



YEAR 10 / 11 / 12 / 13 *Please circle appropriate year level*

ENROLMENT APPLICATION FORM 2017

Name of Student (*Please use names as stated on Birth Certificate*)

.....
First Name

Surname

Manurewa High School has an approved scheme to avoid overcrowding. It is important to read the enclosed leaflet ("Notes re In Zone Enrolments") to ensure that you are well aware of the conditions of our enrolment process and the documentation that is required.

The following documents **must be attached** when submitting this application. **An incomplete application will NOT be processed.**

- Full **Birth Certificate** - *photocopy only*
- Proof of Place of Residence** – ie current telephone or electricity account OR Government department document - *photocopy only*
- Enrolment Application Living Arrangements Declaration** form
- Proof of Residency** (*non NZ born*) and **Passport Evidence**
Resident Visa / Student Visa / Work Visa
- Medical Form** (*blue*) completed and signed by parent/guardian
- NCEA results and NZQA number** (*for Year 11/12/13*)
- Option Selection Form/s**
- Latest School Report** – *photocopy only*

ENROLMENT ZONE REGULATIONS

Out of Zone Application Closing Date

Wednesday 7 September 2016

Ballot drawn on Wednesday 14 September 2016

Note: A change of address to an out of zone address before the start of school year can make an in zone enrolment invalid.

An enrolment can be refused/cancelled by Manurewa High School if incorrect information regarding the student is given on this enrolment application.

The information on this form is collected and used by the school in educating your child, and for associated school activities. 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 within the school.

*You have the right to request access and to request correction of information held about you by the school. We would be grateful if you could contact the school office if any details need to be changed, **especially contact details, in particular address and email.***

For Office Use Only

- In Zone
- Out of Zone

Sections 1-6 to be completed by Parent/Guardian/Caregiver

Student No.

SECTION 1 (A) Student Details	Male/Female <i>(please circle)</i>
Family Name	Last School Attended
First Names	
Name Used	Birth Date
Ethnic Group	Country of Birth
If Maori please indicate Iwi Group	Preferred Spoken Language
What is the language you first learned to speak?	Student Mobile Phone No.
Has the student been excluded / suspended / stood down (Circle) <input type="checkbox"/> Yes <input type="checkbox"/> No	
New Zealand Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 1 (B) To be completed only if the student was NOT born in New Zealand	
Passport Status: Permanent NZ Resident <input type="checkbox"/> Work Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Visa No.	
Date arrived in New Zealand	Expiry Date

SECTION 2 Home Details	Email Address	
Home Address	Postal Code	Home Phone
		Eldest Child Yes / No
Siblings currently at Manurewa High School <i>(brothers and sisters - please list)</i>		
Siblings previous at Manurewa High School <i>(brothers and sisters - please list)</i>		
Child of former student <i>(parent - please list)</i>		

SECTION 3 Parental Details		
PART 1		
The student lives with	Parent(s) <input type="checkbox"/>	Guardian(s) <input type="checkbox"/> Caregiver(s) <input type="checkbox"/>
Mother/Caregiver/Guardian <i>(please circle)</i>	Father/Caregiver/Guardian <i>(please circle)</i>	
Full Name (Mrs/Ms/Miss)	Full Name	
Work Phone No	Work Phone No	
Mobile Phone No	Mobile Phone No	
Work Place	Work Place	
Occupation	Occupation	
Email address <i>(compulsory)</i>	Email address <i>(compulsory)</i>	
PART 2 Parents not living at the same address as student		
A natural mother or father not living with a child is entitled to vote in Board of Trustees elections. Please name here any such person you wish the school to recognise. Please note school reports may be sent via email if an email address is supplied.		
Mother's Full Name	Father's Full Name	
Home Address	Home Address	
Home Phone No	Home Phone No	
Mobile No	Mobile No	
Workplace Phone No	Workplace Phone No	
Email address	Email address	
Custody/access arrangements about which the school should be aware		

SECTION 4 Emergency Contacts

Could you please nominate another contact person in case we cannot get in touch with any of the caregivers listed in Section 3 on the previous page.

