

King's High School

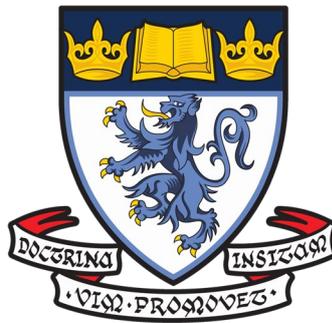
Enrolment Form

2024

Student Name _____

Year Level _____

2024



Building Men For Life

King's High School

Any boy may apply to attend King's High School regardless of where he lives.

Application for Enrolment

Have you applied to attend another school? _____

Connection to King's High School			
<input type="checkbox"/>	Sibling currently enrolled	Name	Year level
<input type="checkbox"/>	Sibling a former student	Name	Years attended
<input type="checkbox"/>	Father a former student	Name	Years attended
<input type="checkbox"/>	Son of current staff or Board member	Name	
Student Details			
Surname		First & Middle Names	
Preferred Name		Date of Birth	
Residential Address			
Suburb		City	Postcode
Student's Cell Phone			
Student's Email			
Current School			Current Year Level
Nationality (as per passport/birth certificate)		Ethnicity, and Iwi if applicable	
First Language		Date of Entry into NZ (if not born here)	
Language/s spoken at home			
Primary Parent / Caregiver – address where student lives most of the time			
Surname		First Name	Title
Relationship			
Residential Address			
Suburb		City	Postcode
Home Phone	Work Phone		Cell Phone
Email		Place of Work	
Occupation			
Surname		First Name	Title
Relationship			
Residential Address			
Suburb		City	Postcode
Home Phone	Work Phone		Cell Phone
Email		Place of Work	
Occupation			

Secondary Parent / Caregiver - if applicable

Surname	First Name	Title	Relationship
Residential Address			
Suburb		City	Postcode
Home Phone	Work Phone	Cell Phone	
Email		Place of Work	
Occupation			
Surname	First Name	Title	Relationship
Residential Address			
Suburb		City	Postcode
Home Phone	Work Phone	Cell Phone	
Email		Place of Work	
Occupation			

Emergency Contact Details – to be used when parents/caregivers are unavailable

Surname	First Name	Relationship
Home Phone	Work Phone	Cell Phone

Academic Information

Name of present (or last) school		
Other school(s) attended:	School	Date Attended
	School	Date Attended
	School	Date Attended
	School	Date Attended

Learning Support: Please specify any specific learning needs e.g. dyslexia, dyspraxia, slow processing.

Formal Cognitive Report If yes, please provide a copy.

Assistive Technology used If yes, what device was used? _____

Teacher Aide assistance used

ESOL required

Gifted and Talented: Please specify strengths, extension and achievements/awards.

Senior Students Only

NSN (if known) _____

Please attach a copy of your NZQA Record of Achievement or results.

Other Information

Please list activities and hobbies you would like to take part in and include details of all relevant success.

Arts _____

Music _____

Sport _____

Other _____

Personal Circumstances – Please advise of any social or domestic circumstances you think we should be aware of

Financial Information – Terms and Conditions

It is desirable for all money owed to King's High School to be paid at the time the expense is incurred. The school accepts however that this may not always be possible. Should alternative arrangements be necessary, approval from the Rector is required for an individual payment plan. To arrange this please contact the school by email office@kingshigh.school.nz or phone 455 7547.

Please note all extra-curricular activities are to be paid in full prior to the date of the event. Extra-curricular activities and uniform purchases cannot be charged to student accounts unless exceptional circumstances exist. Prior permission must be gained from the Rector for these items to be charged to a student account. Extra-curricular activities are defined as any activity that is not required by the curriculum. This may include but is not limited to such items as sports and sporting events, cultural activities, camps, uniform and equipment purchases.

All outstanding expenses are to be paid in full by the start of Term 4 each year. This does not apply to voluntary donations. However, these donations play an essential part in the effective running of the school.

Initial as read

Parent Teacher Student Association (P.T.S.A)

Our P.T.S.A is an integral part of the school.

Please place a tick in the box provided if you would like to be part of our P.T.S.A by way of membership or support with various events. You will be contacted by a member of the P.T.S.A for more information.

Education outside the Classroom, Medical Details, Consent and Student Contract

The following medical section and Education Outside the Classroom (EOTC) contract covers your son for any EOTC trips during his enrolment at King's High School.

I consent to my son attending all off site, school time events such as House Day, Athletic Sports, Interschools, Prizegiving practices, Field Trips and any extracurricular activities and adhere to all transport arrangements by the Coach/Manager/Teacher in Charge. *(Note: If at any time you would prefer to make your own arrangements around transport, please notify the school.)* Any costs associated with these activities must be paid prior to departure. Information provided here will be stored on our Student Management System and used by staff/supervisors, alerting them to anything they may need to know about your son's medical status, please notify us of any changes throughout your son's enrolment.

Consent Forms for overnight EOTC trips will still be sought. If at any time you wish for you son not to attend any event, you must notify the school in writing.

