

# Excellere College

Whaia te Maramatanga o Te Karaiti

## ENROLMENT FORMS

For Students Years 10-13



STUDENT NAME:

# Enrolment Forms

- ☐ Student Details
- ☐ Student Statement
- ☐ Photo Release
- ☐ Medical Report
- ☐ Computing Acceptable Use Policy for Students
- ☐ Blanket Consent for Education Outside The Classroom

## **Provide copies of the following documents**

- ☐ NZ Birth Certificate or NZ Passport
- ☐ NZ Residency or VISA for students not born in NZ
- ☐ Immunisation Certificate

## **To be completed and returned with the Enrolment forms**

- ☐ Previous School Reference Form

## Student Details

<b>Legal First name(s)</b>	<b>Legal Last name(s)</b>
<b>Preferred first name(s)</b> (if different from above)	<b>Preferred last name(s)</b> (if different from above)
<b>DOB:</b>	<b>Age:</b>
<b>Gender:</b> <input type="checkbox"/> Male  <input type="checkbox"/> Female	
<b>Present School:</b>	<b>School Year Level:</b>
<b>Ethnicity (up to three)</b> <input type="checkbox"/> NZ European  <input type="checkbox"/> Pacific Islander  <input type="checkbox"/> Other  <input type="checkbox"/> Maori – Iwi, Please specify which Iwi student belongs to – if applicable (up to three) 1  2  3	
<b>Language</b> First Language:  Second Language:  <b>Other Languages:</b>  <input type="checkbox"/> <b>ESOL</b> (English support needed for <b>S</b> peakers of <b>O</b> ther <b>L</b> anguages)	
<b>Special Guardianship Notes:</b> (Please attach Court Orders if applicable)	

## Academic

Best Subject

Worst Subject

Talents

## Learning & Behavioural Challenges

### Social Profile

- |                                   |                                   |   |   |
|-----------------------------------|-----------------------------------|---|---|
| <input type="checkbox"/> Leader   | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Inward Looking | <input type="checkbox"/> Likes small groups |
| <input type="checkbox"/> Follower | <input type="checkbox"/> Loner    | <input type="checkbox"/> Good Mixer     | <input type="checkbox"/> Talker             |

### Sporting Interests

Likes

Dislikes

### Leisure Time Pursuits

Reading - type of books

TV - types of programmes

Music - Instruments played

Music - types/styles listened to

Hobbies

Clubs

# Student Statement

to be completed by Students in Years 10 and up

Please outline below the reasons you want to attend Excellere College and how you may connect to our special character.

Student Signature

Date

# Photo Release

## Pictures Taken by Non-school Agencies:

While the school limits access to school buildings by outside photographers. It has no control over new media or other entities that may publish a picture of a named or unnamed student. Without parent/caregiver consent, school staff members will not identify a student for an outside photographer.

## Pictures of Unnamed Students

The school may use these pictures, without identifying the student, in any publication, including but not limited to the school yearbook, school newsletter and school website. No consent or notice is needed or will be given before the school uses pictures of unnamed students taken while they are at school or a school related activity.

## Pictures of Named Students

Many times, however, the school will want to identify a student in a school picture to acknowledge those students who participate in school activities or deserve special recognition.

In order for the school to publish a picture with a student identified by name, one of the student's parents or caregiver must sign a consent form. Please complete and sign this form to allow the school to publish and otherwise use photographs and videotapes, with your child or ward identified.

☐ **I GRANT** consent to Excellere College to identify a picture of my child or ward by full name and/or the school he or she attends, in any school sponsored material, publications, video or website. This consent is valid for the whole period my child attends the college and I may revoke this consent at any time by notifying the Principal

☐ **I DO NOT GRANT** consent to Excellere College to identify a picture of my child or ward by full name and/or the school he or she attends, in any school sponsored material, publications, video or website. This non consent is valid for the whole period my child attends the college and I may revoke this non consent at any time by notifying the Principal

Parent / Caregiver Signature

Name

Date

# Medical Report

Please tick if your child has any of the following

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Epilepsy           | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Chronic nose bleeds | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Seizures              |
| <input type="checkbox"/> Colour Blindness    | <input type="checkbox"/> Heart condition    | <input type="checkbox"/> Travel Sickness       |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Migraines          | <input type="checkbox"/> Visual Impairment     |
| <input type="checkbox"/> Dizzy Spells        |   |  |

Other (please specify)

Any other medical conditions that we should be aware of

Does your child have allergies: (please circle) ☐ Yes ☐ No

Allergy

Treatments required

What reaction does this allergy cause?

How severe is the reaction (please circle). 1 being mild, 10 severe 1 2 3 4 5 6 7 8 9 10

Has your child had any major injuries or illness in the last six months that may limit full participation in any activities?

☐ Yes ☐ No

If yes please give details

Please give details of any medications currently being taken: (including Asthma Treatment)

Name of Medication

Dosage

Reason for Medication

Other Treatment (if required)

Will the school be provided with the medication?

