



TAIRAWHITI SERVICES ACADEMY

ENROLMENT APPLICATION 2018

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phone (06)8686092 fax (06)8684226

For office use only: FDA	Student #	NSN	Interview
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Student's family name: _____

Student's first name(s): _____

Preferred name: _____ Previous/ other names used: _____

Date of Birth: _____ Student cell phone #: _____

Ethnicity: (1) _____ Sibling(s) attending GGHS: _____

Ethnicity: (2) _____

Iwi Affiliation: (if applicable please circle) Ngai Tāmanuhiri / Ngati Porou / Rongowhakaata / Te Aitanga-a-Mahaki

Other: (please specify) _____

Year level applying for: **11 / 12 / 13** _____

Current school: _____ Current Year Level: _____

Country of Birth: _____ (copy of Birth Certificate or Passport required)

Other country: _____ (please specify, copy of Permanent Residence/ Passport/ Student Visa/

Parent Work Permit required) _____

First Language: (please circle) English / Te Reo Maori / Other: (please specify) _____

Driver's Licence: (please circle) Full / Restricted / Learners Licence Number: _____

Primary Residence:

1. Name of caregiver: _____ Relationship to student: _____

Physical Address: _____

Postal Address: _____ Occupation/ Employer: _____

Home phone: _____ Work phone: _____

Mobile phone: _____ Email: _____

2. Name of caregiver: _____ Relationship to student: _____

Mobile phone: _____ Occupation/ Employer: _____

Email: _____ Work phone: _____

Secondary Residence: (if applicable)

1. Name of caregiver: _____ Relationship to student: _____

Physical Address: _____

Postal Address: _____ Occupation/ Employer: _____

Home phone: _____ Work phone: _____

Mobile phone: _____ Email: _____

2. Name of caregiver: _____ Relationship to student: _____

Mobile phone: _____ Occupation/ Employer: _____

Email: _____ Work phone: _____

Do you want the secondary residence to receive correspondence? Yes / No _____

Emergency Contact: (if we are unable to get hold of primary or secondary caregivers)

Name(s): _____ Relationship to student: _____

Home phone: _____ Mobile phone: _____

Boarding Residence: (if applicable)

Name of caregiver(s): _____

Address: _____

Home phone: _____

Mobile phone(s): _____

Do you need assistance finding board? Yes / No

Medical Information:

Please advise any medical conditions that may require emergency healthcare response, including serious allergies: *(attach any documentation if necessary)* _____

Doctor/ Medical Centre: _____

Dentist/ Dental Centre: _____

Do we have permission to give paracetamol (tablets) if required? Yes / No

Special Learning Needs: *(if applicable please give details)* _____

Bus:

Please advise which bus route will be used: *(if applicable)* _____

Career Intentions:

Please advise your career intention (i.e Army, Navy, Police Force etc) _____

How did you find out about TSA: *(please circle)* / Newspaper / Radio / Friend / Other: _____

Declarations:

We agree to accept and uphold the school values and student code of conduct for Gisborne Girls' High School.

We understand the requirements and agree to the payment of school course-related cost donations annually along with any co-curricula costs incurred.

We agree to promptly notify the school of any changes in address and contact details.

We authorise the transfer of information and data to Gisborne Girls' High School from the last school attended and any future transfer of information to subsequent learning organisations.

We agree to supply the school with any relevant health and wellbeing information to ensure appropriate levels of care and support can be delivered on the understanding this information will remain confidential.

We authorise the school to make legitimate use of information collected. This includes the use of any photographs, video footage or student work collected by school personnel.

We understand that the school will take no responsibility or liability for the loss or damage of personal communication devices, music devices, or non-uniform items that the student chooses to bring to school.

Parent/ Caregiver signature: _____

Date: _____

Student signature: _____

Date: _____

Cybersafety Agreement

I agree to the following rules:

1. I cannot use school ICT equipment until my parent(s) and I have read and signed my use agreement form and returned it to school.
2. I will be given my own user name. I will log on only with that user name. I will not allow anyone else to use my user name. I will not tell anyone else my password.
3. I understand that I must not at any time use ICT to upset, offend, harass, threaten or in any way harm anyone connected to the school or the school itself, even if it is meant as a joke.
4. While at school or on a school-related activity, I will not have any involvement with any ICT material or activity which might put me or anyone else at risk (eg: bullying or harassing).
5. I understand that the rules in this use agreement also apply to mobile phones. I will only use my mobile phone(s) at the times that I am permitted to during the school day.
6. While at school, I will not:
 - access, or attempt to access, inappropriate, age restricted, or objectionable material. For clarity, this material often involves sex, drugs, violence or weapons.
 - download, save or distribute such material by copying, storing, printing or showing it to other people
 - make any attempt to get around or bypass security, monitoring and filtering that is in place at school.
7. If I accidentally access inappropriate material, I will not show others, I will turn off or minimize the screen and report the incident to the teacher immediately.
8. I understand that I must not download any files such as music, videos, games or programmes which have an objectionable nature or break copyright rules. 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.
9. 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 a school-related activity. Any images or material on such equipment/devices must be appropriate to the school environment.
10. I will not attempt to run any software on school ICT without a teacher's permission. This includes all wireless technologies.
11. I will ask a teacher's permission before giving out any personal information (including photos) online about myself or any other person. I will also get permission from any other person involved. Personal information includes name, address, email address, phone numbers and photos.
12. I will respect all ICT systems in use at school and treat all ICT equipment/devices with care. This includes:
 - not intentionally disrupting the smooth running of any school ICT systems
 - not attempting to hack or gain unauthorised access to any system
 - following all school cybersafety rules, and not joining in if other students choose to be irresponsible with ICT
 - reporting any breakages/damage to a staff member.

13. 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.
14. 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.
15. I understand that if I break these rules, the school may 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.

Declaration:

I have read and understood 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.

Student signature: _____ Date: _____

Section for parent/ legal guardian/ caregiver:

I have read this cybersafety use agreement document and am aware of the school's initiatives to maintain a cybersafe learning environment, including the student's responsibilities.

I understand this agreement will remain in force as long as the student is enrolled at this school. If it becomes necessary to add or amend any information or rule, I will be advised in writing.

Parent/ Caregiver signature: _____ Date: _____

Blanket Consent for Education Outside the Classroom (EOTC)

The Ministry of Education's EOTC guidelines identify different EOTC activity types, each with recommended types of parental/caregiver consent. In brief they are:

Category A: On site – in the school grounds

Category B: Off-site events in the local community occurring in school time.

Category C: Off-site events – finishing after school finishes.

Any activities involving high risk activity and/or overnight stay will always require separate caregiver consent.

Declaration:

*I/we agree to the participation of _____ (student name)
in lower risk category A, B and C EOTC events while a student at Gisborne Girls' High School.*

Parent/ Caregiver signature: _____ Date: _____