Please tick if your son has any of the following:

<input type="checkbox"/> ADHD	<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy (fits of any kind)	<input type="checkbox"/> Hearing Loss
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Migraine	<input type="checkbox"/> Mobility Issues
<input type="checkbox"/> Sleep Disorder	<input type="checkbox"/> Travel Sickness	<input type="checkbox"/> Visual Impairment

Other (physical or mental illness or chronic communicable condition (HIV/AIDS etc) - please describe)

List medication required for any of the above, including dosage & time to be taken:

Reactions to:

<input type="checkbox"/> Anaesthetics	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Bee Stings
<input type="checkbox"/> Codeine	<input type="checkbox"/> Food Allergy	<input type="checkbox"/> Insect Bites
<input type="checkbox"/> Lactose	<input type="checkbox"/> Gluten	<input type="checkbox"/> Peanuts
<input type="checkbox"/> Penicillin	<input type="checkbox"/> Sulfa	<input type="checkbox"/> Sunlight

Other (please describe)

List any medication required for this allergy, including dosage & time to be taken:

Vaccinations for:

<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> MeNZBTM
<input type="checkbox"/> Mumps	<input type="checkbox"/> Polio	<input type="checkbox"/> Rubella
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Other

Other Medication:

Can your son take Paracetamol/Panadol:

Can your son take Ibuprofen:

<input type="checkbox"/> 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.	
<input type="checkbox"/> I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.	
<input type="checkbox"/> Any medical costs not covered by ACC, or a community service card will be paid by me.	
<input type="checkbox"/> To the best of my knowledge, my child has no medical or physical condition that will prove detrimental to him or others during the programme.	
Doctor's Name & Practice	
Phone Number	
Dentist's Name & Practice	
Phone Number	
Please note an <i>Administering Medication</i> form must be completed at the school office to authorise the storage and administering of daily medications which must be taken during the school day. If your son is on an event/camp, he must take his own supply with him and alert the teacher to this medication as stated above. <p style="text-align: center;"><i>If your son's medical situation changes, you must advise the office so we can update the school records.</i></p>	
Parent/ Caregiver Signature	Date
Student EOTC Contract - To be read, ticked, and signed by all students	
I understand that these events are an opportunity for me to learn, practice 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 safety and that of others.	
I agree to do the following to make this happen:	
<input type="checkbox"/> Not bring or use alcohol or drugs, including tobacco. Normal school rules prohibiting smoking and drinking apply.	
<input type="checkbox"/> Follow the rules and instructions of staff and other supervisors at the event.	
<input type="checkbox"/> Take part in all activities within my abilities without putting myself or anyone else in unnecessary danger.	
<input type="checkbox"/> I will not leave the event area without the approval of the teacher in charge.	
<input type="checkbox"/> I will declare medical conditions that could affect participation in the event.	
<input type="checkbox"/> I accept the rules set by the school for the event, even if they are different from what is accepted at home.	
I understand that my parents/caregivers will be contacted, and I may be sent home at their expense if:	
<input type="checkbox"/> My actions are considered unacceptable by staff.	
<input type="checkbox"/> I breach the school Drug and Alcohol Policy.	
<input type="checkbox"/> My actions put me or others in any danger.	
I agree to comply with the rules above during EOTC activities. I promise to follow all instructions and act with consideration and respect for others at all times.	
Student Signature	Date

Personal Information - *Privacy Act (1993) and Health & Safety at Work Act (2015)*

King's High School collects and keeps a large amount of personal information about each student.

The *Privacy Act (2020)* protects the information you give the school and details conditions under which personal information can be obtained, used, stored and exchanged with other interested parties. The school considers the privacy of this information to be important and has policies and procedures that reflect the Twelve Privacy Principles, as set out in the Act, to protect this information. The *Health and Safety at Work Act (2015)* enables relevant information to be disclosed to relevant parties in an emergency.

The school collects personal information from its students so that they can be enrolled, have their attendance and progress recorded, be entered for examinations, or be contacted by the school.

The school collects information about the caregivers of the student so that they may be informed of student progress or contacted by the school, and because the safety of the student is important.

Personal information may be disclosed to other education agencies, such as the Ministry of Education, the New Zealand Qualifications Authority, and the Ministry of Social Development (MSD). Information is delivered to the MSD 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. Government agencies, such as the New Zealand Police, will receive information if they demonstrate a statutory right to obtain it.

Personal information may be retained by the school after the student leaves in order for the school to maintain a list of past students. Personal information may also be disclosed to the The Kingsmen (King's High School Old Boys' Association), the King's High School Parent Teacher Student Association and the King's High School Charitable Trust to assist in compiling its Alumni Database.

Under the *Privacy Act (2020)*, students have the right of access to all personal information held by the school about them. They also have a right to ask the school to correct any information held which is inaccurate. That right can be exercised by applying to the school. Parents also have an obligation to advise the school if or when any of the personal information provided changes. If for any reason an enrolment is not accepted, this enrolment form will be destroyed.

