate if you give permission for the nurse to administer (tick box):

- Paracetamol / Panadol            YES    NO
- Ibuprofen / Nurofen            YES    NO
- Antacids / Mylanta            YES    NO
- Antihistamines / Loraclear    YES    NO
- Throat lozenges            YES    NO
- Emergency medical care    YES    NO

- At certain times of the year we are able to provide free dental services on site at school, for your child.

I agree to my child / ward receiving free dental care at school and agree to the school sharing caregiver phone and email contact details with the dental provider, for this purpose    YES    NO

Signature of parent / caregiver A:

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent / caregiver B:

\_\_\_\_\_

Date: \_\_\_\_\_

## SECTION M: SIGNATURES AND CONSENT

### Acceptance of School Principles and Guidelines, Student User Agreement for ICT and Parent / Guardian / Caregiver Declaration / Publication Waiver / Consent for Treatment

1. I have read the School Principles and Guidelines and agree to abide by them. I agree to support the school values and regulations as determined by the board of trustees.
2. The personal information we collect is for school purposes (progress, achievement and administration) only. The information will be used in accordance with the statutory requirements of the Privacy Act 2020. You have the right under this act to access and seek correction of the information from the school at any time.  
On occasion specific information relating to the health & wellbeing, progress and achievement of a student may need to be shared with other organisations (eg: moving to a new school, engaging with RTLB services, etc) to support their learning, behaviour, wellbeing and progress. We also seek permission to gather information about your child's progress, achievement and pastoral care needs from their previous school. You agree to
  - sharing of information with other organisations, as appropriate, to advance the achievement progress of my child/ward
  - Papatoetoe High School having permission to access progress, achievement and pastoral care information from the school my child / ward currently attends
  - Images of my child or their work to be used for school publications (magazine) and social media platforms
3. Cyber safety – agree to appropriate Internet use.

Signature of parent / caregiver A: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent / caregiver B: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Date: \_\_\_\_\_

This agreement will remain valid for as long as the student is enrolled at or associated with Papatoetoe High School.