



KAIAPOI  
High School



Enrolments  
close Friday

**28 July  
2023**

# Kaiapoi High School

## 2024 Enrolment Form

**Mā te aroha ka tutuki**

Through caring, concern, and support for others, all things are possible





It is important that you read the information, terms and conditions in the Enrolment Form before signing. This enrolment form and additional documents can be scanned and sent to Kaiapoi High School by email or fax. Alternatively, the original application, along with the copies of your documents, can be posted to:

<b>Kaiapoi High School</b> Ohoka Road, Kaiapoi 7630, NEW ZEALAND Phone 03 3755 004 Fax 03 3276 127 www.kaiapoi.school.nz	<b>OFFICE USE</b> <b>Student No.</b> _____ <b>In/Out of Zone</b> _____
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**Student's Details** (please print clearly)

Family Name/Last Name	
Given Name(s)/First Name(s)	
Preferred First name	
Gender (Tick one) <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-Binary <input type="radio"/> Other _____	Date of Birth DD / MM / YYYY

Student's Place of Birth	School the student is currently attending
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Student's Email Address (please print clearly)	Student's Cellphone Number
Student's Physical Address  Post Code	Student's Postal Address (if different from physical address)  Post Code

Out of zone applicants will be notified upon processing of this enrolment form

**Course and School Details**

Level of study requested <input type="radio"/> Year 9 <input type="radio"/> Year 10 <input type="radio"/> Year 11 <input type="radio"/> Year 12 <input type="radio"/> Year 13	Start date <input type="radio"/> Term 1 <input type="radio"/> Term 2 <input type="radio"/> Term 3 <input type="radio"/> Term 4 Year 20____
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Does the student have any siblings who attend or have attended Kaiapoi High School? <input type="radio"/> Yes <input type="radio"/> No		
If Yes, please state the full name and year of entry of all siblings	<b>Full Name</b>	<b>Year of Entry</b>

**IMPORTANT**

To confirm the student’s eligibility for enrolment in a New Zealand state secondary school, we require the following information and documents.

**INFORMATION REQUIRED**

What is the student’s country of citizenship?  New Zealand  Other \_\_\_\_\_

Is the student a permanent resident of New Zealand?  Yes  No

With which ethnic group does the student identify?  NZ European  Other \_\_\_\_\_  
 NZ Māori

If you answered ‘NZ Māori’ to the question above, please specify the student’s iwi affiliations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If no iwi is specified above, ‘unknown’ will be entered for Ministry of Education purposes*

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**DOCUMENTATION REQUIRED – New Zealand Citizen (born in New Zealand)  
– Permanent Residents**

To complete enrolment procedures, the school needs to retain a **copy** of:

- the Student’s Birth Certificate, **or**
- Passport Visa.

The school also needs to see evidence that the student lives within the school’s home zone. The most recent power or telephone account from the student’s physical address is acceptable.

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**DOCUMENTATION REQUIRED – Other**

To complete enrolment procedures, the school needs to retain a **copy** of:

- the Caregiver’s Passport showing Work Visa, **or**
- the Student’s Passport showing Student Visa.

The school also needs to see evidence that the student lives within the school’s home zone. The most recent power or telephone account from the student’s physical address is acceptable.

## Primary Caregiver Details

Caregiver is the term used by the Ministry of Education to describe the person(s) taking care of the student. Kaiapoi High School understands that, in most cases, the caregiver is the student's parent.

**To enable the school to contact the student's home to report on student progress and to notify caregivers in case of emergency, it is important the following sections are completed with care.**

### PRIMARY CAREGIVER 1 – MR MRS MISS MS MX DR PROF

Caregiver's Last Name	Caregiver's First Name
Physical Address	Postal Address <i>(if different from physical address)</i>
Post Code	Post Code
Email Address (please print clearly)	
Relationship to Student	Home Phone Number
Cellphone Number	Work Phone Number

Is this caregiver living with the student?	Yes <input type="radio"/> No <input type="radio"/>
Is this caregiver the student's legal guardian?	Yes <input type="radio"/> No <input type="radio"/>
Does this caregiver have legal access rights to the student?*	Yes <input type="radio"/> No <input type="radio"/>
Does this caregiver have legal access to personal information about the student?*	Yes <input type="radio"/> No <input type="radio"/>
* Answering 'No' for these questions means this caregiver will not have access to the student or to information relevant to the student without written permission from the legal guardian.	

### PRIMARY CAREGIVER 2 – MR MRS MISS MS MX DR PROF

Caregiver's Last Name	Caregiver's First Name
Physical Address	Postal Address <i>(if different from physical address)</i>
Post Code	Post Code
Email Address (please print clearly)	
Relationship to Student	Home Phone Number
Cellphone Number	Work Phone Number

Is this caregiver living with the student?	Yes <input type="radio"/> No <input type="radio"/>
Is this caregiver the student's legal guardian?	Yes <input type="radio"/> No <input type="radio"/>
Does this caregiver have legal access rights to the student?*	Yes <input type="radio"/> No <input type="radio"/>
Does this caregiver have legal access to personal information about the student?*	Yes <input type="radio"/> No <input type="radio"/>
* Answering 'No' for these questions means this caregiver will not have access to the student or to information relevant to the student without written permission from the legal guardian.	

