

Palmerston North Girls' High School  
2018 ENROLMENT DOCUMENTATION

Year 9



Student Name

Enrolment Checklist

- ☐ Application Form has been completed and all areas highlighted in grey have been signed
- ☐ Photocopy of most recent **School Report** is included
- ☐ **Two (2) documents** verifying usual place of residence are included (*e.g. Phone Account or Bank Statement*)
- ☐ Photocopy of **New Zealand Birth Certificate** or **Passport** is included
- ☐ Photocopy of **Student Visa** or **Residency Visa** are included (*if applicable*)
- ☐ Photocopy of **Immunisation Record** (*e.g. Well Child Book or G.P. Record for measles*)
- ☐ Photocopy of **NCEA Results** are included (*only if your daughter is enrolling for Year 12 or 13 or has completed NCEA assessments in Year 9 or 10*)
- ☐ Photocopy of **Learning Assessment** (*e.g. dyslexia, giftedness, if applicable*)
- ☐ Photocopy of court documents – re custody (*if applicable*)

# APPLICATION FOR ENROLMENT

## SECTION A: STUDENT DETAILS

<b>Legal Surname</b>	
<b>First Name(s)</b>	
<b>Preferred Surname</b>	<b>Preferred Name</b>
<b>Date of Birth</b>	<b>Current School</b>

<b>Address (physical)</b>		
<b>Postcode</b>		
<b>Address (postal if different from above)</b>		
<b>Postcode</b>		
<b>Student Mobile Telephone</b>		
<b>Ethnicity (up to three)</b>	1.	2.
		3.
<b>Iwi Affiliation (up to three)</b>	1.	2.
		3.
<b>Country of Birth</b>	<b>Citizenship</b>	

**Eligibility** (please tick)    NZ Citizen ☐    Australian Citizen ☐    NZ Resident ☐    Visa ☐    Refugee ☐

<b>Languages Spoken at Home</b>
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**English Language (ESOL) Assistance Required:** (please tick)    Yes ☐    No ☐

### Connection to Palmerston North Girls' High School

<b>Name(s) of sister(s) currently attending or former students of PNGHS.</b>	<b>Name</b>	<b>Years attended e.g.2012-2016</b>
<b>Name(s) of parent who attended PNGHS.</b>	<b>Maiden Name</b>	<b>Years attended</b>
<b>Name(s) of current PNGHS employee.</b>		
<b>Name(s) of House they belong/belonged to (please tick)</b>	Hodges <input type="checkbox"/> Mills <input type="checkbox"/> Rhodes <input type="checkbox"/> Stephens <input type="checkbox"/>	

## SECTION B: PARENT/CAREGIVER DETAILS

NOTE: Both primary and secondary caregivers will be provided with access to the KAMAR parent portal. This will allow them to view student attendance, NCEA results (if applicable), school reports and fee statements. All information for the Kamar portal is sent via email.

<b>PRIMARY RESIDENCE</b> (This is the student's main residence)			
<b>Title</b>	Prof/Dr/Mr/Mrs/Ms	<b>Title</b>	Prof/Dr/Mr/Mrs/Ms
<b>Surname</b>		<b>Surname</b>	
<b>First Name(s)</b>		<b>First Name(s)</b>	
<b>Relationship to Student</b>		<b>Relationship to Student</b>	
<b>Address</b>		<b>Address</b>	
<b>Postcode</b>		<b>Postcode</b>	
<b>Home Telephone</b>		<b>Home Telephone</b>	
<b>Mobile Telephone</b>		<b>Mobile Telephone</b>	
<b>Email Address</b>		<b>Email Address</b>	
<b>Occupation</b>		<b>Occupation</b>	
<b>Work Telephone</b>		<b>Work Telephone</b>	

