

# Papamoa College

## Enrolment Form 2023

### Office Use

Enrolment #: ..... NSN#:.....

Start Date: ..... /..... /2023 Class allocated: .....

### Student Details

Legal first names: ..... Legal surname: .....

Preferred name: ..... Date of birth: ..... / ..... / ..... (\*see note)  
Male  Female

Student's mobile: ..... Gender: Or please state: .....

Language(s) spoken at home 1: ..... Ethnic group 1: .....

Language(s) spoken at home 2: ..... Ethnic group 2: .....

Iwi 1: ..... Iwi 2: .....

Current year level: ..... Current school: ..... Current teacher: .....

Please complete if the student was **NOT** born in NZ (\* see note)

Country of citizenship: ..... Date arrived in NZ: ..... / ..... / .....

Type of permit: ..... Permit expiry date: ..... / ..... / .....  
(Residence, parent work permit, study permit, NZ citizenship, certificate of identity etc)

**\*NOTE:** The student's **original** birth certificate will need to be sighted and a copy made at enrolment. If the student was **NOT** born in NZ then the student's passport will also need to be sighted at enrolment.

### Students main place of residence - Family Details 1

Title (circle): Mrs Mr Miss Ms Dr Other Mrs Mr Miss Ms Dr Other

Surname: ..... .....

First name: ..... .....

Address: ..... .....

A current (less than 3 months old) telephone or power account will be required for proof of **this** address.

Postal address: ..... .....

(if different to above) .....

Home phone: ..... .....

Work phone: ..... Extn: ..... Extn: .....

Place of Work: ..... .....

Mobile: ..... .....

Email address: ..... .....

Relationship: ..... .....

(mother/father/step parent/caregiver etc) (mother/father/step parent/caregiver etc)

The following information is important because a natural mother or father not living with a child is entitled to vote in Board of Trustees elections and receive information on the student's progress if requested.

| <u>Title</u>           | Mrs                                       | Mr | Miss | Ms | Dr | Other |              | Mrs                                       | Mr | Miss | Ms | Dr | Other |
|------------------------|---|----|------|----|----|-------|--------------|---|----|------|----|----|-------|
| <u>Surname:</u>        | .....                                     |    |      |    |    |       |              | .....                                     |    |      |    |    |       |
| <u>First name:</u>     | .....                                     |    |      |    |    |       |              | .....                                     |    |      |    |    |       |
| <u>Address:</u>        | .....                                     |    |      |    |    |       |              | .....                                     |    |      |    |    |       |
|                        | .....                                     |    |      |    |    |       |              | .....                                     |    |      |    |    |       |
|                        | .....                                     |    |      |    |    |       |              | .....                                     |    |      |    |    |       |
| <u>Postal address:</u> | .....                                     |    |      |    |    |       |              | .....                                     |    |      |    |    |       |
|                        | .....                                     |    |      |    |    |       |              | .....                                     |    |      |    |    |       |
| <u>Home phone:</u>     | .....                                     |    |      |    |    |       |              | .....                                     |    |      |    |    |       |
| <u>Work phone:</u>     | .....                                     |    |      |    |    |       | <u>Extn:</u> | .....                                     |    |      |    |    |       |
|                        | .....                                     |    |      |    |    |       |              | .....                                     |    |      |    |    |       |
| <u>Mobile:</u>         | .....                                     |    |      |    |    |       |              | .....                                     |    |      |    |    |       |
| <u>Email address:</u>  | .....                                     |    |      |    |    |       |              | .....                                     |    |      |    |    |       |
| <u>Relationship:</u>   | .....                                     |    |      |    |    |       |              | .....                                     |    |      |    |    |       |
|                        | (mother/father/step parent/caregiver etc) |    |      |    |    |       |              | (mother/father/step parent/caregiver etc) |    |      |    |    |       |

Explanation of student's living arrangements if applicable: (e.g. shared custody – week about etc)

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**Emergency Contact**

|                          |   |
|--------------------------|---|
| <u>First name:</u> ..... | <u>Surname:</u> .....                         |
| <u>Home phone:</u> ..... | <u>Work phone:</u> .....                      |
| <u>Mobile:</u> .....     | <u>Relationship:</u> .....                    |
|                          | (grandparent, neighbour, friend, aunt, uncle) |

Emergency Contact = somebody who is **not** already listed on this form

**Serious Discipline**

|   |          |                    |
|---|----------|--------------------|
| <u>Has the student been stood down from a previous school?</u>        | YES / NO | <u>When?</u> ..... |
| <u>Has the student been suspended from a previous school?</u>         | YES / NO | <u>When?</u> ..... |
| <u>Has the student been excluded/expelled from a previous school?</u> | YES / NO | <u>When?</u> ..... |

Please give details and name of school if you answered yes:

.....

