



# ROTORUA LAKES HIGH SCHOOL ENROLMENT FORM

PLEASE ENSURE ALL PARTS & BOTH SIDES OF ENROLMENT FORM, STUDENT'S HEALTH RECORD & CYBER SAFETY FORMS ARE FILLED OUT

Family Name: \_\_\_\_\_ First Names: \_\_\_\_\_ Male/Female (Please Circle)

Preferred First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

LANDLINE \_\_\_\_\_ PARENTAL \_\_\_\_\_  
Home Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Parental Cell Phone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Do you have a device at home for your student? (e.g. laptop, PC etc) \_\_\_\_\_

Do you have internet connection? \_\_\_\_\_

**Student lives with:**     Both Parents     Mother     Father     Caregiver

**Guardianship:**     Both Parents     Mother (sole custody)     Father (sole custody)

**Other:**     \_\_\_\_\_

**Do custodial arrangements apply re access?**     No     Yes    *If YES please provide a copy of the court order as soon as possible.*

**MOTHER:** (Mrs, Ms, Miss) \_\_\_\_\_

**Address if different from student:** \_\_\_\_\_ Hm Ph: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_ Ph: \_\_\_\_\_

Email: \_\_\_\_\_

**FATHER:** \_\_\_\_\_

**Address if different from student:** \_\_\_\_\_ Hm Ph: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_ Ph: \_\_\_\_\_

Email: \_\_\_\_\_

**GUARDIAN / CAREGIVER:** \_\_\_\_\_

**Address if different from student:** \_\_\_\_\_ Hm Ph: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_ Ph: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY DAYTIME CONTACT (OTHER THAN PARENT)**

**It is very important that this information is supplied.**

Relationship to student: \_\_\_\_\_

Name: (Mr, Mrs, Ms) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

**STAFF USE ONLY**

Class Level		Yr	
House Group			
Start Date			
Evidence of identity (circle)	Birth Cert	Pass-port	Res Other
Internet Licence Completed			
ENROLLED BY (code)			

Previous School: \_\_\_\_\_ Race (circle): European / Māori / Other

Māori Descent - Iwi: \_\_\_\_\_ Hapu: \_\_\_\_\_

Do you whakapapa to Ngāti Whakaue?  Yes  No

Other Race - Please specify: \_\_\_\_\_ Attended Rūmaki  Yes  No

Country of Origin (if not NZ born): \_\_\_\_\_ Attended Kōhanga  Yes  No

Date of entry to NZ: \_\_\_\_\_ Attended Kura Kaupapa  Yes  No

Attended Immersion Unit  Yes  No

Other Languages spoken at home: \_\_\_\_\_

**SPECIAL NEEDS** My child has received / is receiving special assistance for:

- Reading Recovery
- Language Development
- Visual Assistance
- Individual Education Plan (IEP)
- Mathematics Recovery
- Extension / Acceleration Programmes
- Hearing Assistance
- Other \_\_\_\_\_

My child has a **specific learning disorder**, please state - ie Dyslexia \_\_\_\_\_

**SPECIAL NEEDS** Has your child received Special Assessment Conditions at a previous school:

Provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### INTERESTS and ACHIEVEMENTS

Sports: \_\_\_\_\_

Musical: \_\_\_\_\_

Cultural: \_\_\_\_\_

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

Parents/Brothers/Sisters who have, or are attending RLHS:

Names: \_\_\_\_\_

\_\_\_\_\_

House: \_\_\_\_\_

### PARENTAL ASSISTANCE I / We would be willing to assist with:

- Friends of the School (PTA)       Fund Raising       Sponsorship       Whānau Support
- Sports Coaching/Management (please specify) \_\_\_\_\_
- Reading Recovery Programmes       Reader Writer (for student exam assistance)
- School Camps / Outdoor Ed       Cultural Groups (please specify): \_\_\_\_\_
- Others (please specify): \_\_\_\_\_

### SIGNED DECLARATION: (please tick)

- In enrolling my daughter / son / family member at the school, I have seen and read the school rules and I AGREE that she/he shall abide by the school rules and regulations determined by the Principal and the Board of Trustees.
- I understand that my daughter / son / family member must wear the correct school uniform.
- FEES:** As determined by the Board of Trustees, I AGREE TO PAY non-curriculum and sports fees (inclusive of GST)
- I AGREE to the above information being used for the purpose of data collection for school administration eg. NZQA exam entry forms (Privacy Act 1993).

