



Enrolment Form

Staying local, going far!





Nau mai haramai koutou ki Te Kura Tuarua o W'akaa'urangi.

Welcome to Stratford High School!

Please find attached the 2023 enrolment form. When completing this form, please be mindful to give as much detail as possible. Attached to the enrolment form are the following documents:

1. Special Assessment and Learning conditions
2. Cybersafety agreement
3. Permission for the online publication of student images and work
4. EOTC Blanket Consent Form

Please complete all of the documents and bring them to the enrolment interview.

Extra forms can be downloaded from the school website: www.stratfordhigh.school.nz

If you have any queries please contact Stratford High School.

Phone: 06 765 6039

Email: mail@stratfordhigh.school.nz

We look forward to you joining our school family.



STRATFORD HIGH SCHOOL

ENROLMENT 2023

School Use:	House: Am Mc Tr Ty
Date entered: _____	Form: _____
Update ENS <input type="checkbox"/>	Class: _____
	Bus: _____

Please complete all parts of this form in detail, including any special circumstances – write n/a if not applicable

Student details:

Legal Name/Surname: _____ **Firstname/s:** _____

Known as: _____

Home Address:

Student Telephone Number: _____

Date of Birth: _____ **Age:** _____ **Years** _____ **Months**

Gender: Male / Female / Other: _____

Place of Birth: _____

Previous school and year level: _____

Intended year level: (circle one) Y9 Y10 Y11 Y12 Y13

Brothers or sisters at Stratford High School (if any): _____

Family history for house placement: (circle one) Amess McAllister Trimble Tyrer

Ministry of Education Requirements

Ethnicity:

NZ

NZ Māori: Tribe / Iwi affiliation(s) _____

Other: (please state) _____

School Lunch programme:

Yes No

Most common dietary conditions are able to be catered for. Please state any dietary requirements below:

Proof of identity documentation must be sighted and copied. Original Birth Certificate/Passports only

Primary Caregivers (Residence A):

Name: _____ Relationship: _____

Address: _____

Email: _____ Occupation/Workplace: _____

Telephone (Home): _____ (Work): _____ (Mobile): _____

Tick to receive: Accounts Newsletters/Correspondence School Reports

Name: _____ Relationship: _____

Address: SAME ADDRESS AS PRIMARY CAREGIVER ABOVE _____

Email: _____ Occupation/Workplace: _____

Telephone (Home): SAME AS ABOVE (Work): _____ (Mobile): _____

Secondary Caregivers (Residence B):

(If your child does not reside at one address full time.)

Name: _____ Relationship: _____

Address: _____

Email: _____ Occupation/Workplace: _____

Telephone (Home): _____ (Work): _____ (Mobile): _____

Tick to receive: Accounts Newsletters/Correspondence School Reports

Name: _____ Relationship: _____

Address: SAME ADDRESS AS SECONDARY CAREGIVER ABOVE _____

Email: _____ Occupation/Workplace: _____

Telephone (Home): SAME AS ABOVE (Work): _____ (Mobile): _____

NB: If there are any Court documents pertaining to Custody, Access, Protection Orders etc, please provide copies for our records. Verbal instructions must be supported by documentation.

Documents to be provided Yes No

Emergency Contact: NOT PARENTS OR CAREGIVERS

The school may need to contact parents/caregivers if your child becomes ill at school or for other emergencies. If neither adult with whom the student lives can be contacted, an alternative emergency contact is:

Name: _____ Telephone (Daytime/Mobile) _____

Relationship to student/family (eg: neighbour, relative): _____

Doctor / Dentist – required as part of medical records.

Doctor's Name	Medical Conditions or other health information. (Asthma, Allergies, Hearing, Sight, etc)
Dentist's Name	
Student can be given Panadol/Paracetamol by student services staff if required. Parent signature: _____	

DECLARATION

I have not withheld any information that may be relevant regarding this student's education at Stratford High School.

I will work with the school to make sure that:

- He/she attends school regularly.
- A note to explain any absences will be provided by parent/guardian/caregiver.
- He/she will wear the school uniform as specified.
- He/she will observe school rules and behaviour expectations.
- Careless and deliberate damage to school property will be made good.
- I/we will notify the school office of updated address, email and contact details if they change during the student's time at Stratford High School.

