



JOHN PAUL II HIGH SCHOOL

Te Kura Tuarua O Hone Paora Tuarua

GREYMOUTH - WESTLAND

Mawhera – Tai Poutini

P O Box 160, Greymouth Phone 768 4166

www.johnpaul.ac.nz



APPLICATION FOR ENROLMENT

This form is not to be used for the enrolment of International Students

Proposed year of entry

20

Entry year level: (Circle one)

Year 9 / 10 / 11 / 12 / 13

Other:

Date of Entry ___/___/20___

Preference Yes / No

Please provide full details requested on these forms

Student NSN: _____

Student Details:

Surname: _____ First Names: _____

Legal Surname: _____ Preferred First Name: _____ Date Of Birth: _____
(If Different from above)

Gender: Male Female

Ethnicity NZ European (If Identified as Māori **and** European, Please Tick Both and Add Iwi Details Below)

NZ Māori Iwi 1: _____ Iwi 2: _____

Other Country of Origin: _____

Previous School Attended _____ for _____ years

Is the student a New Zealand Resident? Yes No (If yes please attach a copy of the NZ Birth Certificate or NZ Residency Permit)

If NO, do you have a current Work Permit? Yes No Status Checked? Yes No

(If No & not NZ born please attach a copy of the Permanent Residency Permit/Visa and the first page of your passport and your birth certificate)

Residential Address: _____ Post Code: _____

Postal Address: (If different from above) _____ Post Code: _____

Home Phone No: _____ Student Cell Phone No: _____

Student Home Email Address: _____

Names of siblings attending this School: _____

Is this student the eldest attending John Paul II High School? Yes No

Language: (Most frequent language spoken) _____ First Language: _____

Does the student currently receive ESOL (English as second language) support: Yes No

If so how many hours: _____ M.O.E. ESOL Student Reference No: _____

Medical Details: (Please describe any illness, disability or allergy, and the required action) _____

Doctor's Name: _____ Dentist's Name: _____

Fully Immunised: Yes No Medical Alert Bracelet: Yes No If yes provide bracelet no. _____

Special Learning Needs: (Please state any special learning needs. Attach supporting documentation)

Parents Details:

Custodial Parent/s: Both Parents Mother Only Father Only Caregiver

During the week the student lives with: Both Parents Father Only Mother Only Caregiver

Mother's Full Name: (Circle one: Mrs, Miss, Ms) _____

Residential Address: (If Different from Child's) _____ Post Code: _____

Postal Address: (If Different from Child's) _____ Post Code: _____

Home Phone No: _____ Cell Phone No: _____ Work No: _____

Mother's Email Address: _____

Father's Full Name: (Mr) _____

Residential Address: (If Different from Child's) _____ Post Code: _____

Postal Address: (If Different from Child's) _____ Post Code: _____

Home Phone No: _____ Cell Phone No: _____ Work No.: _____

Father's Email Address: _____

Caregiver Details: (To be completed only when the child resides with someone other than their mother or father)

Caregiver's Full Name: _____

Residential Address: _____

Post Code: _____ Home Phone: _____ Caregiver's Cell Phone No: _____

Caregiver's E-Mail Address: _____

Caregiver's Relationship to Student: _____

Emergency Contact Details: (Other than Parents/Caregivers)

First Emergency Contact Person: Name: _____

Phone Numbers: Day: _____ Cell: _____ Relationship to Student: _____

Second Emergency Contact Person: Name: _____

Phone Numbers: Day: _____ Cell: _____ Relationship to Student: _____

Correspondence Details

General Mail Sent To: Mother Father Both Parents Caregiver/Other Please state:

Accounts for Payment: Mother Father Both Parents Caregiver/Other Please state:

School Reports: Mother Father Both Parents Caregiver/Other Please state:

Bus Travel Details:

This Child Will Travel On The Bus Indicated (tick one)

Paroa Marsden Road Runanga Cobden Dobson/Stillwater

Blackball Ngahere Kumara Hokitika

This section is to be completed only where the child's parents have separated:

The purpose of collecting this information is to enable the school to meet the terms and conditions of the family's separation agreement. Please note that under the *Care of Children Act, 2004*, each parent has guardianship rights unless the Courts have mandated otherwise. If either parent has been identified sole guardian by the courts, then the school will take guidance from that person.

