

SPRINGSTON SCHOOL

ENROLMENT FORMS

TE KURA O MAKONUI



SPRINGSTON SCHOOL ENROLMENT FORM					
Admission number			Admission date		
Date enrolment received			MALE/FEMALE		
IN OR OUT OF ZONE	IN	OUT	SIBLING? NAME: ROOM:		
SURNAME					
FIRST NAMES					
PARENT / CAREGIVER SURNAME (IF DIFFERENT FROM CHILD)					
DOB: / /		IWI:			
BIRTH CERTIFICATE PRODUCED		YES		NO	
HOME ADDRESS:					
Post code:					
HOME PHONE:		CELL PHONE:			
PARENTS LIVING TOGETHER: YES / NO					
EMAIL ADDRESS:					
PROOF OF YOUR ADDRESS - eg Utilities bill, rental/sales agreement					
NAMES OF BROTHERS/SISTERS LIKELY TO ATTEND IN THE FUTURE					
Name	Age	School		DOB	
CUSTODIAL ARRANGEMENTS		COPY OF COURT ORDERS			
		YES / NO			
PREVIOUS SCHOOL/S (if any)				CLASS LEVEL	Year
NAME OF PRE-SCHOOL					

HOURS ATTENDED PER WEEK			
MOTHER'S NAME			
Occupation/Home Address			
Employer			
Phone			
FATHER'S NAME			
Occupation/Home Address			
Employer			
Phone			
EMERGENCY CONTACTS			
Name		Name	
Address		Address	
Phone		Phone	
ETHNICITY - List all that apply:			
Home Language/s:			
I would like my child to attend the Bible in School lesson (weekly)		Yes	No
Health: Please indicate if your child has any special learning, health, physical or social needs			
Family Doctor:		Phone:	
Permission to be seen by school health professional or Dental Nurse		Yes	No
Permission to undergo Vision and Hearing Testing		Yes	No
Medical Centre:		Phone:	
Allergies:			
Treatment:			

VERIFICATION	
<input type="checkbox"/> The information above is true and correct. I undertake to advise the school of any change in circumstances so that accuracy and contacts may be maintained. <input type="checkbox"/> I understand that the school will take action on my behalf in case of sudden illness or injury. <input type="checkbox"/> I undertake to abide by school policies. <input type="checkbox"/> I have seen the school zone and confirm that I understand the enrolment of our child is subject to our meeting all of the conditions of the school's Zone Policy.	
Confidentiality <ul style="list-style-type: none"> In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds about my child. The records made from this information may be viewed on request at the school. I approve the forwarding of information when my child transfers to another school. I further approve the forwarding of my child's name and address to a potential secondary school. 	
SIGNED:	DATE:

About your Child - to help us be prepared tell us about any special abilities or talents your child might have

What is your child good at?	
Do they have any particular talents?	
Do you see these as being advanced for their age?	
Did your child reach any developmental milestones at an early age? walking, talking, reading etc	
Does your child have any learning, behavioural, physical difficulties?	
Specify, any previous interventions or specialist support.	

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Please circle anything you would like further information on.

Helping Students	Helping in class. Helping individuals with reading, writing or mathematics. (Training provided) Junior - Choice and Challenge – Do you have a special talent that could enhance our Friday Choice & Challenge Programme?
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**EDUCATION OUTSIDE THE CLASSROOM (EOTC) CONSENT
FOR LOW RISK ACTIVITIES**

- | |
|---|
| <p>Level 1: School environment with low risk factors.</p> <p>Level 2: Off-site events with minimal risk factors, occurring entirely in school time e.g. sports/cultural/PE/curriculum activities.</p> <p>Level 3: Off-site events/activities with minimal risk factors occurring outside of school hours but within one day.</p> |
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- ☐ I give permission for my child to participate in activities/events within Level 1-3 classification as defined above.
- ☐ I understand that this permission slip will cover my child during his/her time at Springston School.
- ☐ Children who do not have a signed permission slip may be excluded from participating in the EOTC activity or event.
- ☐ All Level 2-3 activities will be advertised in the school or class newsletter prior to the activity.
- ☐ This agreement negates the need for individual permission slips for day to day EOTC events which are part of the extended classroom at Springston School.