☐ Yes

☐ No

COVID-19 Vaccination Status (*Year 9 upwards only*)

- ☐ First Dose - Date of vaccination \_\_\_\_\_
- ☐ Second Dose - Date of vaccination \_\_\_\_\_
- ☐ Not vaccinated or exemption granted
- ☐ Evidence of any vaccinations OR exemption

- ☐ I also agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this, I will ensure that prescribed medication is clearly labeled, securely fastened and handed to the designated adult, complete with the required authorization form including instructions for administration.
- ☐ I will inform the school as soon as possible of any changes in medical condition.
- ☐ I agree with my child receiving panadol or antihistamine by a designated first aid person. This will be logged and a note will go home that day.
- ☐ In an emergency, the school may act on behalf
- ☐ I will provide the school with a copy of my child's immunization certificate.

Name of Family Doctor:

Doctor's Practice and address

Doctor's Phone Number:

# Computing Acceptable Use Policy for Students

## Purpose of Computers at Excellere College

The school network and associated devices like computers, chromebooks, photocopiers, etc are for the purpose of school based education and have been made available to students for the purpose of assisting directly with their studies.

**Misuse** of these resources, or failure to abide by this acceptable use policy, could result in the following consequences:

1. Being required to pay the costs for replacement or repair of damage to the equipment or the system (including the cost of the technicians work).
2. Detentions or banning (banning initially for one week, subsequently for a term).
3. In cases of serious breaches of this agreement, the Board of Trustees may be consulted to take the matter further.

If banning adversely impinges on a student's learning then this is the fault of the student and not the school.

## Passwords

***Under no circumstances may you use another person's password or give your password to another person.***

The use of passwords enables the school to keep track of who is responsible for unacceptable use. It is important that you help us maintain this by making sure that no one else uses your password.

***You may be held responsible for any unacceptable usage or damage occurring from the use of your login account.***

If you suspect your password has been used by anyone else, you should immediately report your suspicions to the school office and request a password change.

## What To Do If You Have A Problem Or Request

If you are having trouble with your device there are a number of people in the school who may be able to assist you. First ask a friend if they can help you but if that does not work come to the school office and they will redirect you to someone that can help you.

## School Computers

1. Students should be aware that their use of school computers and associated resources is logged. The logs are checked regularly for inappropriate use.
2. You must not interfere with other people's use of the computer systems or prevent them from having access to computer resources.
3. It is unethical and illegal to copy pirated software to or from the computer network.
4. You may access no other software than that provided for on your desktop or by menu. In particular you may not use a V.P.N, games or the command prompt.

5. It is not acceptable for students to make file names longer than 20 characters and nested folders deeper than 4 levels. File names must be in English. In general any silliness with file management and naming is not acceptable.
6. To prevent damage caused by computer viruses it is **not acceptable** for students to copy software or any kind of data from any sort of electronic media onto school computers or the network system.
7. It is expected that all users will behave in a responsible and considerate manner in the use of the computer resources.
  - Don't waste resources.
  - Share equipment with others.
  - Avoid disruption of the running of any device or network system.
  - Inform a staff member of virus or security problems.
  - Inform a staff member of any inappropriate material found on the network.
8. No video or music downloads are permitted without written approval from the Principal.

## General Internet Use

Any reasonable use of the Internet as a **direct** part of your studies is acceptable.

Recreational use of the Internet is unacceptable and will result in the loss of Internet access. If in doubt of the wisdom of accessing particular material check with a teacher first.

The use of instant messaging type services to communicate with others, other than email is not allowed.

You are not permitted to access material or sites which are of a dubious or inappropriate nature, eg Facebook, nor sites that are offensive (e.g. pornographic), dangerous, or illegal.

Do not give out information about yourself (eg phone, address, credit card details), or anyone else, to people on the Internet.

A teacher must be present in the room whenever a student is accessing the internet.

## Google Apps for Education (GAPE)

Google provides schools with a large number of very useful tools that support learning and doing in and outside the classroom. These tools use a google account which is created for each student and enables both student and teachers work with ease on most internet connected devices.

Classroom, another web based Google tool, allows us to set lesson content, assignments with due dates and monitor student progress. Classroom can also send you progress updates if required.

Personal devices brought into the school will need to be connected to a school account.

## Email

A school email account is provided to all students for use as part of their studies. The account is not intended to be for personal and recreational use.

Students may not access their personal web based email accounts at school.

The sending of unsolicited email to multiple email addresses is forbidden (this is known as "Spamming"). Language used in email must not be offensive, abusive, dangerous, inappropriate or illegal.

## **Printers**

To save money, students should use the "Print Preview" button to check what their printout will look like before proceeding.

Students should only print to the nearest printer and may be charged a nominal rate for printing.

