



This application is to be completed and signed by the student and his/her parent or guardian. The Ministry of Education requires that you must also provide a verified copy of the applicant's **birth certificate**. Please note that there will normally be a delay of about one week between enrolment, interview and start of classes for enrolments made during the year to allow Ministry of Education and Geraldine High School requirements to be met.

STUDENT DETAILS Please tick boxes where applicable

STUDENT'S FULL NAME AS ON BIRTH CERTIFICATE: **Family name:**

First name(s): **Gender:** Male Female

Preferred name: **Date of birth:** / /

Ethnicity: New Zealand European Pacific Island Please give details: Asian Other Please give details:

Maori (Iwi affiliation) Please give details:

Previous school:

Home phone number: **Student mobile number:**

PARENT/CAREGIVER'S FULL NAME: **Title:** Mr Mrs Ms Miss **Family name:**

First name:

Parent/Caregiver preferred email:

Permanent physical address:

Postal address if different from above:

Country of origin: (if not born in New Zealand) **Arrival date:** / /

Citizenship: New Zealand citizen Permanent resident (Please provide copy of passport) Other:

Geraldine High School Entry Year Level: **Reports/leavers' certificate available**

Any previous House affiliation with Geraldine High School? (Please indicate House and details of affiliation)

MacDonald Tripp Cox Acland

STUDENT HEALTH AND LEARNING It is essential that you inform the office of any changes to this information during the year.

Family doctor: **Family dentist:**

Please identify any existing medical issue(s) and provide supporting information where possible:

(e.g. frequency, severity, treatment required, etc)

Medication taken: Please give details:

Please refer to the school's Administration of Medication procedure, as all medication is to be stored and administered by authorised staff.

Special learning needs: Please give details:

Special help required to aid learning or physical needs, such as visual or hearing assistance:

Please give details, including any assessments such as SPELD that we should be aware of:

PAIN RELIEF: It is school policy not to administer pain relief to students without parental permission.

Yes, I give permission for Geraldine High School staff to administer paracetamol to my child.



PARENT/CAREGIVER 1

Family name: _____ First name(s): _____

Relationship to student: _____

He/She is: living with me in my legal custody *(please tick if applicable)*

Address: _____

Occupation: _____

Work address: _____

Phone: Home: _____ Work: _____

MOBILE: _____

EMAIL: _____

Your mobile and email are vital as they will be our main means of communicating with you.

PARENT/CAREGIVER 2

Family name: _____ First name(s): _____

Relationship to student: _____

He/She is: living with me in my legal custody *(please tick if applicable)*

Address: _____

Occupation: _____

Work address: _____

Phone: Home: _____ Work: _____

MOBILE: _____

EMAIL: _____

Your mobile and email are vital as they will be our main means of communicating with you.

PARENT/CAREGIVER 3

Family name: _____ First name(s): _____

Relationship to student: _____

He/She is: living with me in my legal custody *(please tick if applicable)*

Address: _____

Occupation: _____

Work address: _____

Phone: Home: _____ Work: _____

MOBILE: _____

EMAIL: _____

Your mobile and email are vital as they will be our main means of communicating with you.

PERMISSIONS AND DECLARATIONS

EDUCATION OUTSIDE THE CLASSROOM

Approval for the following activities is given on signing this Enrolment Application. For EOTC activities beyond the scope of this approval (such as trips further afield or overnight camps) specific permission will be required. If the permission you grant here has reason to change, please inform the office.

I give permission for this student to take part in the following Education Outside the Classroom (EOTC) activities throughout his/her time at Geraldine High School:

- Single day subject/cultural field trips and transport arrangements
- Out of town subject/cultural related sports trips, and transport arrangements
- Day sports trips and transport arrangements

Swimming: *(please indicate degree of confidence in the water)*

- Cannot swim
- Can swim 20m
- Can swim 50m
- Can swim 100m

DECLARATION

In accordance with the Privacy Act 1993, we (student and parent(s)/caregiver(s)) consent to the information in this Enrolment Application:

- a. being made available to the Ministry of Education, New Zealand Qualifications Authority and relevant institutions for the advancement of the student's education, and other agencies where disclosure is required for the maintenance of law and order;
- b. being available within the school for the purpose of improving student's performance as a learner and ensuring personal safety.

Further, we agree to information regarding the student's school performance being transferred between educational institutions to which we are transferring or have transferred.

