

22 St John Street PO Box 146 Ōpōtiki NZ

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## 2023 Enrolment Form

Student Name: \_\_\_\_\_

Dear Parents/ Whānau

Thank you for your enquiry regarding enrolment at Ōpōtiki College.  
To enrol please complete the application form as thoroughly as possible.

### **CHECKLIST:**

- Completed and Signed Application Form
- Completed Enrolment Hui form
- Copy of Birth Certificate /Passport for NZ Citizens or Proof of Residency for Non NZ Citizens
- Maurua Application (If applicable)
- Automatic Payment Receipt (If applicable)
- Recent Report

This pack also includes;  
Uniform requirements , uniform price list and banking details for one off deposits or automatic payments, bus information, Junior curriculum information, and information regarding our Maurua pathway.  
If you require any further information regarding enrolments please feel free to contact our Main office using the contact information above.

Enrolment Hui are held at the student's current school. If you would prefer to come to the College for this then please phone and make an appointment to see the Principal, (07) 315 7022.

We look forward to receiving your enrolment and welcoming your whānau into the Ōpōtiki College Community.

**Student Information:**

First Name/s:			
Middle Name/s:			
Surname:			
Preferred Name:			
Gender:	Male/Female/Non-Gender Specific <i>(Please state preferred pronoun)</i>	Date of Birth: ____/____/____	
Ethnicity:	Māori/NZ European/Other (Please Specify):		
Iwi Affiliation:			
Previous School or Current School Enrolled at:			
Current Year Level:			

**Physical Address:**

Number/Street Name:				
Post Code:		Rural Post:		P.O. Box

**Primary Caregivers/Residence A: (Person/s student lives with)**

<b>1.</b> First Name:		<b>2.</b> First Name:	
Surname:		Surname:	
Address:		Address:	
Home Phone:		Home Phone:	
Mobile:		Mobile:	
Work Phone:		Work Phone:	
Relationship to student:		Relationship to student:	
Email Address:		Email Address:	

**Secondary Caregivers/ Residence B: (Complete only if required i.e. parents separated, has 2 addresses)**

<b>1.</b> First Name:		<b>1.</b> First Name:	
Surname:		Surname:	
Address:		Address:	
Home Phone:		Home Phone:	
Mobile:		Mobile:	
Work Phone:		Work Phone:	
Relationship to student:		Relationship to student:	
Email Address:		Email Address:	

## Custody:

Any specific access/custody orders that the school should be aware of? Y / N. If 'Y' please explain and attach documents:

**NOTE:** Please be aware all communication and billing will be sent to the listed Primary Caregiver address unless you notify the school differently.

## Emergency Contact: (For use when parents/caregivers cannot be reached)

Name:

Address:

Relationship to Student:

Home Phone:

Mobile:

Work Phone:

Has permission to collect student or authorize student to sign out:

Y/N

## Languages:

First Language: English      Māori      Other: \_\_\_\_\_

If not born in New Zealand, what is your country of origin and the year you arrived in New Zealand:

**Special Programmes:** Please read the information regarding Maurua.

Do you want to be considered for our 'Maurua' Māori Immersion Pathway?      Yes  No

If yes, please complete the separate application form enclosed with this pack.

## Background Information:

Does the student have siblings or whānau that currently attend or have previously attended Ōpōtiki College?

\*Please note your child will be included in the school house of their current siblings where ever possible.

Name:	Years Attended:	School House:

## Media:

Do you give permission for photograph and/or video images of your child to be used in school and external publications (School Newsletter, News Papers and online Media when taking part in school events). Please be aware if you choose No, this excludes the school class photo which will be used in the Ōpōtiki College School Magazine at the end of the year.

YES

NO

## Academic Support/ Disabilities:

Does your student require any special learning assistance or have they had any assistance in the last two years? (i.e. Resource Teacher Learning and Behavior RTLB, Reading Recovery, Hearing/Vision). If yes, please explain.

## Medical Information:

Family Doctor: \_\_\_\_\_ Contact Ph: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Contact Ph: \_\_\_\_\_

Do you consent for the school to administer Paracetamol and/or Ibuprofen to your child should they request it without having to contact home for prior approval?

