|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student details: Entry year level *tick one* 9 ⬜ 10 ⬜ 11 ⬜ 12 ⬜ 13 ⬜ 14 ⬜ | | | | | | | | | |
| Legal last name (family name): | | | | | | | | | |
| Legal first name (given name): | | | | | | | | | |
| Preferred last | first names (if different): | | | | | | | | | |
| Gender: Male / Tāne ⬜ Female / Wahine ⬜ Gender Diverse / Ira tāngata \_\_\_\_\_\_\_\_\_\_\_\_ ⬜ | | | | | | | | | |
| Date of birth: d d / m m / y y y y | | | | | | | | | |
|
| Ethnicity: *Select as many that apply*  ❑ Māori  ❑ Pasifika  ❑ NZ European  ❑ Other  If other, please state:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Māori students please state your [iwi:](http://www.tkm.govt.nz/map/)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Language spoken:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Country of Citizenship:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If not a NZ citizen, do you have NZ Residency?  ❑ Yes  ❑ No  If not a NZ citizen, when does your visa expire?  Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ | | Previous Schools?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| To enrol at Greymouth High School you must provide one of the following: | | | | | | | | | |
| If born in NZ | If born outside NZ | | | | | | | | |
| ⬜ New Zealand birth certificate  ⬜ New Zealand passport | ⬜ Foreign birth certificate ⬜ Visa  ⬜ Foreign passport | | | | | | | | |
| Primary residential address: | | | | | | | | | |
| Flat, house or rapid number Street or Road Name | | | | | | | | | |
|  | | | | | | | | | |
| Suburb Town/City Post Code: | | | | | | | | | |
| Student mailing address (if different from above): | | | | | | | | | |
|  | | | | | | | | | |
| Flat, house or rapid number Street or Road Name | | | | | | | | | |
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| Suburb Town/City Post Code: | | | | | | | | | |

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| Siblings (optional):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_  Full name Age School Year    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_  Full name Age School Year | |
| Primary Caregiver: Secondary Caregiver: | |
| Last name: | Last name: |
| First name: | First name: |
| Relationship to student: | Relationship to student: |
| Phone (home): | Phone (home): |
| Phone (mobile): | Phone (mobile): |
| Email: | Email: |
| Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employer Name: | Employer Name: |
| Phone (work): | Phone (work): |
| Occupation: | Occupation: |
| If you are unavailable, and we need to make contact, can we discuss this student with your partner?  ⬜ Yes  ⬜ No | If you are unavailable, and we need to make contact, can we discuss this student with your partner?  ⬜ Yes  ⬜ No |
| Primary Caregiver 2: | Secondary Caregiver 2: |
| Partners Employer: | Partners Employer: |
| Partners Phone (work): | Partners Phone (work): |
| Partners Phone (cell): | Partners Phone (cell): |
| Partners Email: | Email: |
| Do you want to receive Newsletters, Weekly Notes & invoices on this email?  ⬜ Yes  ⬜ No | Do you want to receive Newsletters, Weekly Notes & invoices on this email?  ⬜ Yes  ⬜ No |
| Please provide details of any legal custody/access issues the school needs to be aware of:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Emergency Contact Person**  We will always try to contact the carer named above first, however should we be unable to do so, we require the name of an emergency contact person who is not named above e.g. a grandparent, aunt or uncle, friend, neighbour, or another trusted person. This person will not routinely be sent school information |
| First name (given name): |
| Last name (family name): |
| Relationship to student: |
| Address: |
| Post Code: |
| Phone (Home): |
| Phone (Work): |

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| Medical Information: | | | | | | | | | | | |
| Name of Doctor: | | | | | | | | | | | |
| Name of medical centre: | | | | | | | | | | | |
| Dentist Name: | | | | | | | | | | | |
| Can your child be given Panadol & Ibuprofen at school? | | | | |  | Yes | |  | No |  |  |
| Is your child up-to-date with immunisations? | | | | |  | Yes | |  | No |  |  |
| Does your child require medication at school? | | | | |  | Yes | |  | No |  |  |
| If yes, please provide details:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Medical Conditions: | | | | | | | | | | | |
| Does your child have any medical conditions/allergies? | | | | *Tick One* | | | Yes |  | No |  |  |
|  | | | | | | | | | | | |
| Condition | Severity | | | Medication | | | | | | | |
|  | | | | | | | | | | | |
| Condition | Severity | | | Medication | | | | | | | |
| Please provide any other medical details:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |

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| Extra Learning Assistance: | | | | | |
| Has your child received extra support for learning at previous schools? | Yes |  | No |  |  |
| Details of extra learning support (eg ESL, RTLB, reading recovery):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Does your child have a specialist report (psychologist, literacy assessor etc.)? | Yes |  | No |  |  |
| Report details (please provide a copy): | | | | | |
|  | | | | | |
| Please provide any other details we need to be aware of, eg is your child boarding, other needs, language difficulties etc?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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| Bus Transport: | |
| Will this student be travelling by bus?  ⬜ Yes  ⬜ No | Please select the bus route student will use:  ⬜ Kumara ⬜ Camerons ⬜ Paroa ⬜ Cobden  ⬜ Dobson ⬜ Punakaiki ⬜ Blackball ⬜Nelson Creek  ⬜ Rotomanu ⬜ Runanga ⬜ Totara Flat |
| Emergency Bus Billet:  Please provide details of a person located in town who we can contact if buses are not operating | Will this student be dropped off at the door or within walking distance of home?  ⬜ Yes  ⬜ No |
| First name (given name): | If No, provide details of where student will be dropped:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How will they get home from there?:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please explain any other relevant bus transport information  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Last name (family name): |
| Address: |
| Post code: |
| Phone (work): |
| Phone (mobile): |