MARKETING AND PROMOTION:

I/We give permission for the student's image to be used in public sources: *(newsletter, website, etc)* Yes No

SCHOOL RULES: To be signed by the student applicant

I, the student, will comply with the school rules and expectations, including behaviour, attendance, uniform and appropriate computer use, as stated in the Student Diary. I will act with common sense and consideration of others, and do my best in class.

Student Signature: _____

Date: / /

I/We the parent(s)/caregiver(s) will support the school rules and expectations, including the student's behaviour, attendance, uniform and acceptable computer use, pay all course fees and activities expenses, notify the school immediately of any change of address or circumstances, medical conditions or right to EOTC as stated in this application.

Name of Parent/Caregiver: _____

Signature: _____

Date: / /

CHECKLIST Your Enrolment Application cannot be processed until we have the following information:

- Copy of birth certificate** *(please do not provide original, a verified copy must be provided)*
- Residency status** *(if applicable; please do not provide original, a verified copy must be provided)*
- Signed BYOD and Use of School Devices Agreement**
- Signed Transport Registration and Code of Conduct Agreement** *(if applicable)*

COMPLETED ENROLMENT APPLICATION Please send this completed form and any additional information to:

Enrolments, Geraldine High School, 93 McKenzie Street, Geraldine 7930, New Zealand



PARENTS/CAREGIVERS ASSISTANCE WELCOME

Geraldine High School would value any assistance parents/caregivers are able to give in school activities. Please indicate below any areas where you may be able to contribute and are willing to be contacted.

YOUR DETAILS *Please tick boxes where applicable*

Family name: _____ **First name(s):** _____

Phone: Home: _____ Work: _____

MOBILE: _____

EMAIL: _____

SPORTS COACHING I am able to coach a sports team I am able to assist a sports coach

Please give details, which sport, etc

SPORTS TRANSPORT I am able to drive a minibus I can provide a vehicle

Please give details:

PTA I am prepared to join the PTA I can help support PTA activities

Please give details:

READER/WRITER I am available to support students in this important task

Please give details:

OTHER SKILLS I have expertise in other areas I am able to share

Please give details:

TRANSPORT REGISTRATION

This form is for ALL students who travel on a school bus. It is requirement for the Ministry of Transport and Geraldine Schools' records.

STUDENT DETAILS

| | |
|-----------------------------|--------------------|
| Family name: | First name(s): |
| Physical address: | |
| | Date of birth: / / |
| Home phone number: | Starting date: |
| Parent/Caregiver name: | |
| Parent/Caregiver signature: | Date: / / |

CODE OF CONDUCT AGREEMENT

Please read the terms of this Agreement and sign where indicated:

This Agreement is between:

Student (full name):

Parent/Caregiver (full name):

Ritchie's Coach lines (bus operator), and Geraldine High School (the school).

Parent(s)/Caregiver(s) and the student should ensure they have read and understood this document, which is to be adhered to for the safety of the bus driver and all students travelling on the school bus.

I, the student, agree to abide by the following behavioural expectations:

1. I will remain in my seat for the whole journey, wearing a seat belt where provided.
2. I will sit in my allocated seat as per the seating plan.
3. I will use my cellphone or any other electronic device responsibly as per the BYOD agreement.
4. I will not eat on the bus or throw anything inside or out of the bus.
5. I will respect other students and their property at all times (this includes pushing and verbal or physical bullying).
6. I will use socially acceptable language when conversing with the driver and/or other students and I will not speak at a volume that may distract the driver.
7. I will not engage in any behaviour that could put the driver or other students at risk.
8. I will respect the property of the bus operator at all times (e.g. refraining from standing on seats or vandalising the vehicle in any way).
9. I will listen to, and follow any instructions from the Transport Coordinator, Bus Duty Teachers, Bus Driver and Bus Monitors.
10. I understand that any damage I cause to the bus will result in my parent/caregiver being billed for the cost of repairs.

The safety and comfort of everyone on the bus depends on a standard of behaviour and consideration for others that is expected in the classroom. We hope that parents/caregivers will support the school in maintaining these standards of behaviour. If this Code of Conduct Agreement is broken, the student will be spoken to by either the Bus Controller or the Transport Co-ordinator and the caregiver will be notified. If no improvement is evident, an interview will be arranged between the student, parent/caregiver and the school. If there is still no improvement, permission to travel on a school bus may be withdrawn, and the parent/caregiver will be required to find alternative transport to ensure they are meeting their legal obligation to get their child to school. In extreme cases of misbehaviour the privilege of travelling on a school bus could be withdrawn immediately.