Does the non-custodial parent(s) have legal access? Yes No

If NO legal access, are there any barriers to the non-custodial parent(s) having access during school time? Yes No

If Yes please elaborate (*Some access ???*) _____

If there is a Parent & Co-caregiver, does the Co-caregiver have legal access? Yes No

If YES, under what circumstances _____

If NO please elaborate _____

Would you have any objection to having copies of your child's reports sent to the non-custodial parent? Yes No

If NO, please provide the name and postal address: _____

Signed: _____ Title: _____ Date: _____

PRIVACY ACT REGARDING INFORMATION COLLECTED:

Under the Privacy Act, information collected may be used only for the purpose for which it was collected. It is not uncommon for schools to be asked to provide information on individual students to: e.g. other schools (at time of enrolment), police, CAMHS, CYFs etc. to facilitate support for those students. Please sign below indicating that you give your consent to share any information collected on your child, under such circumstances:

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 the parent or student as necessary. These contact details may also be passed on to the Ministry of Education and Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment, training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.

I give consent for information to be shared as indicated above:

Signed: _____ Date: _____
Student

Signed: _____ Signed: _____ Date: _____
Father/Caregiver Mother/Caregiver

SCHOOL NETBALL INVOLVEMENT:

Only those students playing for CSC (Catholic Schools Combined) Netball Club will be eligible for selection for representative teams playing netball for John Paul II High School against other secondary schools. Two exceptions apply:

1. Where non CSC players are playing club netball for a team at a higher grade than that played by CSC 'A' in the West Coast Netball Association competitions.
2. Students who play in the Westland Netball Association (Hokitika) competitions are also eligible.

In the cases above, interested students must be available for selection at the required time and commit themselves to attending all practice sessions organised for the selected representative team.

ACCEPTABLE USE OF COMPUTERS AGREEMENT:

The measures outlined in this document are based on the Catholic, Marist and Mercy Special Character of the School and their core values. The School's computer network, Internet access facilities, computers and the school ICT equipment/devices bring great benefits to the teaching and learning programmes at John Paul II High School and to the effective operation of the school. This agreement includes information about your obligations, responsibilities, and the nature of possible consequences associated with Acceptable Use of Computer Agreement breaches which undermine the safety of the school environment. Students and caregivers participating in BYOD must adhere to the Student Code of Conduct, as well as all Board policies. Additionally, technology:

- Must be in silent mode while on school campuses **and while riding school buses.**
- May not be used to cheat on assignments or tests.
- May only be used, during class time (including Form and House), for activities which are relevant to the classroom curriculum and **when the student is instructed to do so by a teacher.**

The student accepts that:

- The school's network filters will be applied to their connection to the internet and the student will not attempt to bypass them.
- Bringing on to the premises or infecting the network with a Virus, Trojan, or program designed to damage, alter, destroy, or provide access to unauthorised data or information is in violation of this "Acceptable Use" Agreement.
- Processing or accessing information on school property related to "hacking", altering, or bypassing network security policies is in violation of this "Acceptable Use" Agreement.
- John Paul II High School has the right to collect and have examined, by a person designated by the Board of Trustees, any device that is suspected of causing problems or of being the source of an attack or virus infection.
- John Paul II High School has the right to inspect files on any device brought on to the campus irrespective of whether or not it has been the cause of a problem/ attack / virus (This covers devices that may contain pornography / objectionable material obtained offsite and stored on the Student Owned Device). Whether or not something is "objectionable" will be decided by the Principal considering the school's special character.
- Files may have to be saved on the C drive of the laptop, a USB drive, an external drive, or Cloud based storage.
- It is the owner's responsibility for the repair of any malfunctioning / damaged devices. John Paul II High School does not supply technical services for student owned devices and will accept no liability for loss or theft.
- Personal technology must be charged prior to bringing it to school and must run off its own battery while at school. Charging of your device may be available on a limited basis in exceptional circumstances and is at the discretion of the classroom teacher.
- John Paul II High School has the right to confiscate any device suspected of being used in violation of this agreement and to hold that device until a caregiver is able to collect it. Further disciplinary action may follow.