.....

**Students Health**

Doctor's name: ..... Doctor's phone: .....

Dentist name: ..... Dentist phone: .....

Allowed panadol? YES / NO Immunisations up to date? YES / NO Tetanus up to date? YES / NO

Medication needed at school? .....  
(please state – name of medication / reason / dosage required)

Comments: .....  
.....

**Medical Conditions and Consents**

|                  |  |                     |  |                       |  |                     |  |                     |  |
|------------------|--|---------------------|--|-----------------------|--|---------------------|--|---------------------|--|
| Asthma:          |  | Bee/Wasp allergy:   |  | Epilepsy:             |  | ADD/ ADHD:          |  | Hearing impairment: |  |
| Heart condition: |  | Food allergy:       |  | Migraines/ Headaches: |  | Back/Neck Problems: |  | Vision impairment:  |  |
| Diabetes:        |  | Medication allergy: |  | Anxiety disorders:    |  | Hepatitis/ HIV:     |  | Other:              |  |

Comments: .....  
.....

If my child becomes ill at school, I give permission for the School Nurse/First Aider to administer Panadol, Disprin or Throat Lozenges where appropriate. YES / NO Initial

I accept responsibility for any expenses incurred in obtaining treatment for my child in an emergency situation. YES / NO Initial

I understand that in order for Papamoa College to provide a safe and healthy environment for my child, this information will be accessible to the following people with my consent: School Nurse/First Aider, Senior Leaders, Emergency Medical Staff, Guidance Counsellor and other relevant staff. YES / NO Initial

Signed: ..... Date: ..... / ..... / .....

**Other Information**

Any siblings at Papamoa College? YES / NO Name: .....

How will you get to school? BUS CAR WALK BIKE Do you have internet at home? YES / NO

Sport played/Arts & Cultural Activities etc: .....

Has your child had any intervention with regards to behaviour, learning needs and abilities etc? If yes, please explain in detail or attach any formal learning diagnosis.

What do you see as areas for development for your child?

Is there any other information that we should know to be able to help your child? (eg learning concerns, social development, giftedness, involvement with external agencies eg Police, Mental Health, Oranga Tamariki)

# Papamoa College Enrolment Terms

**Statements of Intention**

I / We agree:

1. That the information provided in this application form is true and correct. We also accept that any incorrect information could result in the annulment of this enrolment.
2. To support the endeavours of Papamoa College in the education of students.
3. That Papamoa College may use this student's work and images of school life for the purpose of communication. This could include notice boards, newsletters, prospectus, yearbooks, promotional material, website, facebook etc.
4. To abide by the attached digital safety guidelines as specified by Papamoa College.
5. That Papamoa College may seek further clarification on any information included in this enrolment form. Papamoa College may also obtain relevant data from previous schools, when required, to assist with the transition process.
6. All students are automatically assigned an account with access to a series of Google Apps through Google's G Suite for Education - Gmail, Docs, Drive and Calendar. In addition to this, we occasionally want to give our students access to other Google apps as part of their account (eg: Google Earth, Google Maps etc). Under the terms of our agreement with Google, we need to ask your permission to give access to Google's wider group of apps. Do you agree to your child having access to other Google Apps that we judge to be educationally appropriate?

This agreement will remain valid for as long as the student is enrolled at or associated with Papamoa College.

Signature of Parent | Caregiver: ..... Date: ..... / ..... / .....

Signature of Student: ..... Date: ..... / ..... / .....

**Note:** Address and phone number details are collected at the time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary. These contact details may also be passed on to the Ministry of Education and the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment, training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.

**Checklist**

| <b>Have you completed and signed:</b>  |  | Staff initial as sighted |
|--|--|--------------------------|
| Read and signed Statements of Intention (above)                              |  |                          |
| Read and signed the Digital Citizen User Agreement                           |  |                          |
| <b>To complete this enrolment you must bring with you:</b>                   |  | Staff initial as sighted |
| Copy of last school report issued  |  |                          |
| Original Birth Certificate   |  |                          |
| Also, passport (if not born in New Zealand)                                  |  |                          |
| Current telephone or electricity account (original - less than 3 months old) |  |                          |