YES  NO  Signature: \_\_\_\_\_

## Immunisations:

Is your child up to date with the following immunisations? (Tick to indicate)

Measles/Mumps/Rubella  Meningococcal  Tetanus  Cervical Cancer  Tuberculosis  Hepatitis

Medical Condition	Please Circle	Medication, Dosage, Further Details
Asthma	YES / NO	
Diabetes	YES / NO	Please provide action plan
Autism	YES / NO	
Epilepsy	YES / NO	
Rheumatic Fever	YES / NO	
Migraines/ Headaches	YES / NO	
Nose Bleeds	YES / NO	
Visual Impairment	YES / NO	Wears glasses/contacts?
Hearing Impairment	YES / NO	Hearing aids?
Heart Condition	YES / NO	
Attention Deficiency	YES / NO	Medicated?
Physical Disability	YES / NO	
Back/Neck Problems	YES / NO	
Hepatitis A/ B/ HIV	YES / NO	
Food Specifications/ Allergies: <i>(The college is a part of the 'Food in Schools' programme funded by the Ministry of Education)</i>	YES / NO	<i>E.g Gluten, dairy, fish, nuts, vegetarian etc. Please specify and provide action plan</i>
Other/ Allergies	YES / NO	Please Provide Allergen Action Plan

In an accident or emergency situation where the school cannot contact you or any authorised persons listed the school delegates may arrange for your child to be taken to A & E Services.

Please indicate the school has your permission to make necessary arrangements for the treatment of your child in an emergency and that you will meet any costs incurred.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Bus Enrolment

Surname:				OFFICE USE ONLY:	
First Names:				ID#:	
Preferred Name:				DATE:	
Gender:	Male / Female	Date of Birth:		Entered In KAMAR	

	Primary Caregiver/ Residence A	Secondary Caregiver/ Residence B
Title:	Mr / Mrs / Ms / Miss	Mr / Mrs / Ms / Miss
Surname:		
First Name:		
Address:		
Home Phone:		
Work Phone:		
Cellphone:		

Distance in KM from home to school:

Bus Route	Tick	Bus Route	Tick
Ohiwa Loop and Paerata Ridge <i>Paerata Ridge Road, Verrals Road, Ohiwa Loop Road, Gabriels Gully</i>		Waimana/ Nukuhou <i>Waiotaha Valley, Kutarere, Nukuhou</i>	
Tōrere/ Hawaii <i>Tōrere, Te Waiti</i>		Waioweka/ Otara <i>Waioweka Road, Otara Road, Otara East Road</i>	
Mōtū/ Ōmarumutu <i>Jacksons Road, Waiaua, Toatoa, Ōpape</i>		Tablelands/ Tirohanga <i>Tablelands Road, Tirohanga Road</i>	
Woodlands <i>Woodlands Road, Dip Road, Hukutaia Road, McCarthys Road</i>			

### Eligibility (Please Tick)

	Student lives more than 4.8km from the nearest Secondary School
	Special Conditions may apply to make this student eligible. Please phone Bus Coordinator to discuss 073157022

## School Transport Code of Conduct

All students are expected to act and behave responsibly on the bus at all times. This includes:

- Treating other passengers on the bus with respect.
- Must wear clean and tidy school uniform at all times.
- Being a mature role model as an Ōpōtiki College student to all primary students on the bus.
- Show respect and appreciation to the driver.
- Show respect and gratitude for the bus service – Shown by not littering, remaining seated and wearing a seat belt wherever possible and using your manners.

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

## Computer, Mobile Phone, Device and Internet Agreement

This agreement means that I understand that if I use a Mobile phone/Computer/Chrome Book and the internet at school I am aware of the school's expectations around the use of these devices.

- I must respect and look after digital technology equipment.
- I must respect copyrights of software that prohibits copying.
- I will not share mine or others passwords.
- I know that I must not access/distribute any material that is offensive, dangerous, inappropriate or illegal.
- I must use the equipment for learning purposes.
- I will report any misuse to a staff member.
- I must not be involved in any cyberbullying by emailing, texting or using Facebook posts/messages.
- I must return all digital equipment/technology that belongs to the school after each lesson or when required.

### **PLEASE READ THE INFORMATION BELOW:**

#### **Harmful Digital Communications Act 2015**

The Act includes a new criminal offence to help tackle the most serious instances of bullying and harassment by people using digital technology. It's now illegal to send messages and post material online that deliberately causes a victim serious emotional distress. The offence – causing harm by posting digital communication – is punishable by up to 2 years' imprisonment or a maximum fine of \$50,000 for individuals and a fine of up to \$200,000 for companies. The Act established an 'approved agency' to resolve complaints about harmful digital communications, providing a quick and efficient way for victims to seek help from an independent body.

NetSafe has been appointed at the approved agency. You can make a complaint or seek advice from Netsafe if you feel that you have been bullied or harassed.

#### **Clamping down on bullies who encourage their victims to commit suicide.**

The Act strengthened the law against inciting someone to commit suicide. It is now illegal, regardless of whether or not the victim attempts to take their own life (previously, it was only an offence if the victim committed suicide or tried to). If convicted, an offender may be sentenced to up to 3 years in prison.

