

# ENROLMENT FORM 2022

SPOTSWOOD COLLEGE  
TE KURA TUARUA O NGĀMOTU

## SECTION A:

Date of interview : \_\_\_\_\_ **START DATE** : \_\_\_\_\_

Students Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

Gender (circle): M / F / Other \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Level (circle): Yr 9 Yr 10 Yr 11 Yr 12 Yr 13

Previous school : \_\_\_\_\_

Student Cellphone Number : \_\_\_\_\_

Ethnicity: New Zealand/European ( ) Māori ( ) Other (Specify) \_\_\_\_\_

Iwi affiliation: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

New Zealand Resident: Yes / No  
If yes, please go to Section C

**COPY of N.Z Birth Certificate**  
**COPY of N.Z. Passport**

**Must get  
a copy**

Serial No : \_\_\_\_\_

## SECTION B: NON-NZ CITIZENS

1. Eligibility for enrolment at a New Zealand Secondary School

**NZ Resident** Int (Foreign) Fee Paying Student Student Exchange

Other \_\_\_\_\_

2. **Verification Documents (must be supplied):** Medical Certificate with immunisation data

Passport State/Country \_\_\_\_\_ **Student Visa/Permit** \_\_\_\_\_

Parent Work Permit \_\_\_\_\_ **(Must get a copy)** Other Specify \_\_\_\_\_

Document Serial # (of verification): \_\_\_\_\_

3. FF/Ex Details:  
Exchange Scheme: AFS EF Other \_\_\_\_\_

ESOL: Yes / No \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

First Language: \_\_\_\_\_

## SECTION C: PARENTS/CAREGIVERS

### MAIN CAREGIVER (Lives with)

Surname: \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_

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

Work Place: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Secondary Caregiver: (if applicable)**  
(e.g. Joint custody/Grandmother/Aunt/Uncle)

Surname: \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Work Place : \_\_\_\_\_

Work Phone : \_\_\_\_\_

**Copy of Report: Yes / No** (for extra report)  
(Address Details given)

### MAIN CAREGIVER (Lives with)

Surname: \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_

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

Work Place: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Secondary Caregiver: (if applicable)**  
(e.g. Joint custody/Grandmother/Aunt/Uncle)

Surname: \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Work Place : \_\_\_\_\_

Work Phone : \_\_\_\_\_

**Copy of Report: Yes / No** (for extra report)  
(Address details given)

**SECTION C (Cont):****PLEASE FILL IN ALL DETAILS****Emergency Contacts:**

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

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cellphone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Siblings/ Family Circumstances**

Name of brother/s, sister/s: \_\_\_\_\_

Year Level: \_\_\_\_\_ School: \_\_\_\_\_

**Special Family Circumstances/ Custodial Arrangements We Should Know About:**

\_\_\_\_\_

Beneficiary Card Yes ( ) No ( ) Number \_\_\_\_\_

Further Documentation: \_\_\_\_\_ attached Y / N

**SECTION D: HEALTH****(PLEASE FILL IN IF ANY MEDICAL PROBLEMS)**

Medical History/Issues/Any Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_ ORS Funded Yes ( ) No ( )

Doctor: \_\_\_\_\_ Dentist: \_\_\_\_\_

**Medical Certificate**:- In the event of the College closing due to a measles/or other medical epidemic the College will require a Doctors Certificate to confirm that immunisation has taken

place before the Student will be permitted to return to school.

**If possible please attach a copy of the immunisation record.**

**Immunised against MMR** (measles, mumps and rubella) Yes ( ) No ( ) Not sure ( )

*Any additional relevant information regarding your child's Medical Conditions would be greatly appreciated, including details of any past medical history that may be of importance.*

**SECTION E: TRANSPORT**

Method of coming to school \_\_\_\_\_

**FOR BUS STUDENTS (Tick which bus route)**

Omata ( ) Oakura ( ) Okato ( ) Bell Block ( ) Waitara ( ) Egmont Village ( ) Inglewood ( )

New Plymouth City ( ) Other ( )

## SECTION G: AGREEMENT

We wish your child to have a positive learning experience at Spotswood College. Therefore we ask you, as parents and caregivers, to agree to do the following:

- 1) Encourage your child to participate in as many school activities as possible.
- 2) Support your child to attend all lessons.
- 3) Ensure your child is provided with and attends in the correct uniform (dress code for Year 13).
- 4) Ensure your child is provided with correct equipment for learning.
- 5) Liaise with the school on all matters affecting the welfare of your child.
- 6) Assist your child to abide by the Regulations as laid down by the Ministry, the Board of Trustees as well as other school rules and directions given by the Principal and staff.
- 7) Permission to display/publish your child's work and name for purpose of acknowledgement and celebrating their success/achievement.
- 8) Attend IDP (Goal Setting) meetings with Whanau teachers.
- 9) Contact the school or Board of Trustees if you have any queries or concerns regarding your child.
- 10) That the Parent Teacher Association (PTA) can use your contact details to inform you of important school events.

