



Motueka High School

Te Kura Tuarua o Motueka

Enrolment Form/Pukatono Whakauru

Please complete all sections of this form, including the back page

STUDENT DETAILS / NGĀ TAIPITOPITO ĀKONGA

Legal First Name(s) / (Ngā) ingoa tuatahi:			
Legal Last Name / Ingoa whānau:			
Preferred Name(s): (if different)			
Date of Birth /Tuhia mai tō rā whānau: _____ / _____ / _____			
Gender /Tuakiri ā-ira:			
Student will be starting at year level: (please circle one) 9 10 11 12 13			
Start date / Rā tīmata <input type="checkbox"/> Start of year <input type="checkbox"/> Other (please specify)			
Student Mobile Number / Tau waea pūkoro			
Which ethnic group(s) do you belong to? <i>Nō tēhea, ēhea mātāwaka koe?</i>			
An ethnic group is required by the Ministry of Education for statistical purposes. Please tick one or more			
<input type="checkbox"/>	NZ European / Pākehā		
<input type="checkbox"/>	Māori (Iwi and Region if known; up to 3 may be used)		
Iwi		Region/ Rohe	
Iwi		Region/Rohe	
Iwi		Region/Rohe	
<input type="checkbox"/>	Pacific Island/Pasifika	Please specify/Tuhia mai:	
<input type="checkbox"/>	Other/ (t)ētahi atu iwi	Please specify/Tuhia mai:	
1 st language spoken/Reo tuatahi			
2 nd language spoken/ Reo tuarua			

CONFIRMATION OF RESIDENCY / RARAUNGA AOTEAROA

Have you previously attended a New Zealand school? Yes <input type="checkbox"/> No <input type="checkbox"/>		Previous school before coming to Motueka High School:	
All students need to supply the school with evidence of citizenship and eligibility to enrol in a New Zealand school – for New Zealand citizens this is a birth certificate or passport, for non-citizens it is the passport plus visa details			
Are you a New Zealand citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Country of Citizenship (if not NZ)?	
<input type="checkbox"/> Copy of birth certificate/passport attached		<input type="checkbox"/> Copy of student/residency visa attached (if not a NZ citizen)	

PRIMARY CAREGIVER DETAILS / NGĀ MĀTUA

This is the adult(s) who assume the most responsibility in caring for the health and wellbeing of the student

Full name of caregiver 1		Full name of caregiver 2	
Relationship to student		Relationship to student	
Home phone		Home phone	
Mobile		Mobile	
Email		Email	
Workplace		Workplace	
Work phone		Work phone	
Residential Address / Wāhi noho		Postal Address (if different) / Wāhi pōho	
Number / Street		Number / Street	
Suburb		RD Number	
Town		Town	
Postcode		Postcode	

SECONDARY CAREGIVER DETAILS / NGĀ MĀTUA TUARUA

(secondary residence - if applicable)

Full name of caregiver 1		Full name of caregiver 2	
Relationship to student		Relationship to student	
Home phone		Home phone	
Mobile		Mobile	
Email		Email	
Workplace		Workplace	
Work phone		Work phone	
Residential Address / Wāhi noho		Postal Address (if different) / Wāhi pōho	
Number / Street		Number / Street	
Suburb		RD Number	
Town		Town	
Postcode		Postcode	

ALTERNATIVE EMERGENCY CONTACT / HEI MĀTUA OHOTATA

*(this should be a **different** person to the caregivers named above)*

Full Name		Relationship to student	
Home phone		Mobile	

SIBLINGS (WHĀNAUNGA TATA) AT MOTUEKA HIGH SCHOOL

Please list the names of any sibling(s) currently or previously at Motueka High School. Siblings include brothers, sisters, stepbrothers, stepsisters and any children of blended families.

1)

2)

3)

HEALTH & MEDICAL (HAUORA / RONGOĀ)

Name of Doctor/Medical Centre

Medical Treatment:

Parents/caregivers enrolling a student at Motueka High School give permission for their student to receive first aid by staff with first aid training. A register is kept of medication and treatment given. Students who require non-prescription medication on a semi-regular basis are encouraged to provide their own supply which will be held in the Student Office for their own use.

