



# Enrolment Form

## 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Ethnicity: Select as many that apply

- Māori
- Pasifika
- NZ European
- Other

If other, please state:

\_\_\_\_\_

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

To enrol at Greymouth High School you must provide one of the following:

If born in NZ

- New Zealand birth certificate
- Current New Zealand passport

Student Phone (mobile):

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:

Māori students please state your iwi:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Language spoken:

\_\_\_\_\_

\_\_\_\_\_

Previous Schools?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Siblings

\_\_\_\_\_

Full name

\_\_\_\_\_

Age

\_\_\_\_\_

School

\_\_\_\_\_

Year

\_\_\_\_\_

Full name

\_\_\_\_\_

Age

\_\_\_\_\_

School

\_\_\_\_\_

Year

### Primary Caregiver

### Secondary Caregiver

Last name:

First name:

Relationship to student:

Phone (home):

Phone (mobile):

Email:

Address:

\_\_\_\_\_

\_\_\_\_\_

Employer Name:

Phone (work):

Occupation:

If you are unavailable, and we need to make contact, can we discuss this student with your partner?

Yes  No

Last name:

First name:

Relationship to student:

Phone (home):

Phone (mobile):

Email:

Address:

\_\_\_\_\_

\_\_\_\_\_

Employer Name:

Phone (work):

Occupation:

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

Last name:

First name:

Partners Employer:

Partners Phone (work):

Partners Phone (cell):

Partners Email:

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last name:

First name:

Partners Employer:

Partners Phone (work):

Partners Phone (cell):

Partners Email:

## Emergency Contact Person

We will always try to contact the caregivers listed on this form first, however should we be unable to do so, we require the name of an emergency contact person who is not named here 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:

Flat, house or rapid number

Street or Road Name

Suburb

Town/City

Post Code:

Phone:

Cell Phone:

## Medical Information

Name of Doctor:

Name of medical centre:

Dentist Name:

Can your child be given Paracetamol & Ibuprofen at school?

Yes  No

Is your child up-to-date with immunisations?

Yes  No

Do you give permission for us to take your child to an emergency doctor/dentist in the event that we cannot contact you or your emergency contact person?

Yes  No

Do you consent to your child participating in our Hearing Screening school programme?

Yes  No

Does your child require medication at school?

Yes  No

If yes, please provide details:

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## 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 (e.g. ESL, RTLB, reading recovery):

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Does your child have a specialist report (psychologist, literacy assessor etc.)? Yes  No

Report details (please provide a copy):

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Please provide any other details we need to be aware of, e.g. your child is boarding, has other needs, language difficulties etc.?

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## Bus Transport

Will this student be travelling by bus?

Yes

No

Emergency Bus Billet:

Please provide details of a person located in town who we can contact if buses are not operating

First name (given name):

Last name (family name):

Phone:

Phone (mobile):

Address:

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Post Code: \_\_\_\_\_

Please select the bus route student will use:

- Kumara    Camerons    Paroa    Cobden  
 Dobson    Punakaiki    Blackball    Runanga  
 Rotomanu    Totara Flat    Nelson Creek

Will this student be dropped off at the door or within walking distance of home?

Yes    No

If no, provide details of where student will be dropped:

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How will they get home from there?

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Please explain any other relevant bus transport information

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## Bus Transport Code of Conduct

I understand and accept the following school bus rules:

- When I am a seated passenger, I will remain in my seat for the whole journey
- I will not eat on the bus or throw anything inside or out of the bus
- If I am a standing passenger, I will stand quietly and not push or move around the bus
- I will respect other students and their property at all times (this includes pushing, verbal or physical abuse, or any other behaviour that may distract the driver)
- I will use socially acceptable language when conversing with the driver and/or other students and I will not speak at a volume that may distract the driver
- I will respect the property of the bus operator at all times (e.g. refraining from standing on seats or vandalising the vehicle in any way)
- I will not engage in any behaviour that could put the driver or other students at risk
- I will observe the requirements and instructions of the bus driver and the teacher/s responsible for bus duty at all times
- I understand that any damage I cause to the bus will result in my caregiver being billed for the cost of repairs
- My behaviour at all times will reflect our "Arch Values"

The safety and comfort of everyone on the bus depends on a standard of behaviour and consideration for others that is expected in the classroom. We hope that caregivers will support the school in maintaining these standards of behaviour.

### IF THIS CODE OF CONDUCT IS BROKEN:

- The student will be placed on daily report for one week and the caregiver will be notified immediately
- If no improvement is evident after one week, an interview will be arranged between the student, caregiver(s), and school
- If there is still no improvement, travel on a school bus will be withdrawn, and the caregiver will be required to find alternative transport to get the student to school

In extreme cases of misbehaviour, the privilege of travelling on a school bus could be withdrawn immediately.

Student Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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

## 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 Guide and the Student Handbook and that these will be adhered to.*

*School behaviour standards are stated in the Parent 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.*

Student Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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 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**

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

## 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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_



## ENROL Privacy Statement and Usage

The information held in ENROL is collected under the authority of [section 237 of the Education and Training Act 2020 \(the Act\)](#). The Ministry of Education is responsible for the management and storage of the information held in ENROL and uses ENROL information in accordance with the Act and the Privacy Act 2020. See the ENROL Privacy Statement [here](#).

## 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 and name may be used for this purpose.

I give consent for my child's photograph and name to be used 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

## Chromebooks

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

Do you need to purchase a Chromebook? Yes  No

## 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



## 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

Student Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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

## Enrolment Checklist

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

- Birth certificate or current passport
- Visa | Residency documentation (if applicable)
- Legal custody | access information
- Relevant medical information - including proof of immunisations
- Bus transport details
- Extra learning assistance information





# SPECIAL DIETARY REQUIREMENTS

Special diets refer to students that for religious, ethical, or medical reasons cannot eat certain food. It does not extend to food preferences, fussy eating or non-medical aversions to certain foods.

If you have more than one student at school, you will need to complete a separate form for each child.

Information collected in this form will be provided to the Ka Ora, Ka Ako | Healthy School Lunches team at Greymouth High School.

Student name \_\_\_\_\_

Year level in 2024 \_\_\_\_\_

Does student have special dietary requirements?

No

Yes  If yes, please complete questions below

Special Dietary Requirements - tick ALL that apply

Ethical:

- Vegetarian
- Vegan

Religious:

- Halal
- No Pork

Allergies:

- Gluten allergy
- Dairy allergy
- Nut allergy \*
- Seafood allergy
- Egg allergy
- Soy allergy

Intolerances:

- Gluten intolerance
- Dairy intolerance
- Nut intolerance \*
- Seafood intolerance
- Egg intolerance
- Soy intolerance

Additional information about the severity of reaction is helpful to inform supplier's practice.

If you ticked any of the above allergies or intolerances, please provide more details below.

\*Please provide specifics on nut allergy/intolerance

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Medically prescribed diets, e.g. liquid or disphagia for children at risk of aspiration - please detail:

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Additional comments

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