

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"/> | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Legal last name (family name): | | | |
| Legal first name (given name): | | | |
| Preferred last first names (if different): | | | |
| Gender: Male / Tāne <input type="checkbox"/> Female / Wahine <input type="checkbox"/> Gender Diverse / Ira tāngata _____ <input type="checkbox"/> | | | |
| Date of birth: / / | | | |
| 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: _____ _____ _____ Language spoken: _____ _____ | | |
| 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? _____ _____ _____ _____ _____ | | |
| To enrol at Greymouth High School you must provide one of the following: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"> If born in NZ <input type="checkbox"/> New Zealand birth certificate <input type="checkbox"/> New Zealand passport </td> <td style="width: 50%; padding: 5px;"> If born outside NZ <input type="checkbox"/> Foreign birth certificate <input type="checkbox"/> Visa <input type="checkbox"/> Foreign passport </td> </tr> </table> | | If born in NZ <input type="checkbox"/> New Zealand birth certificate <input type="checkbox"/> New Zealand passport | If born outside NZ <input type="checkbox"/> Foreign birth certificate <input type="checkbox"/> Visa <input type="checkbox"/> Foreign passport |
| If born in NZ <input type="checkbox"/> New Zealand birth certificate <input type="checkbox"/> New Zealand passport | If born outside NZ <input type="checkbox"/> Foreign birth certificate <input type="checkbox"/> Visa <input type="checkbox"/> 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 | | |
| Suburb | Town/City | | |
| Post Code: | | | |



| Siblings: | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| _____ | _____ | _____ | _____ |
| 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? <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 | |
| Primary Caregiver 2: | | Secondary Caregiver 2: | |
| Partners Name: | | Partners Name: | |
| Relationship to student: | | Relationship to student: | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Do you want to receive Newsletters, Weekly Notes & invoices on this email? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Please provide details of 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:

Phone number(s):

Address:

Flat, house or rapid number

Street or Road Name

Suburb

Town/City

Post Code

Medical Information:

Name of Medical Centre:

Name of doctor:

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:



| 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/> | |
| 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/> <hr/> <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/> <hr/> |
| Last name (family name): | |
| Address: | |
| Post code: | |
| Phone (work): | |
| Phone (mobile): | How will they get home from there: <hr/> <hr/> <hr/> |
| | Please explain any other relevant bus transport information <hr/> <hr/> <hr/> |



Privacy Act

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

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

Chromebooks

Does your child come from a Toki Pounamu School? Yes No

Do you need to purchase a Chromebook? 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

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.



GREYMOUTH
HIGH SCHOOL
TE KURA TUARUA
O MĀWHERA

OUR VISION

The heart of learning in our thriving community.

Greymouth High School is welcoming to everyone, with an inclusive culture based on respectful relationships. Every student enjoys their experience of school while developing the capabilities and values to make a positive difference in their communities. In this way, we play a key role in the future of Māwhera.

OUR VALUES: ARCH

AKORANGA

A learning community in which relationships allow for both student and teacher to be learners and teachers.

RESPECT

Showing respect by caring for self, each other, guests and our environment.

COMMUNITY

Strong and positive relationships throughout our school community, with associated rights and responsibilities, giving a sense of belonging.

HAUORA

Valuing the wellbeing of everyone in our school community.

WHĀIA TE ITI KAHURANGI: STRIVE FOR SUCCESS



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

Education Outside the Classroom Consent at Enrolment

Education Outside The Classroom (EOTC) is the name given to all events/activities that occur outside the classroom, both on- and off-site. EOTC includes sport and recreation; cultural experiences; and the range of subjects offered to students.

EOTC is part of the curriculum of Greymouth High School because we believe that it is beneficial to students to see things 'for real', to experience movement and adventure.

Parental consent

For any event that has a perceived risk greater than usual 'in classroom' activities, or any event overnight, or any event taking your child out of class for more than a period or costing you money, you will be asked for informed consent.

This means you should be helped to understand the risks and only give consent when you are happy that we have managed the risks appropriately.

For events that are of 'normal' risk and take place during a school period without costing you money, we ask for parental consent at time of enrolment (see enrolment form). This means that you have accepted that we will manage risks appropriately and that we do not need to ask you for consent at the time.

Risk management

We take our responsibility for your child's safety seriously. All EOTC activities require staff to undertake an analysis of the risks and identify the management strategies required to eliminate, isolate and minimize those risks. At GHS we use a risk analysis management system (RAMS) and safe activity plans (SAP). The documentation is available from the teacher in charge of any activity for which you're being asked to consent to. While pre-event planning is vital, the actions of staff as managers of the students is most important in risk management.

Every activity contains an element of risk, including doing nothing! It is our view that risk, managed appropriately, can be beneficial to student learning. "Acceptable risk" relies on communication so that you can decide what is acceptable to you.

Communication

It is expected that parents/caregivers are informed in advance of the events/activities through letters, newsletters and the website. An EOTC letter should state all relevant details including risks. If you have any questions, you should ask them before signing consent.

It is the responsibility of parents/caregivers to inform school of changes to contact and/or medical details and to alert teachers in charge of EOTC to any specific concerns.

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



Responsible Use Agreement for Cell Phones and Digital Devices

Greyouth 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

| | |
|----------------------------------|----------------------|
| Student Signature: _____ | Date: ____/____/____ |
| Parent/Guardian Signature: _____ | Date: ____/____/____ |

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