I agree to abide by the conditions of this Agreement and understand the consequences if I do not.

| | | |
|-------------------------|-------------------|-----------|
| SIGNATURES: Student: | Parent/Caregiver: | Date: / / |
| Transport co-ordinator: | Bus controller: | Date: / / |

Approved by GHS/GPS Bus Controller/Transport Co-ordinator:

Please note if you move and require a change of bus pick-up you will be required to fill in a new registration form. This form can be obtained from the Bus Controller or the Transport Co-ordinator at Geraldine High School.

FOR MORE INFORMATION

Contact Bronwyn Hawkins, Geraldine Schools' Transport Co-ordinator, on:

MOBILE: 021 026 78000 WORK: 03 693 0017 HOME: 03 697 4844 FAX: 03 693 0020 EMAIL: transport@geraldinehs.school.nz

OFFICE USE: PICK UP POINT:

PICK UP TIME: (approximately)

BUS ROUTE:

GERALDINE HIGH SCHOOL BYOD AND USE OF SCHOOL DEVICES AGREEMENT

Please note that it is not compulsory for students to bring their own device to school (BYOD). Where electronic devices are required within a class, the school provides access and opportunity for students to use a school device. For the purposes of this agreement, 'school' is defined as including all travel on a School Bus, the school day itself, and while attending any school related events or excursions.

Any student who will be using an electronic device within Geraldine High School must read and consent to this Agreement. The regulations listed under **Personal Responsibilities** apply to students who wish to bring their own device(s) to use at school. The regulations listed under **Classroom/Grounds use** and **Consequences** apply to all students, whether they are using personal or school-provided devices.

Both the Student and their Parent/Caregiver must sign this Agreement and return it to the School Office.

PERSONAL RESPONSIBILITIES (BYOD)

1. The student takes full responsibility for their device and keeps it with himself/herself at all times or locked in an allocated locker. The school is not responsible for the security of the device. The device must be **clearly named**.
2. The student is responsible for the proper care of his/her personal device, including any costs of repair, replacement or any modifications needed to use the device at school. Geraldine High School does not supply technical support for student-owned devices. Students need to follow the procedures outlined on the school website to enrol their devices on the school WiFi network.
3. The device **must not** be used by other students while at school.
4. The personal device will be fully charged prior to bringing it to school and will be capable of running off its own battery while at school.

CLASSROOM/GROUNDS USE (personal and school provided devices)

5. The student may not use any device to record, transmit or post photos or video of a person or persons at school at any time without the **express** permission of **both** a teacher **and** the person(s) being photographed or videoed/recorded.
6. Students will use the school WiFi network to access the Internet when at school. Whenever required/requested by a teacher, students will log onto the Internet by using their academic school account.
7. The student will comply with any teacher's request to stop using a device. If the student does not comply with the request, the device may be confiscated.
8. The device must be on silent mode while in the classroom, unless sound is required for a specific task by the teacher. If necessary, the student's personal device (including phones) may be required to be placed in a school bag or handed in to the teacher at the beginning of a class.
9. When in class, the student will only use their personal device to engage in classroom-related activities. Students may check personal communications or use their own devices for suitable leisure activities during interval and lunchtime. A school phone is also available for students to contact parents during these times.

CONSEQUENCES (personal and school provided devices)

10. Violations of any school rules involving a student's personally owned device or a school provided device may result in the loss of use of a device at school and/or further disciplinary action.
11. The school reserves the right to inspect any device a student has been using if there is reason to believe that the student has violated school rules or has engaged in other misuse of this device.
12. Any inappropriate material on a student's device at school will be subject to school and/or police action.
13. Unauthorised use of personal devices during assessments is not permitted and students violating this may forfeit their assessment grade, as per NZQA policy and rules.

DECLARATION | I have read and agree to the conditions of the Geraldine High School BYOD and School Devices Agreement.

Student (full name): _____ **VF Class:** _____

Device type(s) (BYOD only): _____

Student signature: _____

Parent/Caregiver signature: _____ **Date:** / /

Please return this signed agreement to the School Office.

FOR MORE INFORMATION

Contact Head of Computing: **PHONE:** 03 693 0017 **EMAIL:** office@geraldinehs.school.nz

OFFICE USE: STUDENT USER NAME AND PASSWORD ALLOCATED EMAIL ADDRESS AND STUDENT PROFILE ESTABLISHED