Partnership Agreement & Privacy Act

Information requested is essential for the school to provide appropriate programmes of learning and care for students. It will be entered on personal files which are retained by the school and therefore subject to the provisions of the Privacy Act and Schools Privacy Policy.

Parent:

- I agree that details provided on this form are accurate and correct.
- I agree that learning involves a three-way partnership and commitment between student, family and school. I accept responsibility for ensuring my child follows the behaviour standards and agree to pay school costs incurred by my child.
- I give permission for the personal information on this form to be used by Stratford High School for educational and statistical purposes within the meaning of the Privacy Act 1993.
- I give permission for the school to give any emergency treatment required by my child.
- I am happy for the school to recognise my child's achievement and publish his/her name where appropriate.
- Details provided on the enrolment form are used for administration, statistics and to help meet specific learning needs of the students. The information is stored on computer and this hard copy is kept in the student's personal file. Staff access this as required. It is the right of parents/caregivers to have access to and to update the information contained in this file. Any requests should be made in the first instance to the school office which will refer this request to the Privacy Officer.
- I give authority for school records of attainment to be passed to another school or educational institution when my child transfers and enrolls there.

I declare that my child will attend school regularly and abide by the uniform requirements, and the rules and expectations of the school.

*
(Parent/Guardian/Caregiver Signature) Date

Student:

I agree to attend regularly, wear the correct uniform, accept the school's discipline systems and uphold the school's values while a student of Stratford High School.

*
(Student Signature) Date

INTERVIEWER COMMENTS:

Interviewer Signature: _____

Date _____

INTERVIEW NOTES:

Which sporting, musical or cultural activities would your child like to be involved in?

Parents/Caregivers - are you willing to assist with coaching or managing a team or any activity at Stratford High School? If so, please list here:

Are there any outside agencies (social workers, Big Brother, Big Sister, Oranga Tamariki) that your child works with consistently?
Can you provide contact details?

Is there any other relevant information (including family circumstances) that the school should know about?



Student Special Assessment Conditions (SAC) Historical Record

<i>First name:</i>	<i>Last Name:</i>
<i>Date of Birth:</i>	<i>Last school:</i>

Tick any that apply. For "Other", please explain.

<i>Sensory</i>	<i>Medical</i>	<i>Physical</i>	<i>Learning</i>
Vision	Attention deficit	Arm / Hand	Reading
Hearing	Autism Spectrum	Back / Leg	Writing
Other:	Depression	Head injury	Processing delay
	Anxiety	Dyspraxia	Diagnosed Specific Learning Disorder: Dyslexia
	Diabetes	Muscular / Neurological	
	Epilepsy	Cerebral palsy	Dysgraphia
	Tourette syndrome	Other:	Dyspraxia
Other:	Dyscalculia		
			Other:

Fill in this timeline of what has happened, been diagnosed, treated, provided, etc. Consider events or contributions by medical specialists, doctors and hospitals, physiotherapists, occupational therapists, psychologists, Level C assessors, reading recovery, private tutors, teacher aide time, speech/language therapy, RTLB, RTLit, BLENNZ resource teachers, Reader, Writer, Computer, extra time etc.

<i>Age</i>	<i>Event / Action / Comment as appropriate</i>
	<i>Continue on the back of this page if necessary.</i>

Provide recent reports from the list of people above to the school.

Fill in details from these reports below.

<i>Report 1</i> (write NA if not available)	<i>Report 2</i> (write NA if not available)
Written by:	Written by:
Qualifications:	Qualifications:
Date:	Date:

If you have further documentation, you may wish to also provide this to the school.

This page has been left intentionally blank.



Cybersafety at Stratford High School

The measures to ensure cybersafety at Stratford High School outlined in this document are based on our core values. We appreciate the importance of growing each child's digital skills and as such, creating digital citizens. Please read through with your child and understand the information below as it pertains to all users of digital technology within our school.

It is also important to have read and understood our school policy *'Digital Technology and Cybersafety'* (found on our school website) because by signing the Cybersafety User Agreement you acknowledge your understanding and acceptance of the statements within this policy also.