Mr / Mrs / Ms / Miss	
Relationship to student	Home Phone
	Mobile
Family Doctor	Family Dentist

Does the student have any special Learning needs (Circle) **Yes No**

If **yes** please specify

SECTION 5 Commitment**Parents/Guardians/Caregivers/Student Guarantee**

If accepted, I guarantee to attend regularly and abide by the school rules and regulations. I understand that my educational progress will be discussed with, and revealed to, my parent/guardian/caregiver who will support the school in their endeavours to ensure my success at school. I agree that any images of me and/or my work can be used by the school for internal and external purposes, eg school LMS, school yearbook, school promotional material.

Signed Student Date

Signed Parent Date

Address and phone number details are collected at the time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary. These contact details may also be passed on to the Ministry of Education and the Ministry of Social Development (MSD). This is 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.

Manurewa High School STUDENT CYBERSAFETY USE AGREEMENT FORM

Technology plays a large role in our students' lives. ICT can enhance and enrich learning opportunities both at home and at school. Manurewa High School is committed to allowing responsible use of electronic devices at school to provide as many pathways to understanding as possible for our students.

To the student, and the parent/legal guardian/caregiver

- Please read this page carefully, to check you understand your responsibilities under this agreement
- Sign the appropriate section on this form
- Keep the information document for future reference, as well as a copy of this signed page.

We understand that Manurewa High School will:

- Do its best to keep the school cybersafe, by maintaining an effective cybersafety programme. This includes working to restrict access to inappropriate, harmful or illegal material on the Internet or school ICT equipment/devices at school or at school-related activities, and enforcing the cybersafety regulations and responsibilities detailed in use agreements
- Keep a copy of this signed use agreement form on file
- Respond appropriately to any breaches of the use agreements
- Provide members of the school community with cybersafety education designed to complement and support the use agreement initiative
- Welcome enquiries from students or parents about cybersafety issues.

We understand that Manurewa High School is in no way responsible for:

- Personal digital devices that are broken while at school or during school-sponsored activities.
- Personal digital devices that are lost or stolen at school or during school-sponsored activities.
- Maintenance or upkeep of any personal device (e.g. keeping it charged, installing updates or upgrades, fixing any software or hardware issues).

STUDENT'S SECTION

My responsibilities include:

- **I will read** the Secondary Student Cybersafety Use Agreement document carefully
- **I will follow** the cybersafety rules and instructions whenever I use the school's computer network, Internet access facilities, computers and other school ICT equipment/devices
- **I will also follow** the cybersafety rules whenever I am involved with privately-owned ICT devices/equipment on the school site or at any school-related activity, regardless of its location
- **I will avoid** any involvement with material or activities which could put at risk my own safety, or the privacy, safety or security of the school or other members of the school community
- **I will take proper care** of school owned ICT equipment/devices. I know that if I have been involved in the damage, loss or theft of ICT equipment/devices, my family may have responsibility for the cost of repairs or replacement
- **I understand that** using my digital device in class is at the discretion of the teacher.
- **I will** make no attempts to circumvent the school's network security and/or filtering policies. This includes setting up proxies and downloading programs to bypass security.
- **I will not** distribute pictures or video of students or staff without their permission (distribution can be as small as emailing/texting to one other person or as large as posting images or video online)
- **I will ask** the relevant staff member if I am not sure about anything to do with this agreement.

I have read and understand my responsibilities and agree to abide by this Cybersafety Use Agreement. I know that if I breach this use agreement there may be serious consequences.

Name of student:

Signature:

Date:

SECTION FOR PARENT/LEGAL GUARDIAN/CAREGIVER

I have read the Cybersafety Use Agreement form above and am aware of the school's initiatives to maintain a cybersafe learning environment, including the responsibilities involved.

