

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

ENROLMENT APPLICATION FORM 2018

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.

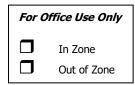
The following documents **must be attached** when submitting this application. **An incomplete application will NOT be processed.**

|] | Full Birth Certificate - photocopy only | | | | | | |
|--|--|--|--|--|--|--|--|
| Proof of Place of Residence – ie current telephone or electricity are Government department document - <i>photocopy only</i> | | | | | | | |
|] | 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 6 September 2017 | | | | | | |
| | Ballot drawn on Wednesday 13 September 2017 | | | | | | |
| | 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.**



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

Student No.

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

| SECTION 2 | Home Details | Email A | ddress | |
|---|----------------------|----------------|--------------|----------|
| Home Address | | | Home Phone | |
| | | Postal Code | Eldest Child | Yes / No |
| Siblings currently at Manurewa High School (brothers and sisters - please list) | | | | |
| Siblings previous at Manurewa High School (brothers and sisters - please list) | | | | |
| Child of former student (p | arent – please list) | | | |

| SECTION 3 Parental Details | |
|---|---|
| Part 1 | |
| The student lives with Parent(s) | Guardian(s) Caregiver(s) |
| Mother/Caregiver/Guardian (please circle) | Father/Caregiver/Guardian (please circle) |
| 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 (compulsory) | Email address (compulsory) |
| | e address as student titled to vote in Board of Trustees elections. Please name here any such person 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 should be aware | school |

| SECTION 4 Emergency C | ontacts | | |
|--|----------------|--|--|
| 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

Whanau Tutor Class (Limited Spaces)

| | The Maaori Whaanau class is an opportunity for Maaori students to come together, build their skills in Te Ao Maaori |
|----------------|--|
| | and advocate for Maaori within the school and community. It is a place where "it's cool to koorero" Te Reo Maaori |
| Maaori Whaanau | and they meet together in the mornings during the normal 20 minute whaanau time. The class is a Vertical Whaanau |
| | which means it has students from all year levels from year 9 to 13 encouraging the natural Tuakana Teina Maaori |
| Class 🖵 | approach. The class is also built on Kauapapa Maaori Principles such as Tino Rangatiratanga, Manaakitanga, |
| | Whaanau and incorporates cultural aspirations of students their whanau and/or iwi. Currently there are 2 classes |
| | who are joined together in the mornings and are located in the whare. Junior students still attend core classes with |
| | their core year group and where possible are paired with another student from the Maaori Whanau Class. Students |
| | in the Maaori Whaanau group are from all different whaanau - Ahi, Kotuku, Pounamu and Te Ao Marama and attend |
| | a different whaanau assembly per term to stay connect to their own whaanau but also to support other Maaori |
| | students to stay connected to theirs. The Maaori Whanau group has been an initiative in our school for the last 3 |
| | years successfully supporting our Maaori students and whaanau. |

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 schoolrelated 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: | |
|------------|-----------|--|
| Signature: | Date: | |

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Manurewa High School Piki atu ki te rangi

HIGH PERFORMANCE SPORT APPLICATION FORM

| Name: | Date: |
|--|---------------------------------------|
| Year Level: | Current School: |
| Male E Female | |
| Sporting Achievements | |
| Please list your Regional and/or National achiever | nents: |
| | |
| Please list other sports you participate in: | |
| | |
| Are you a club athlete? If yes, please list the club t | |
| | |
| Coaching Endorsement | |
| Name of Coach: Phone: | Email: |
| Please comment on attitude, resilience, character | & work ethic. |
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Manurewa High School

Athletics Department

Miss M Martene, Head of Sport Miss M Silva, Sports Coordinator

Sports available:

| Adventure | Athletics | Dragon Boat | Netball | Squash | Touch |
|--|---|---|---|--|---|
| Adventure Racing * <i>Get 2 Go</i> * <i>Hillary</i> <i>Challenge</i> * <i>Nav Quest</i> | Badminton Basketball Cross Country Disability Sports Distance Running | Football Golf Gymnastics Kilikiti Multi Sport * <i>Triathlon</i> *Duathlon *Aquathon | Orienteering Rugby League Rugby Union Rugby 7s Softball | Swimming Table Tennis Taekwondo Tag Tennis | Trampoline Ultimate Frisbee Volleyball Waka Ama |
| | | | | | |