## Secondary Caregiver Details (if required)

Caregiver is the term used by the Ministry of Education to describe the person(s) taking care of the student. Kaiapoi High School understands that in most cases, the caregiver is the student's parent.

**To enable the school to contact the student's home to report on student progress and to notify caregivers in case of emergency, it is important the following sections are completed with care.**

### SECONDARY CAREGIVER 1 – MR MRS MISS MS MX DR PROF

Caregiver's Last Name	Caregiver's First Name
Physical Address	Postal Address <i>(if different from physical address)</i>
Post Code	Post Code
Email Address (please print clearly)	
Relationship to Student	Home Phone number
Cellphone Number	Work Phone Number

Is this caregiver living with the student?	Yes <input type="radio"/> No <input type="radio"/>
Is this caregiver the student's legal guardian?	Yes <input type="radio"/> No <input type="radio"/>
Does this caregiver have legal access rights to the student?*	Yes <input type="radio"/> No <input type="radio"/>
Does this caregiver have legal access to personal information about the student?*	Yes <input type="radio"/> No <input type="radio"/>
* Answering 'No' for these questions means this caregiver will not have access to the student or to information relevant to the student without written permission from the legal guardian.	

### SECONDARY CAREGIVER 2 – MR MRS MISS MS MX DR PROF

Caregiver's Last Name	Caregiver's First Name
Physical Address	Postal Address <i>(if different from physical address)</i>
Post Code	Post Code
Email Address (please print clearly)	
Relationship to Student	Home Phone number
Cellphone Number	Work Phone Number

Is this caregiver living with the student?	Yes <input type="radio"/> No <input type="radio"/>
Is this caregiver the student's legal guardian?	Yes <input type="radio"/> No <input type="radio"/>
Does this caregiver have legal access rights to the student?*	Yes <input type="radio"/> No <input type="radio"/>
Does this caregiver have legal access to personal information about the student?*	Yes <input type="radio"/> No <input type="radio"/>
* Answering 'No' for these questions means this caregiver will not have access to the student or to information relevant to the student without written permission from the legal guardian.	



### **Personal Information and the Privacy Act (2020)**

Kaiapoi High School collects and keeps a large amount of personal information about each student. The Privacy Act 2020 protects the information you give the School and details conditions under which personal information can be obtained, used, stored and exchanged with other interested parties. The School considers the privacy of this information to be important and has policies and procedures, which reflect the Privacy Principles as set out in the Act, to protect this information.

The School collects personal information from its students so that they can be enrolled at the School, have their attendance and progress recorded, be entered for examinations, or be contacted by the School. The School also collects information about the caregivers of the student so that they may be informed of student progress, or contacted by the School, and because the safety of the student is important.

Personal information may be disclosed to other education agencies, such as the Ministry of Education and the New Zealand Qualifications Authority; and to Government agencies, such as the New Zealand Police, if they demonstrate a statutory right to obtain it.

Kaiapoi High School allocates students a student identification number (unique identifier) which may be used as a reference number on School documents and correspondence relating to that particular student.

Under the Privacy Act 2020 students and legal guardians have the right of access to all personal information held by the School about them. Individuals also have a right to ask the School to correct any information held which is inaccurate. Individuals can exercise that right by applying to the School.

Students and caregivers also have an obligation to advise the School of any changes to the personal information they have provided.

If for any reason this enrolment is not accepted, the enrolment form will be destroyed.

I/We agree that the School may use the above personal information in accordance within the safeguards and principles of the Privacy Act.

Name of parent/caregiver \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Use of images and video**

I/We give consent for the school to use photographs and video of the enrolled student for the purposes of promoting our school through standard marketing channels, for example - the school website and prospectus

YES / NO

## Declaration

I/We have read the Prospectus and agree that \_\_\_\_\_ will follow the School rules and wear the correct uniform.

I/We agree to pay for any costs they may incur from loss or damage to school resources. I/We shall meet all of the charges relating to co-curricula costs.

I/We undertake to work with and support the School in providing the best education possible for them.

I/We consent to the disclosure of personal information to agencies which demonstrate a statutory right to obtain it.

I/We hereby declare that the information given on this enrolment form is true and correct.

Caregiver number 1 to sign here \_\_\_\_\_ Date \_\_\_\_\_

Caregiver number 2 to sign here \_\_\_\_\_ Date \_\_\_\_\_

Student to sign here \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT** When you have completed the form, please use the checklist below to make sure you have included and signed all the documents and information we need.

### Documents and Information you must attach with your application

- Evidence of the student's physical address
- Copy of Full Birth Certificate / or copy of Passport
- Completed Education Outside the Classroom Agreement (included in this enrolment form)
- Completed Cybersafety Use Consent (included in this enrolment form)



## Education Outside The Classroom Agreement

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.

EOTC is part of the culture of Kaiapoi High School for three main reasons.

Firstly, the School believes in utilizing a range of environments and experiences to enhance the learning of their students. Secondly, students at our school have ready access to the beach, the rivers, the mountains, the bush of Canterbury and beyond, and the urban environs of Christchurch, Kaiapoi, and other towns. For many, these areas are part of their playground. They need to learn how to be safe.

