



# Whakatane High School

## Application to Enrol

Surname: \_\_\_\_\_ First Name (s): \_\_\_\_\_

Current School: \_\_\_\_\_

*For an enrolment interview, please contact the school office on 07 308 8251 or  
email: admin@whakatanehigh.school.nz.*

### The Whakatane High School Partnership

Effective learning and teaching takes place best in an orderly and purposeful environment. This is provided at Whakatane High School through the Positive Behaviour for Learning programme which is based on students' responsibilities and rights.

#### Achievement (Whaingā)

- Participating and succeeding in all aspects of school life
- Making the best use of all opportunities offered at school
- Giving your best to yourself, your relationships, your society and your environment



#### Respect (Mana)

- Being considerate and appreciative of others
- Valuing all members of the school community
- Valuing the school environment



#### Responsibility (Kawenga)

- Being accountable for your actions
- Honouring commitments or promises made to others
- Looking after your environment and the earth



***At Whakatane High School we work consistently to live up to these values***

#### Family Agreement

- I/We agree to abide by the values of Whakatane High School
- I/We agree to pay for applicable subject, trip and sports fees
- In the event of sickness and accident emergencies, when staff are unable to contact caregivers, I/we authorise the obtaining, on my/our behalf, of any medical assistance if, in the opinion of staff, such treatment is necessary. I agree to meet any costs incurred
- I/We give permission for Whakatane High School to use images, videos or work produced for school promotional purposes
- I/We confirm the address, which I/we have provided in this application to enrol, will be the usual place of residence for the enrolled student when the school is open for instruction. I/We will advise the school of any subsequent change of address
- I/We agree to Whakatane High School accessing previous school records and sharing information for educational purposes
- I/We have read and understood the statement regarding the Privacy Act 1993 and information sharing between Government Agencies as disclosed on page four of this document
- *I/We confirm that the information contained in this application is true and correct in every respect*

Signature of Caregiver (1): \_\_\_\_\_

Signature of Caregiver (2): \_\_\_\_\_

Signature of Student: \_\_\_\_\_

***For office use only*** - enrolled by:

Date:

TAM	ALP	SPN	OOZ	PBL
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Tick the year level for which you are applying:

Year 9

Year 10

Year 11

Year 12

Year 13

**Student Details:** *The following information is required to help us deliver the best possible education. Ethnic information is required for statistical analysis by the Ministry of Education.*

<b>Family Name</b>		<b>First Names</b> <i>underline preferred name</i>	
<b>Male</b> <b>Female</b> <i>(circle)</i>	<b>Date of Birth</b> <i>(proof attached)</i>	<b>Ethnicity:</b> NZ European <input type="checkbox"/> NZ Maori <input type="checkbox"/> Iwi _____ Other _____	

**Residence A**

**Enrolling Parent/Caregiver(s) - Relationship to student** \_\_\_\_\_

Surname

Surname

First Name

First Name

Cell Phone

Cell Phone

Home Phone

Email Address

Email Address

Physical Address

If you travel by bus, which one is it?

Post Code

Postal Address *(if different from above)*

Post Code

**Residence B**

**Other Custodial Parent/s or Caregiver/s** (if applicable) - **Relationship to student** \_\_\_\_\_

**Explanation:** *those who at times may have day to day responsibility for the student (this information is also used for Board of Trustees Elections)*

Surname

Surname

First Name

First Name

Cell Phone

Cell Phone

Home Phone

Email Address

Email Address

Physical Address

Post Code

Postal Address *(if different from above)*

Post Code

Emergency contact - relationship to student \_\_\_\_\_

\_\_\_\_\_  
Surname

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

**Physical Address**

**Sensitive Information:** *If there is any other information that you feel the school should be aware of relating to the student, please detail here (e.g. split families, special arrangements for payment of fees, legal access, special education needs etc). This information will be treated in strictest confidence.*

**Medical Information** - *Please record detail of any medication/conditions (allergies; especially food, disabilities, special medication, etc) that may affect classroom learning and details of any medication students may carry for self-administrating.*

I/we agree to an assessment being undertaken by the school nurse in response to any health needs Yes/No

Doctor \_\_\_\_\_ Dentist \_\_\_\_\_

**Curriculum and Co-Curriculum details** - *The following information is required for the purpose of classroom allocation*

Attached is a copy of your NZQA Record of Learning (Year 11 - 13 only)

Attached is a copy of your current school report (all students)

Do you want to be considered for our Te Aka Matua class? (see the Prospectus for details) Yes  No

Please tick one of the following boxes indicating your level of involvement in Te Reo Māori:

Kura Kaupapa Māori school  Mainstream Te Reo Māori class

Other: \_\_\_\_\_

Are you interested in being involved in a Project-Based Learning class?

Yes  No

What areas do you need extra assistance in:

Mathematics

Reading

Writing

**Other family members currently at Whakatane High School:**

Name (s)	Relationship
Name (s)	Relationship
Name (s)	Relationship

I give permission for \_\_\_\_\_ to participate in all curriculum based activities within walking distance of the school. These activities can include runs during PE lessons, Science practicals, museum visits etc. All of these will be during normal class time.

Parent/Caregiver signature \_\_\_\_\_

**Parent/Caregiver checklist** *(please tick)*

Have you and your child signed the partnership agreement on the front page?

Have you fully completed the application form?

Have you attached the following?

Birth Certificate <input type="checkbox"/>	Last School Report <input type="checkbox"/>	Option Sheet <input type="checkbox"/>
Cyber Safety <input type="checkbox"/>	EOTC Contract <input type="checkbox"/>	

**Privacy Act 1993 and Information Sharing between Government Agencies**

The personal information you have supplied on this enrolment form is being collected to assist us in understanding and educating your child. We may pass this information on to other educational professionals but only for these same purposes. Under the Privacy Act 1993, you have right of access to any personal information we hold about you or your child.

The school is sometimes obliged by law to give information to Government Departments (e.g. the Ministry of Education and the Ministry of Health) but except for contact details explained below your information will not otherwise be disclosed without your authorisation.

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 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 can be identified and offered support by organisations contracted to MSD to help re-engage young people in education or training when they leave school.