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| Privacy Act | |
| Information contained in this form will not be released to any unauthorised person or agency (as detailed in the Privacy Act). | |
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| Parental Consent for School Publications | | | | |
| I understand that photographs taken by the school may be used to promote the school in various publications including the school website and Facebook page and agree that my child’s photograph may be used for this purpose. | | | | |
| I give consent for my child’s photograph to be used Yes |  | No |  |  |

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| Education Outside the Classroom Consent at Enrolment | |
| I/ We agree to the participation of my/ our child in Education Outside the Classroom (EOTC) and sport activities / events while a student at Greymouth High School. | ❑ Yes  ❑ No |
| We have provided the school with up to date medical, supervision and learning information through the enrolment form, and will make every endeavour to keep this information current. | ❑ Yes  ❑ No |
| I/ we wish to raise the following concerns about my/our child’s involvement in sport/ EOTC  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| Chromebooks | | | | |
| Does your child come from a Toki Pounamu School? Yes |  | No |  |  |
| Do you need to purchase a Chromebook? Yes |  | No |  |  |

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| Parents Association | | | | | |
| Our role is to   * Support student activities at our school * Support school activities * Organise activities to raise funds   The Parents’ Association meet on the first Wednesday of each month during term time. Meetings are informative and include a report from the Principal about the school. These meetings are advertised in the school Newsletter.  We welcome your involvement. | | | | | |
| I would like to be involved and know more about the GHS Parents’ Association | Yes |  | No |  |  |

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| Parents/Caregiver Financial Responsibility |
| The funding received by schools only provides for the basic curriculum delivery. We pride ourselves by offering enhanced learning opportunities for all students. To allow this we rely on contributions from parents/caregivers. These contributions are detailed in the course outlines and on the stationery lists. |
| I/We agree to pay any reasonable costs that the school may incur from loss or damage to school resources or property caused by your child.  ❑ Yes  ❑ No |
| To take ownership of any end product in Technology subjects I/We agree to pay associated costs as outlined in the course/options handbook.  ❑ Yes  ❑ No |
| I/We agree to pay for costs relating to activities or events that are not essential to teaching the curriculum. I understand that I/we will be advised of any associated cost before we agree to participation in any extra-curricular activity or event.  ❑ Yes  ❑ No |

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| School philosophy and Standards: Partnership | |
| Our community has high expectations of our staff and students. To achieve the best possible learning for our students, we need to work in partnership: Board, Staff, Parents and Students. We ask parents/caregivers and the enrolling student to commit to and sign the following statement in support of the Partnership | |
| *As parent/s or caregiver/s of a student at Greymouth High School, I/we accept the Values of the school that have been established by the Greymouth High School Board of Trustees (see below) and behavioural expectations and rules that support the Values.*  *I/we acknowledge that these Values are in place to support all students to achieve as per the school’s Vision (see below).*  *I/we are aware that the details of the student uniform and personal appearance are published in the Parent's Guide and the Student Handbook and that these will be adhered to.*  *School behaviour standards are stated in the Parents’ Guide, the Student Handbook and in posters in many parts of the school. School routines are published in the Student Handbook and Behaviour Management System.* | |



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| Responsible Use Agreement for Cell Phones and Digital Devices | |
| Greymouth High School prefers student cell phones to be kept at home. If a parent/caregiver judges that a cell phone is needed and a student brings a cell phone to school, such cell phones are not the responsibility of the GHS staff or board and no liability is accepted in the event of loss or breakage. At the beginning of each lesson, cell phones have to be turned off or silent and placed in either the box provided or inside the student’s bag. | |
| Conditions of Use  I will comply with the school rules regarding cell phone use. I understand that my cell phone must be turned off or silent and must be placed in the class box provided or my bag at the start of each lesson. I understand that if a cell phone is used in class it will be confiscated for the day and I will not be allowed to collect it until after 3.05pm from the student office. I understand the consequences for inappropriate use of a cell phone.  I agree that I will:   * Respect others, use appropriate language at all times and not slander or defame anyone. * Not disclose personal information about anyone using my cell phone. This includes disclosing a person’s real name, telephone number, address or any other information which could be used against them. * Not be in possession of, send, access, or store any material that is obscene or offensive or inappropriate. * Use the cell phone responsibly and at the agreed times. * Not use my cell phone to send false information. * Respect the privacy of communications belonging to others. * Not use my cell phone to send messages that bully or harass other students or pass on defamatory information about others. * Not download inappropriate material from the Internet to a cell phone. * Report any security problems regarding the use of a cell phone to a teacher. * Be responsible for the security of the phone during the school day. * Ensure that if I lend my cell phone to someone else that I will take responsibility for the appropriate use of it.   I agree to all of the above stated rules and I acknowledge that any breach of the rules will result in the cell phone being confiscated and/or this Responsible Use Agreement being cancelled.  ❑ Yes ❑ No | |

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| Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

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| Checklist |
| When submitting your application, please attach all relevant documentation including:  ⬜Certificate or passport | Visa  ⬜Legal custody | access information  ⬜Relevant medical information - including proof of immunisations  ⬜Bus transport details  ⬜Extra learning assistance information |
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