Thirdly, the School believes in providing students with the opportunity to participate in recreation, leisure, and sport.

Therefore, some of the learning for students occurs beyond the school site and this document is seeking your consent.

The Ministry of Education's EOTC guidelines and our safety management systems identify four EOTC activity types, each with recommended types of parental/caregiver consent. In brief they are:

Type of event	Description	Type of consent
<b>A</b>	On site - in the school grounds (i) Lower risk environments eg. measuring for maths (ii) Higher risk environments* eg. climbing wall in gym	(i) <b>No consent</b> sought (ii) <b>Blanket consent</b> at enrolment
<b>B</b>	Off-site events (Short visits to local venues) (i) Lower risk environments eg. museum trip (ii) Higher risk environments* eg. beach to study plants (no swimming)	(i) <b>Blanket consent</b> at enrolment (ii) <b>Separate consent</b> for each event or blanket programme consent eg. Outdoor Education practicals
<b>C</b>	Off-site events (day trips with additional risk management required) (i) Lower risk environments eg. farm visit (ii) Higher risk environments* eg. rock climbing	(i) <b>Blanket consent</b> at enrolment (ii) <b>Separate consent</b> for each event or blanket programme consent eg. Outdoor Education practicals
<b>D</b>	Off-site residential overnight events (i) Lower risk environments eg. sports exchanges (ii) Higher risk environments* eg. Year 9 camps	(i) <b>Separate consent</b> (ii) <b>Separate consent</b> for each event or programme

\*Involves risk assessed to be greater than that associated with the average family activity.

**All EOTC activity types** require staff to undertake an analysis of the risks, and identify the management strategies required to eliminate, isolate, and minimise the risks. Emergency procedures are also in place.

### BLANKET EOTC CONSENT

I/We agree to the participation of \_\_\_\_\_

in Type **A** and *lower risk* Type **B** and *lower risk* Type **C** EOTC events while a student at Kaiapoi High School.

I/We have provided the School with up-to-date medical, supervision, and learning information through the enrolment form and will make every endeavour to keep this information current.

**Name of parent/caregiver** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

To the student and parent/caregiver, please

1. **Read this page carefully** to check that you understand your responsibilities under the Cybersafety Use Agreement included with the Prospectus.
2. **Sign the appropriate section on this form.**
3. **Keep the Cybersafety Use Agreement for future reference.**

We understand that Kaiapoi 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 rules and requirements detailed in the Agreement
- Respond appropriately to any breaches of the Agreement
- Provide members of the School community with cybersafety education designed to complement and support the Agreement initiative
- Welcome enquiries from students or parents about cybersafety issues.

Section for student

My responsibilities include:

- I will read the Cybersafety Use Agreement carefully
- I will follow the cybersafety rules and instructions whenever I use the School’s ICT
- I will also follow the cybersafety rules whenever I use privately-owned ICT 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 ICT. 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 will keep the Agreement somewhere safe so I can refer to it in the future
- I will ask the [relevant staff member] if I am not sure about anything to do with the Agreement.

I have read and understood my responsibilities and agree to abide by the Cybersafety Use Agreement. I know that if I breach the Agreement there may be serious consequences.

Name of student \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Section for parent/legal guardian/caregiver

My responsibilities include:

- I will read the Cybersafety Use Agreement carefully and discuss it with my child so we both have a clear understanding of their role in the School’s work to maintain a cybersafe environment
- I will encourage my child to follow the cybersafety rules and instructions
- I will contact the School if there is any aspect of the Agreement I would like to discuss.

I have read the Cybersafety Use Agreement document and am aware of the School’s initiatives to maintain a cybersafe learning environment, including my child’s responsibilities.

Name of parent/caregiver \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please note: This Consent for your child will remain in force as long as they are enrolled at this school. If it becomes necessary to add/amend any information or rule, parents will be advised in writing.

## BYOD Use Consent

To the student, and the parent/caregiver, please

1. **Read this page carefully** to check you understand your responsibilities under the BYOD Student Use Agreement.
2. **Sign the appropriate section on this form.**
3. **Keep the BYOD Student Use Agreement for future reference.**

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### Section for student

I have read and understand my responsibilities and agree to abide by this Bring Your Own Device (BYOD) Student Use Agreement. I know that if I breach this Use Agreement there may be serious consequences.

Name of student \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Type of Device (if known) \_\_\_\_\_

Serial Number (if known) \_\_\_\_\_

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### Section for parent / caregiver

- I will read this **Bring Your Own Device (BYOD) Student Use Agreement** carefully and discuss it with my child so that we both have a clear understanding of their role in the School's work to maintain a cybersafe environment.
- I will encourage my child to follow the BYOD Student Use Agreement rules and instructions.
- I will contact the School if there is any aspect of the Agreement I would like to discuss.
- It is the student's responsibility to inform the school of any change of device.

Name of parent/caregiver \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note: This consent for your child will remain in force as long as they are enrolled at this school. If it becomes necessary to add / amend any information, parents will be advised.**