<b>Mobile Number you would like us to use for text alerts:</b> (used for absences, notification of emergency etc.)
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<b>SECONDARY RESIDENCE</b> (Complete this section if there is shared living/custody arrangements)			
<b>Title</b>	Prof/Dr/Mr/Mrs/Ms	<b>Title</b>	Prof/Dr/Mr/Mrs/Ms
<b>Surname</b>		<b>Surname</b>	
<b>First Name(s)</b>		<b>First Name(s)</b>	
<b>Relationship to Student</b>		<b>Relationship to Student</b>	
<b>Address</b>		<b>Address</b>	
<b>Postcode</b>		<b>Postcode</b>	
<b>Home Telephone</b>		<b>Home Telephone</b>	
<b>Mobile Telephone</b>		<b>Mobile Telephone</b>	
<b>Email Address</b>		<b>Email Address</b>	
<b>Occupation</b>		<b>Occupation</b>	
<b>Work Telephone</b>		<b>Work Telephone</b>	

**EMERGENCY CONTACT** *(other than listed above)*

An emergency contact is used if PNGHS cannot make contact with person(s) identified in the Primary or Secondary Residence.

**Name****Relationship to Student****Home Telephone****Mobile Telephone**

Are there any custodial issues relating to your daughter that the school should be aware of?

No

☐

Yes

☐

If yes please provide information in the space below.

Please note: **any restrictions on communication or access with, or by a parent MUST be supported by a court order.**

**MEDICAL INFORMATION****Doctor****Dentist****Surgery Name****Surgery Name****Contact Number****Contact Number****Immunisation History**

Tetanus

No

☐

Yes

☐

Year \_\_\_\_\_

Measles\*

No

☐

Yes

☐

I give permission for my daughter to be given paracetamol if deemed necessary by Sick Bay staff

No

☐

Yes

☐

Please tick the box of any medical conditions that your daughter has been diagnosed with:

☐

Anxiety

☐

Asthma

☐

Back Problems

☐

Diabetes

☐

Depression

☐

Epilepsy

☐

Glandular Fever

☐

Heart Condition

☐

Hepatitis A or B

☐

Migraines

☐

Other (please state below)

Please tick the box of any allergies that your daughter has:

☐

Bee/Wasp Stings

☐

Drug Allergy (please specify) \_\_\_\_\_

☐

Food Allergy (please specify) \_\_\_\_\_

☐

Penicillin

☐

Other (please state below)

Please write details of any condition, including medications:

☐

Please tick if the medical condition is considered severe (i.e. requiring immediate response/treatment). PNGHS will make contact with you to discuss an emergency plan.

## LEARNING SUPPORT

Please tick the box of any conditions that may impact on your daughter's learning.

### Sensory

- ☐ Vision ☐ Hearing ☐ Speech ☐ Other (please state below)

### Other

- ☐ Attention Deficit ☐ Autism Spectrum ☐ Dyspraxia ☐ Dyslexia

- ☐ Head Injury ☐ Irlen Syndrome ☐ Other (please state below)

☐ Please tick if student has been assessed as requiring **Special Assessment Conditions** for example a reader/writer.

☐ Please tick if student has had a teacher aide or RTLB support.

☐ Please tick if student has been assessed as **Gifted and Talented (G.A.T.E)/a Child with special abilities (C.W.S.A)**

Please write details of any condition and/or attach copies of reports.

## EOTC CONSENT

This EOTC consent form covers participation in all **low risk** Education Outside the classroom opportunities that occur within a 30 minute drive of the school. Events that are of high risk or out of school hours will require specific consent.

The information on this sheet is used in addition to the information you have provided on the medical section of the enrolment.

Details on this form will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events.

This EOTC consent applies for the duration of your daughter's time at PNGHS.

**It is crucial that you provide information that is up to date and complete to allow us to plan appropriately for EOTC events.**

Please tick if your child has any of the following:

- ☐ Travel Sickness ☐ Colour blindness ☐ Dizziness ☐ Fits of any type

☐ Other  
(not previously identified in medical section of enrolment) \_\_\_\_\_

Has your child had any major injuries (breaks or strains) or illness (glandular fever etc.) in the last six months that may limit full participation in any activities?