Initial as read

ICT Acceptable Use Agreement for Students

I confirm that I have read and understood the King's High School ICT Acceptable Use Agreement for Staff and Students which is available on the school website.

I understand the use of school-owned equipment as well as the use of privately-owned equipment that accesses the King's High School network constitutes an implied acceptance of this agreement.

Whenever you access the school's network, or when you use school-owned equipment, you are bound by the terms of this policy.

Student Signature _____ Student Name _____ Date _____

Use of Digital Images and Student's Work

I give permission for personally identifiable images of my son taken in the context of his schooling at King's High School (on or off campus), any original work created by my son, or a news story about my son, to be used on the school's website, *King's Week*, school magazine, Facebook page, or on any other communication or promotional material that the school deems appropriate.

Initial as read
and approved

Lion's Sport – Code of Conduct

I confirm that I have read and understood the Lions' Sport Code of Conduct which is available on the school website.

I understand that should my son/I play a sport this encompasses commitment to a team and the associated costs and sideline and team behaviour.

Student Signature _____ Student Name _____ Date _____

Caregiver Signature _____ Caregiver Name _____ Date _____

Agreement to Conditions of Enrolment

- I consent to the disclosure of personal information to parties that demonstrate a statutory right to obtain such information.
- I give permission for teachers or other authorised persons to take or send my son out of school with other members of his class to visit places of interest or instruction in the community as part of their formal studies or in a group to participate in organised co-curricular activities.
- I confirm that all information provided on this enrolment form is factually correct.
- If there are any changes to the information included in this form, I will inform King's High School.

Initial as read

We acknowledge that by signing this application to enrol _____ at King's High School we accept the rules and regulations of the school particularly those pertaining to uniform, attendance, and schoolwork. We also understand and accept the expectation to behave in a manner consistent with the *Building Men For Life* ethos of the school.

PARENT/CAREGIVER Name _____

Signature _____

Relationship _____

Date _____

PARENT/CAREGIVER Name _____

Signature _____

Relationship _____

Date _____

STUDENT Name _____

Signature _____

Date _____



All Students

<input type="checkbox"/>	Parent/Caregiver has read and initialed the <i>Financial Information, Education outside the Classroom, Personal Information, Use of Digital Images and Student's Work, Lions' Sport Code of Conduct and the Agreement to Conditions of Enrolment</i> sections of this application form.
<input type="checkbox"/>	Student has signed the <i>ICT Acceptable Use Agreement for Students & Lions' Sport Code of Conduct</i> sections.
<input type="checkbox"/>	Parent/Caregiver has signed the <i>Medical Details and Consent and Student has signed the Contract</i> for EOTC activities.
<input type="checkbox"/>	A copy of the applicant's latest school report.
<input type="checkbox"/>	A copy of the parenting agreement in the case of separated parents.
<input type="checkbox"/>	A copy of your NZQA Record of Achievement or results - <i>Senior students only.</i>

All Students - Eligibility

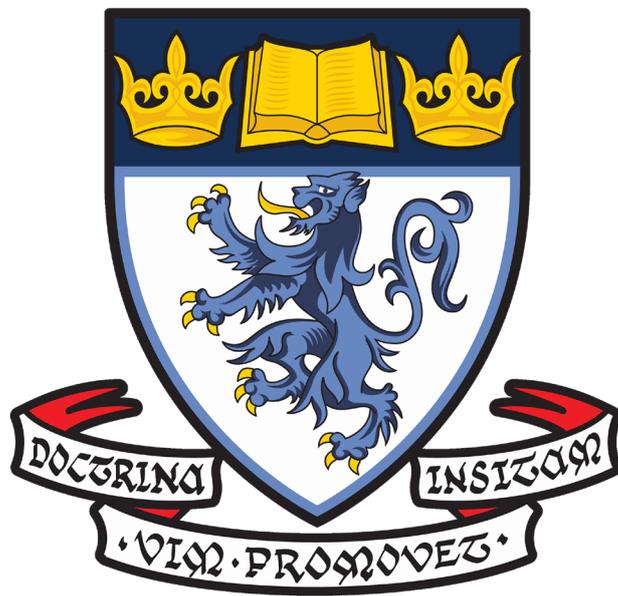
<input type="checkbox"/>	NZ and Australian Citizens – copy of Birth Certificate, or NZ or Australian passport.
<input type="checkbox"/>	All others – copy of passport and eligibility visa AND parents' passports and eligibility visas (work/residency).

In Zone Students – Proof of Eligibility

<input type="checkbox"/>	A copy of a most recent utility account showing residential address (electricity, Sky etc.).	OR
<input type="checkbox"/>	A copy of your most recent Dunedin City Council rates account.	OR
<input type="checkbox"/>	If the property was purchased recently, a copy of the settlement letter from your lawyer.	OR
<input type="checkbox"/>	A copy of your Tenancy Agreement covering the applicant's first year at King's High School.	

Office Use Only

- Student Name _____
- NSN No _____
- House Group _____
- Liaison Group _____
- Uploaded to ENROL _____



Building Men For Life