



Wellington High School  
Te Kura Tuarua o Taraika ki Pukeahu  
**ENROLMENT FORM 2019**

**Year Level 9 10 11 12 13**

ORS  FFP  OUT ZONE  IN ZONE  
 BC/PP  2 x ADDRESS  SCHOOL REPORT  
RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_

### STUDENT DETAILS

Family name (as per birth certificate):  
\_\_\_\_\_  
\_\_\_\_\_  
First names (as per birth certificate):  
\_\_\_\_\_  
\_\_\_\_\_  
Known as (preferred name): \_\_\_\_\_  
Gender: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Nationality: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_  
Ethnic Group (s): (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
If NZ Māori please identify Iwi region if known)  
Iwi 1: \_\_\_\_\_  
Iwi2: \_\_\_\_\_  
Main language spoken at home: \_\_\_\_\_

Birth Country (if not NZ)  
\_\_\_\_\_  
Date of arrival to NZ:  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Present/Previous School:  
\_\_\_\_\_  
Number of Previous Schools: \_\_\_\_\_  
Sibling(s) at WHS: Yes  No   
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Have you applied for enrolment at another school? Yes  No   
Which school? \_\_\_\_\_  
Has this student ever been stood down or suspended? Yes  No

### 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?:  
\_\_\_\_\_  
\_\_\_\_\_

## 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

## SCHOOL PAYMENTS

We would like to discuss financial assistance for course payments.

## 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

## INTERNET USE/BYOD

Wellington High School is a BYOD 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

# WELLINGTON HIGH SCHOOL

## Using our online network appropriately

Students and staff at Wellington High School can connect to the school network and the Internet through our own technology (e.g. our WiFi, devices) and your own technology (e.g. your mobile phone, computer).

### How we aim for safe and appropriate use of technology at school:

- We discuss kind, respectful use and offer lessons about being a digital citizen. We actively discourage practices that might be harmful, inappropriate or hurtful to others.
- Access is filtered.
- **We monitor and log:** *all internet traffic* on the school network; WHS-owned devices; and activity across WHS-owned Google Suite accounts (Gmail, Google Classroom, Google Drive, Google Docs etc).
- We may be access your school-owned Network and Email accounts if we need to investigate misuse of our network (e.g. bullying, harassment, hacking etc.)

When you use a computer on our school network, **including your own device on the school WIFI**, you agree to the following:

### Whānau:

- Don't share information about our network or your account (e.g. passwords, WiFi details) with anyone else.
- Make sure no one else accesses your account.

### Excellence:

- Use the school network for learning.
- Only use mobile devices e.g. phones when the teacher has allowed them for learning.

### Respect for our environment

- Respect the school network equipment and understand that the care you take helps all of us at WHS.

### Ora

- Keep a balance in the way you use technology — consider your health and wellbeing as you use it.

### Unacceptable use means:

- 1) Accessing, or attempting to access, inappropriate and/or illegal websites or any website which has been blocked by the school.
- 2) Using or attempting to use VPNs, Proxies or tunnelling services at school.
- 3) Breaking copyright laws.
- 4) Producing, viewing or sending material of an offensive, obscene or illegal nature.
- 5) Bullying, harassing, insulting or attacking others.
- 6) Take photos of others without their permission.
- 7) Damaging WHS computers or network devices, or any student computers or devices.
- 8) Using, or trying to use, someone else's information/login/password or trespassing on or changing the folders, files or work of others using a device.
- 9) Running unauthorised executables or engaging in 'hacking' or other destructive behaviour.
- 10) Eating or drinking in any computer suite.

**Access is a privilege, not a right.** Misuse 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 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: \_\_\_\_\_

## 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.

<b>Name:</b>	
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>	

## CAREGIVER CHECKLIST

Birth Certificate/Passport <i>(copy of study visa if necessary)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Two proofs of address <i>(eg power account, phone account)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Last School Report Attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>

---

## OFFICE USE

Name of Student \_\_\_\_\_

### To meet with:

Learning Services

Guidance

English Language

SLT

Careers Advisor

Staff Cypher: \_\_\_\_\_