☐ No ☐ Yes – please specify \_\_\_\_\_

Medical Alert Number (if applicable) \_\_\_\_\_

Outline any dietary requirements \_\_\_\_\_

What pain/flu medication may your child be given if necessary? \_\_\_\_\_

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases in the last four weeks?

☐ No ☐ Yes – please give brief details \_\_\_\_\_

Is there any other information that staff should know to ensure the physical and emotional safety of your child? E.g. cultural practices, disability, anxiety about heights/darkness/small places, pregnancy, behavioural or emotional problems.

☐ No ☐ Yes – please give brief details \_\_\_\_\_

Add any additional details here if there is not enough space to answer the questions above.

## Student Contract

*To be read and signed by participating students*

Please  
Tick

- ☐ I understand that any EOTC event is an opportunity for me to learn, practise skills and gain attitudes and values in an environment outside the classroom.
- I realise this requires me to take on genuine responsibility for my own learning and the safety of myself and that of others.
- ☐ I agree to do the following to make this happen:
- Show courtesy and consideration of others.
  - Follow the rules and instructions of staff and other supervisors at any event
  - Take part in all activities within challenge-by-choice options
  - Look after myself and my personal belongings
  - Declare medical conditions that could affect participation in the event.
  - Accept the rules set by the school for any event, even if they are different from what is expected at home.
- ☐ I understand that my parent/caregivers will be contacted and I may be sent home at their expense if:
- My actions are considered unacceptable by staff
  - I break the school drugs and alcohol policy
  - My actions put others or myself in danger.

Signed (by student)

Date

## Parental Consent

Please  
Tick

- ☐ I understand that this EOTC consent form covers low risk EOTC that will occur within a 30 minute drive of the school and this form will provide coverage for these low risk events for the time that my child is enrolled at Palmerston North Girls' High School.
- ☐ I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.
- ☐ I understand that there are risks associated with involvement in EOTC events and that these risks cannot be completely eliminated
- ☐ I understand that PNGHS will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.
- ☐ I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures.
- ☐ I acknowledge that in order to gain a better understanding of the risks involved I am able to ask any questions of PNGHS about the activities in which my child will be involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in discussion with the person in charge.
- ☐ I understand that PNGHS does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.

## Medical Consent

Please  
Tick

- ☐ In an emergency the school may act on my behalf
- ☐ School may administer pain relief
- ☐ 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 administration.
- ☐ I will inform PNGHS as soon as possible of any changes in medical or other circumstances between now and the commencement of an event.
- ☐ 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.
- ☐ Any medical costs not covered by ACC or a community service card will be paid by me.
- ☐ If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, she will be sent home at my expense.

Signed (*by parent*)

Date

## YEAR 9 SUBJECT CHOICES

### All students study

English	<input checked="" type="checkbox"/>	Mathematics	<input checked="" type="checkbox"/>
Physical Education and Health	<input checked="" type="checkbox"/>	Science	<input checked="" type="checkbox"/>
Social Studies	<input checked="" type="checkbox"/>		

Information about the option subjects is in the Curriculum Handbook that accompanies this form.  
Students select **four half-year** option subject preferences.

### Select **one subject** from the Arts Subjects

Visual Art	<input type="checkbox"/>	Visual Imaging	<input type="checkbox"/>
Music	<input type="checkbox"/>	Advanced Music ( <i>two years previous tutoring required</i> )	<input type="checkbox"/>
Drama	<input type="checkbox"/>	Dance	<input type="checkbox"/>

### Select **one subject** from the Technology subjects

Business	<input type="checkbox"/>	Design and Visual Communication	<input type="checkbox"/>
Digital Technologies	<input type="checkbox"/>	Food Technology	<input type="checkbox"/>
Materials Technology	<input type="checkbox"/>		

### Select **one subject** from the Languages

English Language ( <i>English for Speakers of Other Languages</i> )	<input type="checkbox"/>	French	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	Te Reo Māori	<input type="checkbox"/>