I agree to support Spotswood College in the areas listed above (1-10)

I permit information on my child to be made available to this school, or to a further learning institution our student may attend. Information will be dealt with according to our Privacy Policy to ensure information security and sensitivity.

### SIGNATURES:

Parent: \_\_\_\_\_ Parent: \_\_\_\_\_

Teacher: \_\_\_\_\_ Dated : \_\_\_\_\_

## SECTION H: PRIVACY

The information on this form as well as achievement and engagement information collected by teachers and deans is used by the school to enhance the education of your child. It is available to all staff of the school and to members of the Board of Trustees. Please advise the school if you have any concerns about disclosure of any of the information collected about your child. This information is collected according to our Privacy Policy and procedures regarding the collection, storage and access of personal information. This policy is available on request.

The school is sometimes obliged by law to give information to government departments (e.g. Ministry of Education and Ministry of Health) but it will not otherwise be disclosed without your authorisation.

You have the right to request access and to request correction of information held about you or your child by the school. We would be grateful if you could contact the school office if any details need to be changed, especially contact details.

From time to time the school takes photographs of students to record activities within the school for the students' learning journals, for the school newsletter and for the school website. It is the school's practice that photographs for publication are positive depictions of students involvement in learning activities. Please advise the school if you have any concerns about publication of your child's photograph.

Signed: \_\_\_\_\_ (Parent/Guardian)

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

## SECTION I :

### STUDENT - ICT USE AGREEMENT

Please read through this document with your whanau/parents/caregivers and ask if you don't understand anything.

Please note: The school and N4L monitor and record all school ICT activity 24/7.

#### **I understand and accept that:**

- ⇒ The only acceptable use for BYOD, school computers, internet and other Information Communication Technology (ICT) resources accessed at school is for teaching and student learning.
- ⇒ My computer login and password are for my sole use only and I will not allow others to use it.
- ⇒ I will not change, adjust any settings or re-configure any school ICT equipment.
- ⇒ I must not use ICT to upset, offend, harass, threaten or harm anyone connected to the school or the school itself, even if it is meant as a joke.  
*Example: You must not take a video and post it to Facebook without first getting written approval from everyone involved.*
- ⇒ I must not access or create material which is offensive in any way e.g. pornographic, dangerous, inappropriate at school, illegal or objectionable) and I am forbidden to pass on any such material in any way.
- ⇒ If I accidentally access inappropriate material, I will turn off the screen or minimise the window, then report the incident to a teacher immediately.
- ⇒ I will not attempt to hack school systems or bypass any of the monitoring, internet filtering or security systems.
- ⇒ I will be responsible for keeping myself safe on the Internet and I will follow all school Cybersafety advice and be a good Digital Citizen.
- ⇒ I understand that the school, Police or NETSAFE may audit the network, internet access facilities, computers and other school ICT equipment/devices or commission an independent forensic audit. Auditing of the above items may include any stored content, and all aspects of their use, including email. I will report any ICT breakages/ damage to a staff member.
- ⇒ The Internet is for school work only and not for casual browsing and entertainment (except outside lesson times).
- ⇒ I will not store or download, games, programs, music or videos on any school ICT device. Copyright Act 1994 and the Copyright (Infringing File Sharing) Amendment Act 2011.
- ⇒ Anyone who infringes 'copyright' may be personally liable.
- ⇒ I will not connect any device (USB, camera or phone) to run or attempt to run any software, without a teacher's permission. This also extends to all wireless technologies.
- ⇒ I will respect all ICT systems in use at school and treat all ICT equipment/devices with care, this includes unintentionally disrupting the running of any school ICT systems.
- ⇒ I understand that I have a starting allowance for printing. Any printing beyond that allowance will be at my own cost. Any of my files or work can be viewed or accessed at any time by my teachers or anyone responsible for monitoring use of the school computers and Internet.

## SECTION I:

### STUDENT - ICT USE AGREEMENT cont...

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

**Whānau class:** \_\_\_\_\_

I accept that if I break this agreement the school may inform my parents/guardians, I may lose the right to use BYOD, the school computers and the Internet. I also understand that I will be required to cover the cost of any repairs or cleanup that may be necessary because of my actions. The School, NETSAFE or the Police may also take other disciplinary action against me as appropriate.

**Signature of student:** \_\_\_\_\_

#### **Internet Permission – Parents/Caregivers:**

I understand that while the school will do its best to stop student access to offensive, dangerous, inappropriate or illegal material on the Internet, it is the responsibility of my child to not be involved with such material.

I give permission for my child to be given access at school to global information systems such as the Internet and email.

**Parent/Caregiver name**

**(print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Please note:** This agreement for your child will remain in force for as long as he/she is enrolled at this school.