## Student Acknowledgement

I have read the agreement and know the importance of these expectations. I understand that if I knowingly break these I might lose the right to use technology, the internet or bring a phone/device to school.

I understand the importance of safe online practices and the penalties for cyberbullying.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/ Caregiver Acknowledgement:

I have read and understand the agreement that my child \_\_\_\_\_ has signed.

I understand the importance of safe online practices and the penalties for cyberbullying.

Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Blanket Consent for Education Outside The Classroom (EOTC)

Education Outside the Classroom (EOTC) is the name given to all events/activities that occur outside of the classroom, both on and off the school site. This includes sport.

- Our school believes in using a range of environments and experiences to enhance our students learning,
- We have ready access to the beach, rivers, mountains, and the bush in our area and beyond. We are also close to various built environments in our community. These areas are rich learning environments for our students both in and out of school. They need to learn how to be safe. Our school values the concept of utilising all environments to enhance learning. Some of the learning for students may therefore occur beyond the school site and this document is seeking your consent for your child/ren to participate in such learning.

The Ministry of Education's EOTC guidelines identify four activity types, each with recommended types of parental/caregiver consent. In brief they are:

\*Involves risk assessed to be greater than that associated with the average family activity.

Type of Event	Description	Type of Consent
<b>A</b>	On site—in the school grounds e.g. Sports days. (i) Lower risk environments. (ii) Higher risk environments.	(i) No consent sought or blanket consent. (ii) Separate consent for each event or programme.
<b>B</b>	Offsite events in the local community occurring in school time e.g. Visits to town Library. (i) Lower risk environments . (ii) Higher risk environments.	(i) Blanket consent. (ii) Separate consent for each event programme.
<b>C</b>	Off site events—Outside of school hours e.g Sports team trips (i) Lower risk environments (ii) Higher risk environments	(i) Blanket consent. (ii) Separate consent for each event or programme.
<b>D</b>	Off site residential overnight events. (i) Lower risk environments.	(i) Separate consent.

All EOTC activity categories require staff to undertake an analysis of the risks, and identify the management strategies required to eliminate, isolate or minimise the risks. Emergency procedures are also in place.

## BLANKET CONSENT

I agree to the participation of \_\_\_\_\_ in lower risk category A, B and C. EOTC events whilst they are a student at Ōpōtiki College.

I 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.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Privacy of Information:

The information you have provided is used for communication with the home, official documents for your child and statistics.

Information is supplied to the Ministry of Education who may pass contact details on to the Ministry of Social Development should it be required, to help school leavers into work or further training.

The information is kept in a learner file and also our Student Management Database. Student Files may also contain copies of incident reports, letters and other relevant information.

In an emergency, at the discretion of the Principal, information from the file could possibly be given to an agency such as the Police or Doctor.

## Student Agreement:

I request that I be admitted to Ōpōtiki College. I understand and will abide by the conditions and rules as set out in the schools Computer and Internet Agreement as well as direction from all teaching staff. I further understand that I need to show Respect, act Responsibly and demonstrate Resilience and be committed to my own learning and the learning of those around me at all times. I understand that should I breach any of these conditions there may be consequences including the loss of access to resources and possible disciplinary action.

## Parent/Caregiver Agreement

I/we declare that the information provided in this enrolment application is true and correct and filled in to the best of our ability.

I/we have read understood and explained the computer and internet policy to our child and agree with the conditions state.

I/ we will ensure that our student will attend school regularly, wearing correct school uniform, engage with learning and will abide by the school expectations.

I/we agree to the use of the provided information by the staff of the College for any purpose related to the education, well-being, benefit or safety of my child, including referrals to organizations that assist the school to support my child.

I/we understand that all learner possessions including electronic are the responsibility of the student and Ōpōtiki College takes no responsibility for any loss or damage to these items.

I/we give permission for my child to participate in programmes run during school time to support their wellbeing.

I/we agree to abide by Board of Governors decisions in relation to the wellbeing of all students at Ōpōtiki College.

**Parent/Caregiver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

### Office Use Only:

Enrolled By: \_\_\_\_\_ Signature: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Entered in KAMAR ID Number: \_\_\_\_\_ LA: \_\_\_\_\_ Year: \_\_\_\_\_

Student Log In Sent to IT Support NSN: \_\_\_\_\_

Academic/Support Needs Identified and Relevant Staff Notified:

Vistab

Support Services

DoIE

Nurse/Medical

Timetabled (Please return this form to the office for filing once student has an active timetable.)