Sports Information Form:

| Name: | | ear Level: |
|---------------------|--|----------------|
| Last School Atten | ded: | |
| Male 🛛 | Female 🗆 | |
| Do you or have you | played sport for the following organisations: | |
| School 🛛 | Club 🗖 tick box | |
| What sports do you | play competitively? | |
| | | |
| | ou have played for: | |
| | | |
| - | have played for: | |
| | | |
| | at a Regional or National level? Yes □ No □ tick box | |
| | S, which sport, level, region? | |
| | | |
| Are your parents/gu | ardians interested in either coaching or managing teams in our Schoo | ol? Yes 🗆 No 🗖 |
| Which Sport? | | |



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 (a | nd other people) | live at your address? | | | |
| | | | | | |
| Address Ownership: | Own 🗖 | Rent 🗖 | Board | | |
| How long do you intend | How long do you intend to stay at this address? | | | | |
| Will the student be stayir | ng at any other a | ddress on a regular basis? | | | |
| NO 🗖 | YES 🗖 | If YES , please provide details b | elow: | | |
| Staying with (nam | ne) | | | | |
| Relationship to Stu | udent | | | | |
| At <i>(address)</i> | | | | | |

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: Work: Mobile: | | | | | |
| Will the student be staying at any other address on a regular basis? | | | | | |
| NO TYES I 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.

| STU | DENT'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 **<u>labelled</u>** 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

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6 IMMUNISATION

YES / NO

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

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

| | Problem Area | Right | Left | Bilateral | Amount (eg mild, 100%) | | | |
|--|---|-----------------------------------|--|---------------------|--|--|--|--|
| | Visual (Eyesight) | | | | | | | |
| | Hearing | | | | | | | |
| | Device Used (eg Gla | sses, Hearing Aid |) | | | | | |
| | 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: | | | | | | |
| | , p | | | | | | | |
| | | | | | | | | |
| | SPECIAL HOME CIRC | | | | | | | |
| | Are there any factors the If NO , write N/A a | | | iour or emotional s | tability? | | | |
| | , , | 5 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | ASTHMA SUFFERERS Does the student have a | | Plan"? Y | ES / NO | | | | |
| | If YES , please give a copy to the School Nurse. | | | | | | | |
| | | Asthma Society Practice Nurse. | recommends ha | ving an Action Plar | n (which requires updating every 6-1. | | | |
| | monuns). See your Gryn | | PERMISSION FOR ADMINISTERING MEDICATION (<i>eg Panadol, Antihistamine, Mylanta, topical creams, Cough Syrup</i> In some circumstances it is necessary for medication to be administered for such things as headaches, period cramps hay fever, sinus, colds. | | | | | |
| | PERMISSION FOR AD In some circumstances it | | | | | | | |
| | PERMISSION FOR AD In some circumstances it | is necessary for r | medication to be | administered for su | ich things as headaches, period cramps | | | |
| | PERMISSION FOR AD In some circumstances it hay fever, sinus, colds. | is necessary for r | nedication to be se to administ | administered for su | ich things as headaches, period cramps | | | |
| | PERMISSION FOR AD In some circumstances it hay fever, sinus, colds. I give permission for | is necessary for r | nedication to be se to administ | administered for su | ich things as headaches, period cramps | | | |

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 eLearning 2018

Our eLearning vision

"Successfully integrating collaborative technologies with appropriate pedagogies to challenge, support and inspire learning in Manurewa High School classrooms, so that students can embrace the digital culture and access future-focussed career pathways."

