



ENROLMENT FORM

STUDENT DETAILS

<p>Family name (as per birth certificate): _____</p> <p>First names (as per birth certificate): _____</p> <p>Known as (preferred name): _____</p> <p>Gender: _____</p> <p>Address: _____ _____</p> <p>Postcode: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Nationality: _____ DOB: ____/____/____</p> <p>Ethnic Group (s): (1) _____ (2) _____</p> <p>If NZ Māori please identify Iwi region if known) Iwi 1: _____ Iwi 2: _____</p> <p>Main language spoken at home: _____</p>	<p>Birth Country (if not NZ) _____</p> <p>Date of arrival to NZ: ____/____/____</p> <p>Present/Previous School: _____</p> <p>Number of Previous Schools: _____</p> <p>Sibling(s) at WHS: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Have you applied for enrolment at another school? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Which school? _____</p> <p>Has this student ever been stood down or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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HEALTH & WELLBEING

Are there any medical issues we should know about:

Doctor: _____ Ph: _____
Dentist: _____ Ph: _____

Free Dental Care: Wellington High School works with Simply Dental to provide a free, complete dental service to all students at WHS. Would you like your student to be enrolled in this service? If you tick yes, you agree to your details being shared with Simply Dental.
Yes No

Allowed Panadol: Yes No

Medication to be kept at school: _____

Are there any social or emotional issues we need to know about:



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FAMILY DETAILS

Caregiver 1

Family name: _____
 First names: _____
 Relationship to student: _____
 Address: _____

 _____ Postcode: _____
 Mailing Address: _____

 _____ Postcode: _____
 Home Phone: _____ Work: _____
 Mobile: _____
 Email Address: _____
 Occupation: _____
 Workplace: _____
 Student resides with me Yes No
 Is there a custody order Yes No
 - Are you the custodial parent Yes No

Caregiver 2

Family name: _____
 First names: _____
 Relationship to student: _____
 Address: _____

 _____ Postcode: _____
 Mailing Address: _____

 _____ Postcode: _____
 Home Phone: _____ Work: _____
 Mobile: _____
 Email Address: _____
 Occupation: _____
 Workplace: _____
 Student resides with me Yes No
 Is there a custody order Yes No
 - Are you the custodial parent Yes No

Caregiver 3

Family name: _____
 First names: _____
 Relationship to student: _____
 Address: _____

 _____ Postcode: _____
 Mailing Address: _____

 _____ Postcode: _____
 Home Phone: _____ Work: _____
 Mobile: _____
 Email Address: _____
 Occupation: _____
 Workplace: _____
 Student resides with me Yes No
 Is there a custody order Yes No
 - Are you the custodial parent Yes No

Caregiver 4

Family name: _____
 First names: _____
 Relationship to student: _____
 Address: _____

 _____ Postcode: _____
 Mailing Address: _____

 _____ Postcode: _____
 Home Phone: _____ Work: _____
 Mobile: _____
 Email Address: _____
 Occupation: _____
 Workplace: _____
 Student resides with me Yes No
 Is there a custody order Yes No
 - Are you the custodial parent Yes No

EMERGENCY CONTACT

(This must be someone other than Caregivers above)
 Name: _____
 Address: _____

 Phone: _____
 Cell Phone: _____
 Relationship to student: _____

MAIL

Invoices and other correspondence to be mailed to:
 Caregiver 1 Caregiver 2
 Caregiver 3 Caregiver 4



ENROLMENT FORM

SCHOOL FEES

We would like to discuss financial assistance for course fees.

EDUCATION OUTSIDE THE CLASSROOM

Education Outside The Classroom (EOTC) is the name given to all events/activities that occur outside the classroom, both on and off the school site. This includes sport. This consent will cover off-site events in the local community occurring in school time in lower risk environments.

An example of a low risk EOTC trip would a junior social studies class visiting Te Papa during their timetabled class. Other EOTC trips of greater distance, time or risk will have separate consents sought.

I/We agree that _____ is allowed to participate in lower risk EOTC trips.

I/We agree that this consent will last the duration of the named student's enrolment at Wellington High School.

I/we have provided the school with up to date medical, supervision and learning information and will make every endeavour to keep this information current.

Parent/Caregiver: _____ Date ____/____/____

INTERNET USE/BYOD

Wellington High School is a BYODT environment. It is expected that all students bring a device to school which can connect to our wireless and enable learning.