Signed: (Parent/caregiver) _____

Signed: (Student) _____

(Date) _____

STUDENT USE OF CELL PHONES:

I _____ (student name) agree to the following conditions:

- The school accepts **no responsibility** for loss or damage to my cell phone regardless of circumstances.
- I agree that I will not use my cell phone in class, lining up outside a classroom, attending formal functions, in church, in exams or on any occasion that a teacher requests that it not be used. **At all such times, the phone will be turned off and out of sight, as will ear phones and any other attachments.**
- I understand that if I am caught using my cell phone in the above situations then the phone will be confiscated and be available for collection from the office by me at the end of the day.
- I understand that a **second** offence will see my phone being confiscated and held by the office for my parent/caregiver to come into the school and collect.
- If any member of staff suspects that I have pornographic or other objectionable material on my cell phone, they may take my cell phone from me immediately. My cell phone will be held by a member of the senior management team until my parent/caregiver comes into school to retrieve it. Police may also be involved.

If my cell phone is used to harm others e.g. txt or pxt bullying it will also be confiscated. I understand that if anyone else uses my cell phone and breaks this agreement then it will still be confiscated as I am responsible for my cell phone.

I agree to these conditions: Signed (Parent/caregiver) _____ Date: _____

I agree to these conditions: Signed (Student) _____ Date: _____

PUBLICITY:

I consent to photographs of my child and images of their work being used in School publications and other school material such as newsletters, press releases etc.

Signed _____ Date _____
Student

Signed _____ Signed _____ Date _____
Father/Caregiver Mother/Caregiver

SCHOOL OUTINGS – (EOTC) EDUCATION OUTSIDE THE CLASSROOM:

I/We consent to _____ participating in all outdoor and off-site cultural activities organised by the staff as part of class or school programmes, including bus or car transport by helpers to venues, unless I/we notify the school otherwise.

I/we understand we will be informed of any outing prior to the outing if there is a fee involved, through the school newsletter, or notice given to my/our child.

YES / NO *(If NO please provide reasons and comments for which circumstances you would like to be notified).*

Comments: _____

CONDITIONS OF ENROLMENT:

Signed _____ Date _____
Principal

In signing this enrolment form you are agreeing to pay the attendance dues, in full, or contact the school to enter into an arrangement for repayment. (Bank account no. 12-3168-0057389-00) please include student name as the reference.

We hereby agree to pay ATTENDANCE DUES OF \$391.00 (GST inclusive) per year, \$752.00 (Incl. GST) per year (for two pupils) or \$1113.00 (for three pupils), a fourth pupil from the same family is free, as well as various subject fees as set. We agree to ensure that this pupil will wear the required SCHOOL UNIFORM correctly and adhere to the SCHOOL RULES, as stated in the Prospectus. We accept as a condition of enrolment that this pupil will participate in the general school programme, including Religious Education, which gives the school its Catholic Character.

Signed _____ Signed _____ Date _____
Father/Caregiver Mother/Caregiver

CHECKLIST:

Before submitting this application, please ensure that you have:

- Completed all relevant sections above
- Attached original or verification of birth certificate or passport
- Attached Preference Card from Parish Priest
- Attached Permanent Residency Permit (If not NZ Born)
- Signed & completed **all consent** areas of form
- Completed all contact details

OFFICE USE ONLY

Student NSN: _____

Data Processed: _____