Manurewa High School has successfully embarked on implementing BYOD for all Year 9 students in 2017. Digital devices are a critical learning tool, utilised by students on a global scale. Teachers are shifting their learning programmes to meet the needs of the 21st century digital citizen. Manurewa High School's eLearning programme, requires all Year 9 students to have a laptop in 2018. The device will be used every day at school and at home to assist with learning and achievement.

After much research and robust discussions with parents, students, teachers and IT specialists, we have selected the best device for purchase: Laptop (4GB, 500GB Model TBC). This device is lightweight and versatile while providing maximum performance for students of all year levels. The device also comes with Microsoft Windows 10, Wireless capability, Webcam, Microphone and a 5-hour battery life. Antivirus and web-filtering software will also be installed.

We have teamed up with a reputable computing company to put together a complete package, which includes the device, carry case, 3-year total warranty and 3-year damage and loss insurance. The overall cost is yet to be decided, as we are trying to get the best price for our students. There will be several payment options available, including buying outright, finance with 1-3 payment terms, and financial hardship grants.

You have the choice to go with our preferred company or you are welcome to purchase your own device from another supplier. However, it must meet the minimum requirements stated above.

While we have limited details about the actual cost, you can keep up to date will all of our eLearning news on the School website, Facebook page and information coming via the email address on your enrolment form.

If you have any questions about the programme, device or payment then please contact me.

Nga Mihi Nui

Craig Render eLearning Co-ordinator Microsoft Innovative Educator Expert (MIE Expert) rd@manurewa.school.nz rd@manurewa.school.nz (09) 269 0690 Ext. 242 Lawrence Naicker Deputy Principal <u>nr@manurewa.school.nz</u> (09) 269 0690 Ext. 299



MANUREWA HIGH SCHOOL

In Zone Enrolments

The following is a summary of the Enrolment Scheme conditions and procedures for **In Zone** Enrolments at Manurewa High School.

Eligibility to Enrol

If a student's legal place of residence is within Manurewa High School's designated home zone *(refer to map on reverse of this sheet)*, then that student is eligible to enrol at the School, subject to the following:

Manurewa High School Zone

NB For all the boundary streets, the school zone area includes the houses on the side of the street nearest the School.

| Northern Boundary | Redoubt Road (west of Hilltop Road), Wiri Station Road to Roscommon Road (Manurewa High School side) |
|-------------------|---|
| Western Boundary | Cnr Wiri Station Road along Roscommon Road to Browns Road, Manukau Harbour Coastline from Browns Road to Burundi Avenue <i>(Manurewa High School side)</i> |
| Southern Boundary | Burundi Ave, Wordsworth Road to Swallow Drive <i>(odd numbers 1–23),</i> Russell Road to Weymouth Road east along Weymouth Road to the motorway <i>(Manurewa</i> <i>High School side),</i> Rowandale Ave from Wordsworth Road to Browns Road <i>(numbers 68-165)</i> |
| Eastern Boundary | Motorway to Orams Road and streets west of Totara Park and south of Redoubt Road (Manurewa High School side) |

The Enrolment Process

Students who are **In Zone** are able to enrol at any stage during term 3, but to ensure that students are placed in an appropriate class and that they are able to take the subjects of their choice, enrolment applications for the year 2018 should be completed by **Wednesday 6 September 2017**.

The following documentation must be attached to the application form. An incomplete application will not be processed:

- 1 The latest school report/NZQA results (photocopy only)
- 2 Proof of place of residence, ie:
 - A current telephone account, or electricity account, or a Government department document (original only).
 - Enrolment Application Living Arrangements Declaration Form
- 3 Full birth certificate (photocopy only)
- 4 Proof of residence (if not NZ born) and passport evidence
- 5 Medical form (blue) completed and signed by parent/guardian

Enrolment applications will only be confirmed once all details and documentation have been checked by Manurewa High School staff.

To be considered as being "in zone", a student's confirmed address must also be within the school zone on enrolment date (ie the first day of attendance at the school).

Map of School Zone on reverse of sheet



Auckland Council