We would like to discuss financial assistance for getting a device (laptop)

I/We understand and agree that my/our student will meet Wellington High School's expectations around behaviour and learning. I/we understand the school's BYOD policy and agree to pay the fees and donations determined by the Board of Trustees of Wellington High School. I/We agree to work in partnership with Wellington High School to ensure my/our student is successful in their learning.

Parent/Caregiver: _____ Date ____/____/____

THE INFORMATION REQUESTED IS RETAINED BY THE SCHOOL AND WILL BE USED FOR THE FOLLOWING PURPOSES:

- To provide information to the Ministry of Education and other government agencies
- To maintain contact with caregivers and whānau
- To facilitate the operation and administration of the school
- To enable contact and appropriate treatment in the event of emergency or student illness

I/We authorise WHS to use the information set out in this enrolment form for the purposes set out above.

Parent/Caregiver: _____ Date ____/____/____

PUBLICATIONS PERMISSIONS

Student Name: _____

The Privacy Act 1993. In compliance with the Privacy Act of 1993 WHS requires consent from caregivers to publish the name, photographs or work of their student in any WHS publications, should the need arise. The school publishes a school newsletter, a school website, press releases, social media updates and The Flannel (student magazine).

Please tick the box below and sign.

Yes I give consent No I don't give consent

Parent/Caregiver: _____ Date ____/____/____



ENROLMENT FORM

**WELLINGTON HIGH SCHOOL
NETWORK ACCEPTABLE USE POLICY (AUP)**

Students at Wellington High School can connect to the school network and the internet through their own technology and school technology. WHS takes steps to make Internet use as safe as possible and access is filtered centrally. We actively discourage practices that might be harmful, inappropriate or hurtful to students.

By using a computer on the school network a student signifies that they agree to the terms in this AUP.

Acceptable Usage means:

- 1) Students understand that school network access is to enable learning. Therefore, students use the school network for this purpose.
- 2) Access is a privilege, not a right, and misuse is likely to lead to the loss of the privilege.
- 3) Students always behave in an appropriate way in social network environments and uphold normal standards of good behaviour.
- 4) Mobile phones and iPods should only be used where the teacher has allowed them for a specific learning purpose.
- 5) Students do not share their network credentials with any other student and take the greatest care to ensure that no one else can access their account.
- 6) Students respect the school network equipment and understand that the care they take benefits all of the school community.

Unacceptable usage means:

- 1) Students must not access or attempt to access inappropriate websites.
- 2) Students must not produce, view or transmit material of an offensive, obscene or illegal nature.
- 3) Students must not bully, harass, insult or attack others.
- 4) Students must not damage WHS computers or network devices or any student computers or devices.
- 5) Students must not violate copyright laws.
- 6) Students must not use another user's credentials nor trespass on or change the folders, files or work of others.
- 7) Students must not run unauthorised executables or engage in 'hacking' or other destructive behavior.

Every time a student logs on to the school network they must agree to the conditions above in order to gain network and internet access. Breaches of this AUP may lead to restricted internet access, no internet access, no network access and / or further disciplinary action.

Permission

As a user of the school network, I agree to comply with the rules above.

Student signature: _____ Date: _____

As the parent / caregiver of this student, I grant permission for my student to use the school network. I understand that students will be held accountable for their own actions and I accept responsibility for setting standards for my student to follow when using the school network.

Parent / Caregiver signature: _____ Date: _____



ENROLMENT FORM

Student Reflection Sheet

This is a compulsory part of your enrolment application for Wellington High. The information you give here will assist us to place you in class/course that will meet your learning needs.

Name:	
What are your strengths?	
Describe something you are proud of having achieved.	What are your sporting and cultural interests?
Describe your ideal teacher.	Describe the thing you find most challenging at school.
What do you see yourself doing when you finish school?	What worries do you have about starting at Wellington High?
Who do you know at WHS?	What questions do you have about WHS?
Rate your attendance out of 10	Anything else we need to know about you?
<i>If you've rated your attendance at less than 8/10, please explain the reason for this.</i>	



Wellington High School
Te Kura Tuarua o Taraika ki Pukeahu

2018 Year Level 9 10 11 12 13

ORS FFP OUT ZONE IN ZONE

ENROLMENT FORM

BC/PP 2 x ADDRESS SCHOOL REPORT

RECEIVED _____/_____/_____

PARENT CHECKLIST

Birth Certificate/Passport Yes No
(copy of study visa if necessary)

Two proof of address Yes No
(eg power account, phone account)

Last School Report Attached Yes No

OFFICE USE

Name of Student _____

To meet with:

Learning Services

Guidance

English Language

SLT

Careers Advisor

Staff Cypher: _____