



# TARARUA COLLEGE ENROLMENT FORM 2021

13 Churchill Street  
PO Box 94  
PAHIATUA 4941  
Phone: (06) 376 8344  
Email:  
admin@tararuacollege.school.nz

<b>STUDENT DETAILS</b>	
Legal Surname:(name on birth certificate or passport)	Legal First Name: (name on birth certificate or passport)
<i>Please provide your child's birth certificate or passport, and your child's vaccination certificate with this enrolment form</i>	
Middle Name(s)	Date of Birth: / /
	Gender: M F Other
Names of siblings already attending Tararua College:	
Physical Address: (include postcode)	
Home Phone:	student Cellphone: <i>NB: this is for use outside of school hours</i>
Year Level starting at Tararua College:	Previous School:
<b>Ethnicity:</b> <i>May tick more than one.</i>	
NZ European <input type="checkbox"/> NZ Maori <input type="checkbox"/> <i>If NZ Maori state Iwi</i> .....	
Pacifica <input type="checkbox"/> Asian <input type="checkbox"/> Other: .....	
<b>MAIN CAREGIVER DETAILS – person student is living with and responsible for the student</b>	
(1) Title: Mr / Mrs / Miss / Ms /	(2) Title: <i>(circle one)</i> Mr / Mrs / Miss / Ms
Surname:	Surname:
First Name:	First Name:
Relationship to student:	Relationship to student:
Address: (if different from student's address)	Address:
Postcode:	Postcode:
Phone: Home: Work: Cellphone:	Phone: Home: Work: Cellphone:
Email Address: @	Email Address: @
Occupation:	Occupation:
Invoices <input type="checkbox"/> Reports <input type="checkbox"/> Voting rights <input type="checkbox"/> Emergency <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	Invoices <input type="checkbox"/> Reports <input type="checkbox"/> Voting rights <input type="checkbox"/> Emergency <input type="checkbox"/> Legal Guardian <input type="checkbox"/>

**OTHER CAREGIVER STUDENT NOT LIVING WITH (to be recorded for reports, BOT voting, election, etc)**

Relationship to Student: .....

Name: .....

Postal Address: .....

Copy of Reports: (circle one) YES / NO

Phone contact: ..... Email: .....

*If there are there any specific access / custody orders that the school should be aware of please bring information and any documentation to the Enrolment Interview which will be held in November.*

**MEDICAL / EMERGENCY CONTACT:**

Give the name of another person who can be contacted in the event of illness or injury if the above caregiver(s) are not available.

**Name:** ..... **Relationship to student:** .....

Home Phone: ..... Work Phone: ..... Cellphone: .....

**STUDENT HEALTH PROVIDERS**

In the event of illness or emergency first aid staff will assess the situation and take appropriate measures. For some minor ailments, caregivers will be contacted and asked to take their child home. In serious situations, your child may be transferred to local medical services which **MAY** incur a cost to you. In emergency situations, action may need to be taken without prior consultation with caregivers. PLEASE

**Doctor/Medical Centre:**..... **Contact Details:**.....

**Contact details:** ..... **Contact details:** .....

*Please note: An in depth Health Profile for your son/daughter is to be completed along with the Blanket Consent form attached with this enrolment.*

**COLLEGE HOUSE AFFILIATION (if previous family connection): (circle one)**

Kowhai                      Matai                      Rimu                      Totara

**GENERAL:**

Has the student ever been declined enrolment or excluded from another school? Yes / No

Has student had: Teacher Aide/ RTLIT/ RTLB? **(circle if applicable)**

Has student had: Oranga Tamariki/GSE/CAF involvement? **(circle if applicable)**

*If there are there any specific information that the school should be aware of please bring information and any documentation to the Enrolment Interview which will be held in November.*

**AGREEMENT:**

In signing this enrolment form, I/we: (enter your name(s) below

- Accept and will abide by the school’s rules in relation to conduct and uniform
- Accept the school’s policy concerning alcohol and drugs, and that aerosol cans must not be brought to school.
- Are aware of the costs of all activities and I/we undertake to pay these costs before the activity takes place, unless I have made arrangements with the College.
- Agree to pay for all items for which the student is responsible and accountable. This includes damage or disfigurement of school property or text books.
- Give permission, in the case of an accident requiring hospital or medical attention, for a staff member to transport this student to a Public Hospital or medical centre, or for an ambulance to be called.
- Give permission to use this recorded information on this student for educational purposes as long as this student is not identified, if the information is published.
- Give permission for this student’s work to be published in school publications, newspapers, school website and the school’s official social media pages.
- Give permission for photos of this student to appear in school publications, newspapers and the school’s website and Social Media pages.
- Agree to abide by the school’s rules in relation to the use of cellphones and other electronic equipment, and that we are aware the school will not be responsible for the safety of the student’s valuable pieces of equipment.
- Accept the school’s right to discipline students for unacceptable behaviour committed on their way to school and while returning home, while in school uniform.
- Accept that students attending or participating in any school activity outside normal school hours are bound by the school rules, e.g. trips, weekend, evening sporting or cultural fixtures and the like.
- Accept that if our son/daughter is not attending school, we will contact the school office by 8.45am and that if we do not, a text message may be sent to me regarding this absence.
- Will ensure that the student will attend punctually and will not be absent without leave, except in cases of emergency or illness.
- Agree to liaise with the school on all matters affecting the welfare of the student.