Select your **fourth** option from any of the above three learning areas Arts, Technology or Languages in order of priority

Subject Priority 1	_____	Subject Priority 2	_____
Subject Priority 3	_____	Subject Priority 4	_____

Signed (*by parent*)

Date



# ICT Responsible Use Agreement

## Palmerston North Girls' High School Responsible Use Student Agreement

When using information & communications technologies (ICT) at Palmerston North Girls' High School I will always be a good digital citizen. This means that:

**I will help others to become better digital citizens.**

Being a good digital citizen is something that we all have to work at. If I know that my friends are having problems online, I will try to help them. If I see that someone is being unfairly treated online then I will speak up rather than just watch it happen.

**I will always communicate with others in positive, meaningful ways when using ICT.**

I will always talk politely and with respect to people online. I know that it is possible to bully, hurt or offend people with what I say and do on the internet. I will think about the effect that my actions have on other people.

**I will be honest and fair in all of my actions using ICT.**

I will never do anything online that I know will hurt anyone. I will make sure what I do is not against the law. I will make sure that my actions don't break the rules of the websites or networks that I use. When I am not sure about what I am doing I will ask for help.

**I will always respect people's privacy and freedom of speech online.**

I understand that some information is private. I will be careful when using full names, birthdays, addresses and photos of other people and of myself. I will take reasonable steps to keep my passwords secure. I also know that I will not always agree with what people say online but that does not mean I can use it as an excuse to be unkind to them.

**I will be able to speak the language of digital technologies.**

When people talk online the things they say can be quite different from a conversation they might have if they were sitting next to each other. I know that I must try to understand what people are saying before I react to them. If I am not sure, I can ask them or someone else to explain.

**I understand that I may experience problems when I use technology and that I will learn to deal with them.**

I understand that there will be times when technology may not work as I expected it to, or that people may be mean or unkind to me online. When these things happen, I know that there are acceptable and appropriate ways I can deal with it. I also know there are people I can go to, to get help if I don't know what to do next.

**I will take steps to protect my privacy and dignity.**

I understand that material I share or access on the internet or by phone could be distributed by others or seen by a wide audience. I will endeavour to learn about and use the privacy settings on social media sites I use, and choose carefully the material I share with others.

*Student  
Initials*

## Student Declaration

**I understand that these guidelines for responsible use are to be followed when using any digital technology while at school or away on any school activity.**

I am aware that this may include the use of a device that the school does not own.

**I understand that it is every individual's responsibility to ensure that when using ICT their actions are within the law.**

This includes research, communications, use of social media, file sharing and any other activity carried out in the context of learning. Actions that could potentially breach the law include:

- Threats or abusive messages via text, email or messaging applications. As well as other applicable laws, these are now covered by the Harmful Digital Communications Act 2015
- Posting or sharing of indecent images. This is covered by the Films, Videos and Publications Classification Act 1993 and subsequent amendments.

**Everyone at Palmerston North Girls' High School must comply with New Zealand copyright law as laid out in the Copyright Act 1994.**

Some parts of the law, such as the Infringing File Sharing Amendment 2011, make the school accountable for copyright infringements recorded as taking place using the school internet connection. The school may pass on any costs associated with copyright infringements to those responsible.

**I understand that Palmerston North Girls' High School may provide me with an email address in the form of username@pnghs.school.nz**

I am aware that my actions and use of this address reflects on the school in the same way as my actions reflect on the school when I wear my school uniform. Accordingly, I will ensure my use of this email address is appropriate.

**I understand that if I breach this responsible use agreement, I may lose access to school ICT services including the use of the internet, on school owned devices or any personally owned device used at school.**

I understand that depending on the nature of the breach, other disciplinary consequences may also be incurred through the normal school discipline system.

Signed (*by student*)

Date

## Palmerston North Girls' High School Responsible Use Parent Agreement

**I have read the student declaration and have talked with my daughter about what it means to her.**

I am happy that my daughter understands what this means, and that she is capable of working within the guidelines.