1. I cannot use the school ICT equipment until my parent, and I have signed the user agreement and it has been returned to school.
2. If I have my own username, I will log on only with that username. I will not allow anyone else to use my username.
3. I will not tell anyone else my password.
4. While at school or at a school related activity, I will not have any involvement with any ICT material or activity which might put myself or anyone else at risk (e.g. bullying or harassing).
5. While at school, I will not:
 - a. Initiate access, or attempt to access age restricted, or objectionable material.
 - b. Download, save or distribute such material by copying, storing, printing or showing it to other people.
 - c. Make any attempt to get around, or bypass security, monitoring and filtering that is in place at our school.
6. If I accidentally access inappropriate material, I will not show others. I will close or minimise the window and report the incident to a teacher immediately.
7. I understand that I must not download any files such as music, videos, games or programmes without the permission of a teacher. This makes sure the school complies with the Copyright Act 1994. I also understand that anyone who infringes copyright may be personally liable under this law.
8. I understand that these rules apply to any privately-owned ICT equipment/device (such as a laptop, mobile phone, USB drive) I bring to school or to a school related activity. Any images or material on such equipment/devices must be appropriate to the school expectations.
9. Before I put any personal information online, about myself or any other person, I will ask my teacher's permission. I will also get permission from any other person(s) involved.
10. I will respect all school ICT and treat ICT equipment/devices with care. This includes not intentionally disrupting the smooth running of any school ICT system, not attempting to hack or gain unauthorised access to any system, following all school cybersafety rules, not joining in if other students choose to be irresponsible with ICT, and reporting any breakages/damage to a staff member.
11. I understand that the school may monitor traffic and material sent and received using the school's ICT network. The school may use filtering and/or monitoring software to restrict access to certain sites and data including email.
12. I understand that the school may audit its computer network, Internet access facilities, computers and other school ICT equipment/devices or commission an independent forensic audit. Auditing of the above items may include any stored content, and all aspects of their use, including email.
13. I understand that if I break these rules, the school may need to inform my parent(s). In serious cases the school may take disciplinary action against me. I also understand that my family may be charged for repair costs. If illegal material or activities are involved, it may be necessary for the school to inform the police.



STRATFORD HIGH SCHOOL

CYBERSAFETY USER AGREEMENT

Before signing this User Agreement please take the time to read the *Cybersafety at Stratford High School Information for Parents and Students*.

The student

I have read the *Cybersafety at Stratford High School Information for Parents and Students* document. *I understand and agree to abide by the rules listed.*

Student name

Signature

Date

The parent/guardian

As the parent/guardian of the student I have read the *Cybersafety at Stratford High School Information for Parents and Students* document which outlines the acceptable use of ICT at Stratford High School. I understand that the school will make every attempt to prevent access to any undesirable material. I will not hold Stratford High School responsible if my child acquires such materials through the use of the school's ICT facilities.

Parent name

Signature

Date



STRATFORD HIGH SCHOOL
PRIVACY AGREEMENT:
PUBLISHING OF STUDENT NAME AND/OR IMAGE

To the parent/ guardian/ caregiver

1. Please read this page carefully as it includes information about safety and security issues associated with privacy.
2. Indicate your preference with regards to the sharing of your child’s personal information.
3. Complete and sign the form.
4. Return this form to the school.

*This will be filed with your child’s records. You are welcome to contact the school to discuss this Privacy Agreement with the principal.

In the interest of safety and security Stratford High School requires parent permission for the publishing of students’ names or images (still or video) on our website, and in our publications (which are handed/posted out only).

We believe it is important to celebrate children’s achievement, but are aware of the potential risks when such personal information or material is published on a global information system such as the Internet. Original material created by students at school attracts protection under the Copyright Act 1994. The students own the copyright of their own artistic and literacy work.

We will share, if given permission, a student’s name and/or image (video or still) via a school publication, or the wider online community via the school website or in other school advertising.

Please indicate your wishes by ticking the relevant box.

- I give permission for my child’s name, image (video or still) or work to appear in school publications, on the school website and in other school advertising.
- I do not give permission for my child’s name, image (video or still) or work to appear in school publications, on the school website and in other school advertising.

Student name

Authorized by (please print name)

Signature *Date*

Parent/legal guardian/caregiver (please circle which term is applicable)



STRATFORD HIGH SCHOOL

BLANKET CONSENT FORM

This EOTC form is to cover events which occur during the course of a school day and conclude prior to approximately 6.00pm. These are category 1, 2 or 3. Activities that are a higher risk while require more information and parental consent and risk disclaimers. These come under our Category 4 and 5 which are not part of this blanket consent document.