Medication:

Do you require MHS to hold and/or administer medication for your child? Yes No

If yes, please provide details including an up to date health plan from your doctor

Do you give permission for MHS to give Paracetamol (Panadol) to your student without contacting you first? Yes No

Medical Conditions:

Please list any medical issues of which the school should be aware. Please make sure you include family members with low or compromised immunity conditions eg from cancer treatment.

Condition (eg asthma, allergies)

Treatment – eg carries own inhaler (self-controlling)

Special Circumstances / Information

Please tick if any of the following circumstances apply to your child (we will contact you for further information):

Diagnosed conditions

Learning Support requirements

Mental health concerns

Family circumstances (eg custody issues)

Other (please detail):

Responsible Use of Digital Devices and Access to the School Network

A full guide to the behaviour for digital use at Motueka High School can be found on the website

- I will be given my own username; I will log on only with that username. I will not allow anyone else to use my username or password
- I will not have any involvement with any digital material or activity that might put myself or anyone else at risk
- I understand that I must not at any time use ICT to upset, offend, harass, threaten or in any way harm anyone connected to the school or the school itself, even if it is meant as a joke
- If I accidentally access inappropriate material, I will not show others, I will turn off the screen or minimise the window and I will report the incident to a teacher immediately
- I understand that these rules apply to any privately-owned digital equipment/device (such as a laptop, mobile phone, USB drive) that I bring to school or a school-related activity. Any images or material on such equipment/devices must be appropriate in a school setting
- I will respect all ICT systems and digital devices and treat all ICT and digital equipment/devices with care
- I understand that the school may monitor material sent and received using the school's ICT network
- I will respect and follow copyright laws when accessing material online
- I understand that using digital technology and the school network is a privilege and that if I misuse that privilege I may lose access to the school network

I agree to abide by the above conditions:

Student Name:

Student Signature:

Education Outside the Classroom / Mātauranga Taiao		
Level One	On-site (within the school environs)	Parent/Caregiver consent given at the time of enrolment and not required for each specific event
Level Two	Off-site events, including sporting tournaments occurring in school time or finishing by approximately 6pm	

I confirm the following Motueka High School enrolment requirements as appropriate:

- I/we confirm that the information provided on this form is correct and complete.
- I/we will advise Motueka High School of any subsequent change to this information.
- I/we confirm that the residency information recorded on page one is true and correct and documents are attached.
- I/we have read the EOTC information and agree to the participation of our child in lower risk category Level One and Level Two EOTC events (as outlined above).
- I am/we are aware that there are costs associated with a number of school activities. I undertake to pay these costs before the activity takes place unless I have made other arrangements with the school.
- I am/we are aware that payments made, or credits applied to student accounts will be allocated to any outstanding fees and charges on the account (as specified by the payer, or otherwise allocated by the school).
- I/we 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 up to date.
- I/we consent to the student named on this form having their photo taken and placed on the school management system.
- I/we consent to the student's work and/or photograph/video images appearing in school publications/website and school advertising material.
- I/we consent to my student being seen by the school nurse.
- I/we have disclosed all information that is relevant to the enrolment of the student named on this form.
- By signing this form, I/we as caregivers agree to support Motueka High School's core values, regulations, policies (including uniform) and procedures.

Name of Parent/Caregiver:		
Signature of Parent/Caregiver:		Date:
Signature of Student:		Date:

Privacy Statement / Taukī Tūmataiti

The school collects the information on this form to:

- enrol your child at school
- assess the educational needs of your child
- ensure the school gets the correct resources from the Ministry of Education for your child

The school collects and uses your child's information in accordance with the Privacy Act. The school sends some of your child's information to the Ministry of Education and other education and health agencies. Under Information Sharing Agreements, the Ministry shares information collected from School Roll Returns with the Ministry of Social Development (MSD), the Ministry of Health (Health), and Statistics NZ. The school will not provide your child's information to any other people or organisations without your authorisation, unless needed by law.

Accessing or changing your information

You can log-in to the Motueka High School Portal at any time to view and update information for your student

<i>Office Use Only</i>	<i>Enrolment Number:</i>
<i>Year Level:</i>	<i>Enrolling Dean:</i>
<i>Start Date:</i>	<i>Leaving Date:</i>