**I understand that digital technologies need to be used responsibly, and that both the school and parents have a major role to play in teaching this responsibility.**

Palmerston North Girls' High School defines a digital citizen as someone who;

- contributes and actively promotes the values of digital citizenship
- uses ICT to relate to others in positive, meaningful ways
- demonstrates honesty and integrity in the use of ICT
- respects the concepts of privacy and freedom of speech on a digital world
- is literate in the language, symbols and texts of digital technologies
- is aware of ICT challenges and demonstrates resilience when managing them effectively

**I understand that a copy of the student Responsible Use Policy and the Parent Declaration is available online through the school website ([www.pnghs.school.nz](http://www.pnghs.school.nz))**

**I understand that the school provides access to the internet and other communications technologies because it believes that they enhance the teaching and learning process.**

**I understand that the school and parents work in partnership to encourage responsible behaviour when using technology to help protect students from experiencing harm.**

I am aware that this "Responsible Use Agreement" is part of that, and that it encourages students to consider how their actions can affect themselves and those around them.

**If I have any questions or concerns about the way in which technology is being used by my daughter or other PNGHS students, I will contact the school to discuss this.**

I know I am welcome to do this at any time

**I understand the responsible use guidelines provided to my daughter cover school-owned technology, and any technology used while at school or on a school-related activity.**

I understand that this may include the use of devices not owned by the school. The school may choose to monitor how technology is being used.

**I understand that my daughter is expected to comply with New Zealand copyright law as laid out in the Copyright Act 1994.**

Some parts of the law, such as the Infringing File Sharing Amendment 2011, make the school accountable for copyright infringements taking place using the school internet connection. The school may pass on to those responsible any costs associated with the copyright breach.

**I understand that it is my daughter's responsibility to ensure that when using ICT her actions are within the law.**

This includes research, communications, use of social media, file sharing and any other activity carried out in the context of learning. Actions that could potentially breach the law include:

- Threats or abusive messages via text, email or messaging applications. As well as other applicable laws, these are now covered by the Harmful Digital Communications Act 2015
- Posting or sharing of indecent images. This is covered by the Films, Videos and Publications Classification Act 1993 and subsequent amendments.

**I understand my daughter may be provided with an email address in the form of [username@pnghs.school.nz](mailto:username@pnghs.school.nz) and is expected to use this responsibly.**

**I understand breaches of this user agreement may result in a loss of access to school ICT services or the use of the internet.**

Depending on the nature of the breach, other disciplinary procedures may also be followed.

Signed (*by parent*) \_\_\_\_\_

Date \_\_\_\_\_

## DECLARATION BY PARENT(S) AND STUDENT

*Please  
tick*

**We agree:**

- ☐ That the information provided in this application is true and correct.
- ☐ That we shall comply with Palmerston North Girls' High School policy on all matters concerning the school, adhere to the school rules and wear the prescribed school uniform;
- ☐ That we grant permission for the school to take photographs of my student (who will not be named) during school activities and that the school may use those photographs on the Palmerston North Girls' High School website, and school newsletters, as well as in marketing material for the school.
- ☐ To hereby authorise PNGHS to approach this student's previous school in order to gather information on her school record.
- ☐ To meet the school staff promptly, if required to discuss the applicant's achievement, attendance or behaviour.
- ☐ That all accounts are payable by the 20<sup>th</sup> of the month following the date of invoice. If the account is not paid within 30 days after the due date, the school's debt recovery agency may charge a fee equal to 25% of the unpaid portion of the invoice amount and other legal and collection costs not covered by the fee. The minimum fee will be \$25.00

Signed ( <i>by student</i> )	_____	Date	_____
Signed ( <i>by parent/caregiver</i> )	_____	Date	_____
Signed ( <i>by parent/caregiver</i> )	_____	Date	_____

<i>Office Use Only</i>	
<i>Date Received</i>	<i>Priority</i>