Parent/Legal Guardian/Caregiver *(Please circle which term is applicable)*

Name:

Signature:

Date:



Manurewa High School

**ENROLMENT APPLICATION
LIVING ARRANGEMENTS DECLARATION**

The Education Act gives a guarantee of enrolment to students who live in the home zone specified in the School's enrolment scheme. The Board of Trustees needs to be sure that an in-zone address is genuine because the Board is required to manage the school for the benefit of local students.

In addition to specific documents showing proof of residence, it is a requirement for you to complete the following declaration as part of your application to enrol at Manurewa High School. The questions in this declaration follow the guidelines as specified by the Ministry of Education.

First Name: **Last Name:**

Details of the last school which the student attended:

Name of School:

Country:

Home address of student while at their last school:

.....

THE FOLLOWING QUESTIONS REFER TO THE STUDENT'S LIVING ARRANGEMENTS AS PROVIDED ON THE ENROLMENT APPLICATION:

Complete this section if the student WILL be living with their parent(s):

How long have you lived at the address stated on the Enrolment Application?

What family members (and other people) live at your address?

.....

Address Ownership: Own Rent Board

How long do you intend to stay at this address?

Will the student be staying at any other address on a regular basis?

NO YES If **YES**, please provide details below:

Staying with (*name*)

Relationship to Student

At (*address*)

please turn over to complete and sign

Complete this section if the student will NOT be living with their parent(s):

How long has the student been living at the address shown on the enrolment application?.....

What reasons are there for this living arrangement?.....

.....

Who should the School contact in case of serious emergency or serious discipline matters?

Name:

Phone: Home: Work:..... Mobile:

Will the student be staying at any other address on a regular basis?

NO YES If **YES**, please provide details below:

Staying with (*name*)

Relationship to Student

At (*address*)

If any issues arise from the above information, the Board of Trustees may wish to interview you to ensure the genuineness of the application.

If your application for enrolment is declined, you may appeal the Board of Trustees' decision by asking the Ministry of Education to direct the Board to enrol the student. Application forms are available from the Ministry's local office.

INFORMATION PRIVACY
The personal information provided in this application will be used for School management purposes and for appropriate statistical returns. The information will not be published in any identifying manner without the specific permission of those named. Those named will have rights of access to, and correction of the information held by the School. The School will keep relevant records on all students but no information concerning an unsuccessful applicant will be retained. The School will take reasonable steps to check that the information held is up to date.

Signed:

Name:

Date:



Manurewa High School

MEDICAL FORM

To assist our School Health Centre in providing the best possible care for your son/daughter in any illness/emergency situation, please answer the following. While this information is strictly confidential, it may be necessary for the safety of your child and others to inform relevant staff of medical conditions. This medical form will be filed in the School Health Centre.

STUDENT'S NAME: **Year Level:**

1 Family Doctor: Phone No:

Dentist: Phone No:

2 MEDICAL CONDITIONS

My child has or has had the following disabilities, allergies or medical problems which may affect his/her performance or activities at school:

Medical Conditions	✓ Yes	Medication Required (see below), Other Details
Asthma (see Section 10)		
Diabetes		
Epilepsy		
Rheumatic Fever		
Hepatitis A or B / HIV		
Glandular Fever		
Headache		
Migraines		
Sinus		
Hay Fever		
Heart Conditions		
Tuberculosis		
Nose Bleeds		
Recurring Abdominal Pain		
Back / Neck Problems		
Past Illness or Operations		
Other		
Nil		

3 ALLERGIES

Allergic Reaction To	✓ Yes	Specify Type
Bee Stings		
Medication		
Food		
Other		
Nil Known		

4 MEDICATION

Please send **labelled** medication to the School Nurse if it is required for regular use or for emergencies (ie antihistamines for bee stings).

5 Does your SON/DAUGHTER have on a regular basis:

(a) Any medication not mentioned above?

(b) A course of treatment / counselling?