Signed: _____

Date: _____

Springston School & Parent/Caregiver Cybersafety Responsibilities

To the parent/caregiver/legal guardian, please:

1. **Read** this page carefully, to check you understand your responsibilities under this agreement
2. **Sign the appropriate section on the form on the next page. Detach and return the completed form to the school office**

I understand that Springston School will:

- Do its best to enhance learning through the safe use of ICT.
- This includes working to restrict access to inappropriate, illegal or harmful material on the Internet or school ICT equipment/devices at school, or at school related activities
- Work progressively with children and their families to encourage and develop an understanding of the importance of cybersafety through education designed to complement and support the use agreement initiative.
- This includes providing children with strategies to keep themselves safe in cyberspace.
- Keep a copy of this signed use agreement on file.
- Respond to any breaches in an appropriate manner.
- Welcome enquiries from parents or students about cybersafety issues.

Parent/Caregiver responsibilities include:

- I will **read** this cybersafety use agreement document
- I will **discuss** the information with my child and explain why it is important I will return the signed agreement to the school.
- I will support the school's cybersafety programme by encouraging my child to follow the cybersafety rules, and to always ask the teacher if they are unsure about any use of ICT
- I will contact the principal or school cybersafety manager to discuss any questions I might have about cybersafety and/or this use agreement and I am welcome to do this at any time.

BYOD (Bring your own digital device)

Springston School encourages Year 4-8 students to bring their own digital device to school for learning, under certain conditions.

- There are requirements as to the suitability of any device, and it must not be brought to school until cybersafety and BYOD forms have been signed and returned to school, AND the student has sat and gained a 100% pass on the school's BYOD licence test.
- See your child's teacher for more information about this, the expectations for the use of any digital device, the forms required, and how to sit the licence test.

Rules To Help Keep Springston School Students Cybersafe

These rules will help us to stay safe when using ICT at school

1. I can only use school ICT equipment when my parent/s have signed this user agreement form (in the enrolment pack) and the completed form has been returned to school.
2. I can only use the computers and other ICT equipment for my schoolwork and only with my teacher's permission.
3. I can only go online or use the Internet at school when a teacher gives permission and an adult is present.
4. If there is something I'm not sure about I will ask my teacher.
5. I will not use the Internet, email, mobile phones or any other ICT equipment to be mean, rude, or unkind about other people.
6. I will not tell anyone my password.

7. If I find anything that upsets me, is mean or rude, or things I know are not acceptable at our school, I will:

Not show others
Turn off the screen and
Get a teacher straight away

8. I must not bring any ICT equipment/devices to school. This includes things like mobile phones, iPods, games, cameras, USB drives and software. (Except Year 4-8 students with approved BYOD devices and who have completed the appropriate paperwork and gained approval from the school).
9. I will ask my teacher's permission before I put any personal information online.

Personal information includes:

Name
Address
Email address
Phone numbers
Photos

10. I will be careful and will look after all our school ICT equipment by:
Not being silly and playing around with it
Following our school cybersafety rules
Telling a teacher about anything wrong or damaged.

I understand that if I break these rules the school may need to block my use of the internet for a short time, and tell my parent(s).

Please sign, detach and return this section to school

I have read this cybersafety user agreement and discussed it with my child.

I am aware of the school's initiatives to maintain a cybersafe learning environment, including my child's responsibilities.

Name of student:

Name of parent/caregiver/legal guardian:

Parent's signature:

Date: / /

PUBLICATION OF A PRIMARY STUDENT'S IMAGE AND WORK

Springston School Student Information Consent Form

Images of our students (photographs, video clips, etc), and examples of their school work, are sometimes published in our newsletters, on our school website, and on other wider online channels such as school/class/student blogs, our Facebook page, YouTube. Also in the press, or elsewhere as a result of competitions or events deemed appropriate by the school.

The purposes of publishing student material are to educate our students according to the national curriculum, to encourage students to participate in our school community, and to promote the school.

We believe it is important to celebrate students' achievements, but are aware of the potential risks when such personal information or material is published on a global information system such as the Internet.

In the interest of safety and security we require parents to give permission for their child's first name, image, or work to be made public.

With consent, the school shares no more than a student's first name, image, or work.

Enquiries

The school welcomes any enquiry from parents or students about the operation of this policy and has a designated privacy officer to discuss enquiries about students' privacy. The school's privacy officer is: **The Principal**

Please indicate your wishes by ticking the relevant box and returning form to office:

☐

I give permission for my child's first name, image, or work to be published in the school newsletter, on the school website, blogs, the wider online community, in the press, or as a result of any competitions or events deemed appropriate by the school.

☐

I do not give permission for my child's first name, image, or work to be published in the school newsletter, on the school website, blogs, the wider online community, in the press, or as a result of any competitions or events deemed appropriate by the school.

Student's name: _____

Parent / legal guardian / caregiver (circle as applicable):

Name: _____

Signature: _____

Date: / /