**YES/NO - I/We GIVE PERMISSION** for any digital media (ie: photos, videos) taken/produced by the school to be used for publicity and information purposes, including electronically on KnowledgeNet, School Web Page, School Publications, School Foyer, at Assemblies, etc.

Mother's signature: \_\_\_\_\_ Father's Signature: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Caregiver's signature: \_\_\_\_\_

Date: \_\_\_\_\_

# STUDENT'S HEALTH RECORD

In order for us to care for your child in any illness/emergency situation, could you please complete the following in BLOCK CAPITAL LETTERS (this is required IN ADDITION to information given on the enrolment form).

Family Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Immunisation:**

Has the student received all available vaccinations/ immunisations:  YES  NO

**Does your son/daughter require medical or special consideration due to:**

Condition	Please Circle	Medication Required
Arthritis	YES NO	
Asthma	YES NO	
Diabetes	YES NO	
Epilepsy	YES NO	
Hearing Loss	YES NO	
Impaired Vision	YES NO	
Rheumatic Fever	YES NO	
Other Diagnosis e.g. Mental Health	YES NO	

**Does your son/daughter suffer an allergic reaction to:**

Food	YES NO	Detail:
Medication	YES NO	Detail:
Stings	YES NO	Detail:
Other (specify)	YES NO	Detail:

**OTHER:**

<b>Swimming Ability</b>	<i>Please circle one</i>		<i>Please Circle one</i>	
	<b>Confident</b>	In Swimming Pool	<b>Confident</b>	In Open Water
	<b>Not confident</b>	In Swimming Pool	<b>Not Confident</b>	In Open Water
<b>Panadol / Nurofen issue</b>	I/We give permission for a member of the Health & Wellness Centre to give Panadol if deemed necessary			<i>Please circle</i> YES NO
<b>Antihistamine issue</b>	I/We give permission for a member of the Health & Wellness Centre to give an Antihistamine if deemed necessary			<i>Please circle</i> YES NO

**STUDENT & PARENT'S SIGNED DECLARATION:**

- In accordance with the Privacy Act 1993 requirements, I consent to this information being available within the school for the purpose of ensuring personal safety.

Mother / Guardian / Caregiver \_\_\_\_\_ Date: \_\_\_\_\_

Father / Guardian / Caregiver \_\_\_\_\_ Date: \_\_\_\_\_

(Where applicable, both signatures are required)

Student: \_\_\_\_\_ Date: \_\_\_\_\_

## ROTORUA LAKES HIGH SCHOOL CYBERSAFETY USE AGREEMENT FORM FOR SECONDARY STUDENTS

### To the student, and the parent/legal guardian/caregiver

1. Please read the Cybersafety Use Agreement document available from the school and on the Rotorua Lakes High School website: [www.rotorualakes.school.nz](http://www.rotorualakes.school.nz)
2. Read this page carefully, to check you understand your responsibilities under this agreement
3. Sign the appropriate section on this form
4. **Please return this form to the school office**
5. Keep the document for future reference

### We understand that Rotorua Lakes 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 regulations and responsibilities detailed in use agreements
- keep a copy of this signed use agreement form on file
- respond appropriately to any breaches of the use agreements
- provide members of the school community with cybersafety education designed to complement and support the use agreement initiative
- welcome enquiries from students or parents about cybersafety issues.

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### Student's section

#### My responsibilities include:

- **I will read** the Secondary Student Cybersafety Use Agreement document carefully
- **I will follow** the cybersafety rules and instructions whenever I use the school's computer network, Internet access facilities, computers and other school ICT equipment/devices
- **I will also follow** the cybersafety rules whenever I am involved with privately-owned ICT devices/equipment 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 computers and other school ICT equipment/devices. 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** this document 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 this agreement.

I have read and understand my responsibilities and agree to abide by this Cybersafety Use Agreement. I know that if I breach this use agreement there may be serious consequences.

**Name of student:** ..... **Year Level:** .....

**Signature:** ..... **Date:** .....

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### Section for parent/legal guardian/caregiver

#### My responsibilities include:

- **I will read** the Secondary Student Cybersafety Use Agreement document carefully and discuss it with my son/daughter so we both have a clear understanding of my child's role in the school's work to maintain a cybersafe environment
- **I will ensure** this use agreement is signed by my child and by me, and returned to the school
- **I will encourage** my son/daughter to follow the cybersafety rules and instructions
- **I will contact** the school if there is any aspect of this use 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 the responsibilities involved.

**Parent/Legal Guardian/Caregiver** (Please circle which term is applicable.)

**Name:** .....

**Signature:** ..... **Date:** .....

**RETURN THIS PAGE TO THE SCHOOL OFFICE**