

Greymouth High School Enrolment Form



Student details:		
Entry year level <i>tick one</i> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>		
Student legal last name (family name):		
Student legal first name (given name):		
Student official other names / middle names:		
Name student is known by / preferred name (if different):		
Last name (family name):		
First name (given name):		
To enrol at Greymouth High School you must provide one of the following:		
If born in NZ	If born outside NZ	
<input type="checkbox"/> New Zealand birth certificate	<input type="checkbox"/> Foreign birth certificate	
<input type="checkbox"/> New Zealand passport	<input type="checkbox"/> Foreign passport	
Student date of birth: dd / mm / yyyy		
Gender: Male / Tāne <input type="checkbox"/> Female / Wahine <input type="checkbox"/> Gender Diverse / Ira tāngata _____ <input type="checkbox"/>		
Country of Citizenship: _____ If not a NZ citizen, do you have NZ Residency? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a NZ citizen, when does your visa expire? Date: ____ / ____ / ____	Previous Schools? _____ _____ _____ _____ _____	
What is your ethnicity? Select as many that apply <input type="checkbox"/> Māori <input type="checkbox"/> Pasifika <input type="checkbox"/> NZ European <input type="checkbox"/> Other If other, please state: _____	Māori students please state your iwi : _____ _____ _____ _____ _____	
Student 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	
Suburb	Town/City	Post Code:

Siblings (optional):

_____	_____	_____	_____
Full name	Age	School	Year
_____	_____	_____	_____
Full name	Age	School	Year
_____	_____	_____	_____
Full name	Age	School	Year

Legal Guardian 1:

Legal Guardian 2:

Surname:	Surname:
First name:	First name:
Relationship to student:	Relationship to student:
Phone (home):	Phone (home):
Phone (mobile):	Phone (mobile):
Phone (emergency):	Email:
Email:	Address:
Do you want to receive Newsletters, Weekly Notes & invoices on this email? <input type="checkbox"/> Yes <input type="checkbox"/> No	Should a copy of school reports be sent to this email? <input type="checkbox"/> Yes <input type="checkbox"/> No
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are unavailable, and we need to make contact, can we discuss this student with your partner? <input type="checkbox"/> Yes <input type="checkbox"/> No
Partners Name:	Partners Name:
Partners Employer:	Partners Employer:
Partners Phone (work):	Partners Phone (work):
Partners Phone (cell):	Partners Phone (cell):
Partners Email:	Are there any custody arrangements we should be aware of? Please provide details below: _____ _____ _____
Do you want to receive Newsletters, Weekly Notes & invoices on this email? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide any legal custody/access issues the school needs to be aware of:



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):

Medical Details:

Name of Doctor:

Phone:

Name of medical centre:

Dentist Name:

Phone:

Can your child be given Panadol & Ibuprofen at school?

Yes

No

Is your child up-to-date with immunisations?

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Medical Conditions:

Does your child have any medical conditions/allergies?

Tick One

Yes

No

Condition

Severity

Medication

Condition

Severity

Medication

Condition

Severity

Medication

Please provide any other medical details:

Extra Learning Assistance:	
Has your child received extra support for learning at previous schools?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of extra learning support (eg ESL, RTLB, reading recovery):	
<hr/> <hr/> <hr/> <hr/> <hr/>	
Does your child have a specialist report (psychologist, literacy assessor etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Report details (please provide a copy):	
<hr/>	
Please provide any other details we need to be aware of, eg is your child boarding, other needs, language difficulties etc.	
<hr/> <hr/> <hr/>	

Bus Transport:	
Will this student be travelling by bus? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please select the bus route student will use: <input type="checkbox"/> Kumara <input type="checkbox"/> Camerons <input type="checkbox"/> Paroa <input type="checkbox"/> Cobden <input type="checkbox"/> Dobson <input type="checkbox"/> Punakaiki <input type="checkbox"/> Blackball <input type="checkbox"/> Nelson Creek <input type="checkbox"/> Rotomanu <input type="checkbox"/> Runanga <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
First name (given name):	If No, provide details of where student will be dropped: <hr/> <hr/> <hr/> <hr/> How will they get home from there?: <hr/> <hr/> <hr/> <hr/> Please explain any other relevant bus transport information <hr/> <hr/> <hr/> <hr/>
Last name (family name):	
Address:	
Post code:	
Phone (work):	
Phone (mobile):	

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.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____



 **GREYMOUTH High School**
Te Kura Tuarua O Māwhera

OUR VISION
The heart of learning in our thriving community.

Greymouth High School is a welcoming school with high achievement for all learners, based on strong relationships and values throughout our community, where every learner develops qualities to make a positive difference throughout their lives. In this way, we play a key role in the Grey District's future.

OUR VALUES: ARCH

<p>AKORANGA</p> <p>A learning community in which relationships allow for both student and teacher to be learners and teachers.</p>	<p>RESPECT</p> <p>Showing respect by caring for self, each other, guests and our environment.</p>	<p>COMMUNITY</p> <p>Strong and positive relationships throughout our school community, with associated rights and responsibilities, giving a sense of belonging.</p>	<p>HAUORA</p> <p>Valuing the wellbeing of everyone in our school community.</p>
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WHĀIA TE ITI KAHURANGI: STRIVE FOR SUCCESS



Privacy Act

Information contained in this form will not be released to any unauthorised person or agency (as detailed in the Privacy Act).

Parent/Guardian Signature: _____ Date: ____/____/____

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

Parent/Guardian Signature: _____ Date: ____/____/____

Education Outside the Classroom Consent at Enrolment

Refer to the information sheet enclosed.

I/ We agree to the participation of my/ our child in Education Outside the Classroom (EOTC) and sport activities / events while a student at Greyouth High School.

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.

I/ we wish to raise the following concerns about my/our child's involvement in sport/ EOTC

Parent/Guardian Signature: _____ Date: ____/____/____

Locker request:

You are required to supply a lock for the locker. Please arrange payment with the school office.

Tick One Annual Hire - \$40 Locker for duration of enrolment - \$150



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.

Student Signature: _____

Date: ____ / ____ / ____

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

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

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

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Checklist

When submitting your application, please attach all relevant documentation including:

- Certificate or passport
- Legal custody/access information
- Relevant medical information - including proof of immunisations
- Bus transport details
- Extra learning assistance information

Parent/Guardian Signature: _____

Date: ____ / ____ / ____