	Details about this category
Category 1	Onsite events Activities that take learners out of other timetabled classes such as trip to supermarket, field trip to beach but no swimming, sand dune study, supervised local visits. EOTC Blanket Consent Form needed only
Category 2	Offsite events in a controlled environment To another school or sports venue Day trips within the local region/community. Examples: Museum, art gallery, sports and recreation events. Farm visit low risk no machinery or chemicals, day hike around the park low risk, city visit, ferry trip, swimming in pools EOTC Blanket Consent Form
Category 2a	Recurring seasonal sporting or co-curricular events (event recurs three or more times in a season/term) Events occur outside of normal timetable i.e. afterschool/weekends Onsite or offsite Within local region/community Examples: Trip to another region, sports tournaments, visits to historic sites. EOTC Blanket Consent Form locally but further risk disclosure for weekend/ week trips

Where an event involves risk exposure greater than what would typically be the case at school, such as adventurous activities or hazardous environments or the event continues overnight, specific consent will be required. At the time of our seeking any further consents you will also be asked to update the health and contact information held by school.

It is important that this form is completed at the start of the year for all students who will be participating in EOTC events (as described above). Details on this form will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events. It is crucial that you provide us with up to date information, that is accurate and complete, to allow us to plan appropriately for EOTC events.

Please note that is very important that student details such as health information and emergency contacts are kept up to date with the Stratford High school office during the year.

Privacy Statement:
Please note: the personal information being collected on this form is for the purpose of running EOTC events. It won't be used or disclosed for any other purpose except in accordance with the Privacy Act 2020. You have the right under that Act to access and seek correction of the information from the school.

BLANKET CONSENT FORM

Student Information

Name: _____ Year: _____

Address: _____

Student email: _____ Student cell phone: _____

Swimming Consent

For activities where being able to swim is essential. Consent does not remove the need for group leaders to ascertain for themselves the level of the student's swimming ability.

Swimming ability

- | | | | |
|---|-----|----|------------|
| • Is your child able to swim 50 metres? | Yes | No | Don't know |
| • Is your child water confident in a pool? | Yes | No | Don't know |
| • Is your child confident in deep water? | Yes | No | Don't know |
| • Is your child able to tread water? | Yes | No | Don't know |
| • Is your child able to survival float? | Yes | No | Don't know |
| • Is your child confident in the sea or in open inland water? | Yes | No | Don't know |
| • Is your child safety conscious in and around water? | Yes | No | Don't know |

Signed:

Medical Consent

- In an emergency school may act on my behalf
- School may administer pain relief
- I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
- I will inform Stratford High school as soon as possible of any changes in the medical or other circumstances.
- I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered by the medical authorities present.
- Any medical costs not covered by ACC or a community service card will be paid by me.
- If my child involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will be sent home at my expense.

Signed:

Student Contract

To be read and signed by all participating students.

- I understand that any EOTC event is an opportunity for me to learn, practise skills and gain attitudes and values in an environment outside the classroom.
I realise that this requires me to take on genuine responsibility for my own learning and the safety and that of myself and others.
- I agree to do the following to make this happen:
Show courtesy and consideration for others; Follow the rules and instructions of staff and other supervisors at any event; Take part in all activities within challenge-by-choice options; Look after myself and my personal belongings; Declare medical conditions that could affect participation in the event; Accept the rules set by the school for any event, even if they are different from what is accepted at home.
- I understand that my parent/caregivers will be contacted, and I may be sent home at their expense if:
My actions are considered unacceptable by staff; I break the school drugs and alcohol policy; My actions put me or others in any danger.

Signed (by student):

Date/...../.....

Parental Consent

- I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.
- I understand that there are risks associated with involvement in Stratford High school's EOTC events and that these risks cannot be completely eliminated.
- I understand Stratford High school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.
- I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures.
- I understand that my child will be involved and has the right to decide through challenge by choice. I will do my best to ensure my child understands that they do not have to participate in an activity.
- I acknowledge that in order to gain a better understanding of the risks involved I am able to ask any questions of Stratford High school about the activities in which my child will be involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.
- I understand that Stratford High school does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.

Signed:

Date/...../.....

(Full name of parent/Caregiver)