## **Personal Devices at School**

Students must first apply for permission from the school office before using a personal device at school. This is a privilege that may be discontinued at anytime should the school see fit.

Student using their own devices must conform to this policy while at school. For instance this means that the device must **NOT** contain on its hard drive objectionable material.

The student may not play games on their devices while at school.

Students and parents should note that accessing the school network gives the school permission to examine the device from time to time to ensure that the device is compliant with this policy.

## **Changes to this Policy**

Due to the rapidly changing nature of information and communication technology, the school reserves the right to change this policy at any time. Should this be necessary an updated policy will be issued to all students.

It is expected that this policy will be reviewed on an annual basis, or whenever necessary.

## **Penalties**

For users engaging in unacceptable use of the computer system, punishments may include instant removal of privileges, detentions, being banned from using computer resources for a period of time, being charged for repair of damage to resources and/or for the technician time taken to repair the damage.

In cases of serious breaches of this agreement, the Board of Trustees may be consulted.

## **Computing Acceptable Use Policy Student Agreement**

- I have read the acceptable use policy and understand my responsibilities.
- I understand that there will be consequences for breaking the agreement.
- I understand that, while the school will do its best to restrict access to offensive, dangerous, inappropriate material it is the responsibility of individual students to have no involvement in such material.

Name of Student

Student Signature

## Computing Acceptable Use Policy Parent Agreement

- I agree that I will follow the statements in this policy and have advised my child of their responsibilities
- I am giving permission for my child to use the internet and/or email while at school and accept the conditions of this contract.

Name of Parent

Parent Signature

# Education Outside the Classroom (EOTC) Blanket Consent form

This **EOTC** form is to cover events which occur during the course of a school day and conclude prior to approximately 6.00pm.

Where an event involves risk exposure greater than what would typically be the case at school, such as adventurous activities or hazardous environments or the event continues overnight, specific consent will be required. At the time of our seeking any further consents, you will also be asked to update the health and contact information held by school.

It is important that this form is completed at the start of enrolment for all students who will be participating in EOTC events (as described above). Details on this form will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events. It is crucial that you provide us with up to date information, that is accurate and complete, to allow us to plan appropriately for EOTC events.

Please note that is very important that student details such as health information and emergency contacts are kept up to date with the Excellere school office during the year.

Please ensure that all sections of this form are completed and it is returned to the Excellere school office

## Privacy Statement:

*Please note: the personal information being collected on this form is for the purpose of running EOTC events. It won't be used or disclosed for any other purpose except in accordance with the Privacy Act 1993. You have the right under that Act to access and seek correction of the information from the school.*

## Swimming Consent

For activities where being able to swim is essential. Consent does not remove the need for group leaders to ascertain for themselves the level of the student's swimming ability.

Swimming ability

Is your child able to swim 50 metres?	Yes	No	Don't know
Is your child confident in a pool?	Yes	No	Don't know
Is your child confident in deep water?	Yes	No	Don't know
Is your child able to tread water?	Yes	No	Don't know
Is your child able to survival float?	Yes	No	Don't know
Is your child confident in the sea or in open inland water?	Yes	No	Don't know
Is your child safety conscious in and around water?	Yes	No	Don't know

## Medical Consent

In an emergency school may act on my behalf

- ☐ School may administer pain relief
- ☐ I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
- ☐ I will inform Excellere College as soon as possible of any changes in the medical or other circumstances.
- ☐ I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered by the medical authorities present.
- ☐ Any medical costs not covered by ACC or a community service card will be paid by me.
- ☐ If my child involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will be sent home at my expense.

## Student Contract

To be read and signed by all participating students.

- ☐ I understand that any EOTC event is an opportunity for me to learn, practise skills and gain attitudes and values in an environment outside the classroom.
- ☐ I realise that this requires me to take on genuine responsibility for my own learning and the safety and that of myself and others.

I agree to do the following to make this happen:

- ☐ Show courtesy and consideration for others; Follow the rules and instructions of staff and other supervisors at any event; Take part in all activities within challenge-by-choice options; Look after myself and my personal belongings; Declare medical conditions that could affect participation in the event; Accept the rules set by the school for any event, even if they are different from what is accepted at home.

I understand that my parent/caregivers will be contacted and I may be sent home at their expense if:

- ☐ My actions are considered unacceptable by staff; I break the school drugs and alcohol policy; My actions put me or others in any danger.

Signed (by student or parent/caregiver)

## Parental Consent

- ☐ I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.
- ☐ I understand that there are risks associated with involvement in Excellere school's EOTC events and that these risks cannot be completely eliminated.
- ☐ I understand Excellere College! will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.
- ☐ I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures.
- ☐ I acknowledge that in order to gain a better understanding of the risks involved I am able to ask any questions of Excellere College about the activities in which my child will be involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.
- ☐ I understand that Excellere College does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.

Signed

Date

(Full name of parent/Caregiver)

