

King's High School

Enrolment Form

2019

Student Name

Year Level

2019



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			
Postcode			
Telephone - Home		Student's Cell Phone	
Student's Email			
Current School			Current Year Level
Nationality (as per passport/birth certificate)		Ethnicity, and lwi if applicable	
First language		ESOL required	Yes No
Language Spoken at home			
Primary Parent / Caregiver – address where student lives most of the time			
Surname		First Name	Title Relationship
Residential Address			
Postcode			
Home Phone		Work Phone	Cell Phone
Email		Place of Work	
Occupation			
Surname		First Name	Title Relationship
Residential Address			
Postcode			
Home Phone		Work Phone	Cell Phone
Email		Place of Work	
Occupation			

Secondary Parent / Caregiver - if applicable

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

Surname	First Name	Title	Relationship
Residential Address			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? Yes No If yes, please provide a copy.

Assistive Technology used? Yes No If yes, what device was used? _____

Teacher Aide assistance used? Yes No

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

Senior Students Only--

NSN (if known) _____

Please attach copies of your NZQA Record of Achievement or results printout(s).

Other Information

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

Sport _____

Music _____

Arts _____

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 within 30 days of an invoice being sent. The school accepts that this may not always be possible, so should alternative arrangements be necessary please contact the office@kingshigh.school.nz or phone 03 455 7547 to organise an individual payment plan.

Even if a payment plan is agreed all money owed to the school must be paid before the end of the school year in which it was incurred. This does not apply to voluntary donations. However these donations play an essential part in the effective running of the school.

The parent / caregiver accepts that any commissions, fees, administrative and legal costs associated with the collection of school

Initial as read

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 (1993)* 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 which 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 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 membership register.

Under the *Privacy Act (1993)*, 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 access 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

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 school work. We also understand and accept the expectation to behave in a manner consistent with the *Building Men For Life* ethos of the school.

CAREGIVER _____ Relationship _____ Date _____

CAREGIVER _____ Relationship _____ Date _____

STUDENT _____ Date _____



King's High School

Medical Details, Consent, & Student Contract for Education Outside the Classroom Activities

Name		Year Level	
		2019 -	
Medical and Health Information and Consent			
<p>The following medical section and student Education Outside the Classroom (EOTC) contract section cover your son for any EOTC trips during his enrolment at King's High School. Completion is required in order to take part in any EOTC trips. Any information completed here will be transferred onto our Student Management System and be used by staff/supervisors alerting them to anything they may need to know about your son's medical background. Additionally, Consent Forms for every EOTC trip will still be sought and completion required in order to take part.</p>			
Please tick if you have 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	
<input type="checkbox"/> Other (Physical or Mental Illness - please describe)			
List any medication required from 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 (please list below)	<input type="checkbox"/> Insect Bites	
<input type="checkbox"/> Lactose	<input type="checkbox"/> Gluten	<input type="checkbox"/> Peanuts	
<input type="checkbox"/> Penicillin	<input type="checkbox"/> Sulpha	<input type="checkbox"/> Sunlight	
<input type="checkbox"/> Other (please describe)			
List any medication required from this allergy, including dosage & time to be taken:			
Vaccinations for:			
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> HIB	
<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> MeNZBTM	
<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: YES NO			
Can your son take Ibuprofen: YES NO			

<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 he 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 *Administering Medication* 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 you son is on an event/camp he must take his own supply with him and alert the teacher to this medication as started above.

If your son's medical situation changes, you must advise the office so we can update the school records.

Caregiver/Parent Signature	Date
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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 all activities while I am enrolled at King's High School. I promise to follow all instructions and act with consideration and respect for others at all times.

Student Signature	Date
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All Students	
<input type="checkbox"/>	Parent/Guardian has read and initialed the Financial Information, Personal Information, Use of Digital Images and Student's Work and the Agreement to Conditions of Enrolment sections of this application form
<input type="checkbox"/>	Student has read and signed the ICT Acceptable Use Agreement for Students
<input type="checkbox"/>	A copy of the completed and signed Medical Details, Consent, and Student Contract 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"/>	Copies of your NZQA Record of Achievement or results printout(s) <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

If you are submitting your application electronically, please scan and attach supporting documents (as listed above).

Office Use only

- Student Name _____
- NSN No _____
- House Group _____
- Liaison Group _____