## SECTION J

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 the year 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 Spotswood College Main office during the year.

### *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.*

### Student Information

Name:

Year:

Address:

Student email:

Student cell phone:

### 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 water 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

Signed: .....

### 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 Spotswood 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.

Signed: .....

## SECTION J

### 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): ..... Date ...../...../.....

### 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 Spotswood College's EOTC events and that these risks cannot be completely eliminated.
- ✖ I understand Spotswood 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 Spotswood 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 Spotswood 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) .....



## DEALING WITH NON-CUSTODIAL PARENTS POLICY

SPOTSWOOD COLLEGE



### NAG 5

### RATIONALE

Our School is required to deal with increasingly complex family arrangements often involving legal access issues. Staff need to be informed of such issues and be given explicit direction on whom to communicate with and how.

### PURPOSES

1. To keep children safe.
2. To ensure school staff operate within the law and comply with the fair and reasonable requests of parents/caregivers.
3. To ensure the School has up-to-date information on students' living arrangements for contact and support.

### PROCEDURES:

1. At enrolment parents and caregivers are asked to
  - (a) Provide evidence (Birth Certificate or Passport) of a child's legal status
  - (b) To clarify contact details when special arrangements exist.
2. At enrolment parents and caregivers are asked to provide any legal documentation which may pertain to access or custodial arrangements for students.
3. Parents and Caregivers will be asked through the School newsletter to update the School when living arrangements of children change.
4. The status of Agencies that have responsibility for students must be explicitly stated in writing and filed in the individual student's file.
5. Students can only be enrolled under their legal name as written on their birth certificate or passport.

### Approval

When the Board approved this Policy it agreed that no variations of this Policy or amendments to it could be made, except with the majority approval of the Board.

Approved by the Board of Trustees on 26 August, 2013

Signed on behalf of, and with the authority of the Board

\_\_\_\_\_ on \_\_\_\_\_ (Date)  
Board Chairperson

Due for Review: \_\_\_\_\_ (Date)

Reviewed Date: \_\_\_\_\_ Signed for B.O.T. \_\_\_\_\_





<b>Formal UNIFORM</b>	<b>Price Incl GST</b>
Skirt – Black Navy	\$75.00
Shirt Short Sleeve – Navy/White Stripe	\$55.00
Shorts – Black Navy	\$60.00
Jersey	\$95.00
Softshell Jacket – Navy	\$90.00
Black Opaque Stockings – Available at the Warehouse	\$6.00
Footwear: Black suitable comfortable shoes of your choice	N/A
Summer Hat: Dark Navy Blue Caps permitted only	N/A
<b>Informal - SPORTS ACTIVE WEAR UNIFORM</b>	<b>Price Incl GST</b>
Sports Tee Shirt	\$55.00
Sport Short	\$60.00
Hoodie	\$60.00
Track Pants	\$65.00
Footwear: Suitable comfortable sports shoes	N/A
<b>Prefects Uniform</b>	
Unisex White Shirt (Long Sleeve)	\$30.00
Black Trousers	\$55.00
Fitted White Shirt (Short Sleeve)	\$35.00
Lavalava (available from the Warehouse)	\$60.00*
Blazers (Available from Admin office only) *Price includes refundable bond of \$25.00, upon return of blazer	\$60.00*

*\*Prices are subject to alteration depending on manufacturers' price changes*

**NORMAL SHOP HOURS**

**8.00 am to 9.00 am & Interval Monday to Friday (term time only).**

**NEW YEAR 9 APPOINTMENTS**

**Please contact : Sharon on 751 2416 Ext: 721 or 022 676 2750  
to arrange an appointment for a uniform fitting**



## **GENERIC STATIONERY LIST**

The following items are required for all students to have in preparation for the new school year. Any additional items will be found under each course in the Curriculum Books.

We are a BYOD (Bring Your Own Device) school, and students in all Years 9-13 are required to bring a device to class for their own learning needs. The device should be robust and durable enough to handle school life, but light enough to be carried around easily by a teenager.

The type of device you purchase should also depend on the courses your child is taking. Any courses such as Digital Technology (including Robotics, Coding and Digital Media), Photography, Music, Animation, and some Art courses may require the student to have a different type of computer. If you are unsure, please check with the school or teacher.

### **Minimum specification for devices:**

- 10" screen
- 4Gb RAM and a dual core processor
- At least 5 hours of battery power from a full charge
- Internet capable (Wi-Fi connectivity – 801.11N/ac preferred)

### **Strongly recommended features:**

- Keyboard
- Mouse
- Durable waterproof bag/cover for protection and marked as to be identifiable
- USB Stick

### **In addition, every student will also need:**

- Pens
- Pencils
- Ruler
- Eraser
- Sharpener
- Lined Refill
- Scientific Calculator
- 1JB Book
- A4 Ream of paper
- Earbuds/Earphones (for laptops)