If **YES**, please detail

.....

6 IMMUNISATION

Has your son / daughter had tetanus immunisation? (please circle answer)

YES / NO

If **YES**, list date of last tetanus injection

7 SENSORY LOSS YES / NO (please circle)

If **YES**, specify type and degree below:

Problem Area	Right	Left	Bilateral	Amount (eg mild, 100%)
Visual (Eyesight)				
Hearing				
Device Used (eg Glasses, Hearing Aid)				

8 OTHER RELEVANT CONDITIONS (eg cardiac murmur – limited PE, Cystic Fibrosis, etc)

If **NO**, write N/A and go to Section 10.

If **YES**, please detail:
.....

9 SPECIAL HOME CIRCUMSTANCES

Are there any factors that may affect the student’s behaviour or emotional stability?

If **NO**, write N/A and go to Section 11.

If **YES**, please detail:
.....

10 ASTHMA SUFFERERS ONLY

Does the student have an “Asthma Action Plan”? **YES / NO**

If **YES**, please give a copy to the School Nurse.

If using preventers, the Asthma Society recommends having an Action Plan (which requires updating every 6-12 months). See your GP/Practice Nurse.

11 PERMISSION FOR ADMINISTERING MEDICATION (eg Panadol, Antihistamine, Mylanta, topical creams, Cough Syrup)

In some circumstances it is necessary for medication to be administered for such things as headaches, period cramps, hay fever, sinus, colds.

I give permission for the School Nurse to administer this treatment if necessary

Parent/Guardian Signature

In case of a serious accident or emergency, an ambulance will be called. A parent/guardian will also be called, so please ensure that the School has your most current contact details.

The School realises that family circumstances and a student’s health may change in the course of a year. It would be very much appreciated if the School is notified as soon as possible by either:

- (a) A phone call to the Health Centre
- (b) A phone call to the Main Office
- (c) A note to the Whanau tutor

Note This information is for School purposes. The School reserves the right to pass on this information to other agencies it sees fit to hold and store the information.



Manurewa High School

SPORTS DEPARTMENT

Sports offered at Manurewa High School

Adventure Racing	Cross Country	Hockey	Rugby League	Softball	Touch
Athletics	Disability Sports	Kilikiti	Rugby League Girls	Squash	Trampoline
Badminton	Dragon Boat	Multi Sport	Rugby Union	Swimming	Volleyball
Basketball	Football	Netball	Rugby Union Girls	Table Tennis	Waka Ama
Cricket	Golf	Orienteering	Rugby 7s	Taekwondo	
	Gymnastics			Tennis	

SPORTS ENROLMENT FORM

NAME: **YEAR LEVEL:**

LAST SCHOOL ATTENDED:

MALE

FEMALE

Do you or have you played sport for the following organisations: *tick box*

School

Club

What sports do you play?

.....

List school teams you play for:

.....

List club teams you play for:

.....

Have you represented your sport/s at a regional or national level? **YES** **NO**

If you answered **YES**, which sport, level, region?

.....

Are there any sports you would like to play, which are not in the list above?

.....

Are you interested in representing Manurewa High School in these sports? **Why?** **Why not?**

.....

Are your parents/guardians interested in helping with coaching or managing teams in the School? **YES** **NO**

Which team

PTO

SPORTS FEE:

Fees must be paid to the Business Centre under the students name and sport by Week 3 competition, those that have not will be stood down from playing until such time payments are complete.

\$10.00	\$20.00	\$30.00
Aquathon	Softball	Rugby League
Athletics	Basketball	Rugby Union
Golf	Cricket	Netball
Gym Sports	Distance Running	Hockey
Kilikiti	Volleyball	Football
Orienteering	Waka Ama	Badminton
Swimming	Cross Country	
Tennis	Squash	
Table Tennis	Touch	
Multi-Sport		

'Providing an opportunity for all student athletes to achieve their maximum potential both athletically and recreationally'