**IMPORTANT NOTE:**

*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 the 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.*

Parent/Caregiver 1:

Parent/Caregiver 2:

(Print name).....

(Print name) .....

Signature of Parent/Caregiver 1:

Signature of Parent/Caregiver 2:

Student:

(print name) .....

Signature of Student: .....

**Please provide your child’s Birth certificate or passport with this enrolment form**

**HEALTH PROFILE – Please supply your child’s vaccination certificate**

<p><b>1. Please tick if your child suffers from any of the following:</b></p> <p><input type="checkbox"/> Migraine</p> <p><input type="checkbox"/> Epilepsy</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Travel Sickness</p> <p><input type="checkbox"/> Fits of any type</p> <p><input type="checkbox"/> Chronic nose bleeds</p> <p><input type="checkbox"/> Heart Condition</p> <p><input type="checkbox"/> Dizzy Spells</p> <p><input type="checkbox"/> Colour Blindness</p> <p><input type="checkbox"/> Other, e.g. hearing, vision, speech – Please specify</p> <p>.....</p> <p>.....</p> <p><b>2. Medical Alert Number</b> (if applicable)</p> <p>.....</p> <p><b>3. Date of last tetanus injection</b> (if known)</p> <p>...../...../.....</p> <p><b>4. Is your child allergic to any of the following?</b></p> <p><b>Prescription medication</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – Please specify</p> <p>.....</p> <p>.....</p> <p><b>Food</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – Please specify</p> <p>.....</p> <p>.....</p> <p><b>Insect Bites/stings</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – Please specify</p> <p>.....</p> <p>.....</p>	<p><b>Other Allergies</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – Please specify</p> <p>.....</p> <p>Treatment Required?</p> <p>.....</p> <p>.....</p> <p><b>5. Is your child currently taking any prescribed medication? Please tick</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – Please state ailment(s)</p> <p>.....</p> <p>.....</p> <p><i>* If yes, is there a requirement for the school to be involved with safe-keeping/dispensing?</i></p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes</p> <p><b>Name of medication</b> (indicate dosage &amp; time to be taken for each medication.)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>Other Treatment:</b></p> <p><b>6. Has your child had any major injuries (breaks or strains) or illness (glandular fever etc.) in the last six months that may limit full participation in any activities?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – Please specify below</p> <p>.....</p> <p>.....</p> <p><b>7. Does your child have any dietary requirements? Circle one</b></p> <p>No / Yes (if yes enter details below)</p> <p>.....</p> <p>.....</p>	<p><b>8. What pain/flu medication may your child be given if necessary? (for school trips only)</b></p> <p><i>Please tick where applicable</i></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Ibuprofen</p> <p><input type="checkbox"/> Panadol/Paracetamol</p> <p><i>Please note: the school does not supply or administer non-prescribed medication, (Panadol, etc)) on a day to day basis.</i></p> <p><b>9. To the best of your knowledge, has your child been in contact with any contagious or infectious diseases in the last four weeks?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – please give brief details</p> <p>.....</p> <p>.....</p> <p><b>9a: Please supply your child’s vaccination certificate</b></p> <p><i>Certificate supplied:</i></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>10. Is there any other information that staff should know to ensure the physical and emotional safety of your child? Eg. Cultural practices, disability, anxiety about heights/darkness/small places, pregnancy, behavioural or emotional problems)</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – please give brief details</p> <p>.....</p> <p>.....</p> <p><i>NB: If your child has a serious medical condition, please ensure that the school has all the applicable information to treat your child appropriately and safely, and attach any Medical information if required.</i></p>
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## 2021 Tararua College Blanket Consent for Education Outside the School (EOTC)

This EOTC form is to cover events which occur during the course of a school day and conclude prior to approximately 6.00pm. E.g. Officiating at the Bush Multisport Complex, within the community, performing at the primary schools and Kapa Haka at schools in other areas; and to be transported to these events in a school van if required.

**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.**

This form is to be completed at the **beginning of the year** for all students who will be participating in EOTC events (as described above), for all **Pre-enrolled students (Year 8s enrolling for 2021), and students who arrive during the 2021 year.** 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.

**During the school year, it is the responsibility of Parents and Caregivers to inform the college of any change in student details, such as health information, emergency contacts, addresses or any information deemed necessary for us to maintain a safe environment for your child.**

### 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 1993. You have the right under that Act to access and seek correction of the information from the school.

### Swimming Consent – to be completed by Parent/Caregiver (sign on next page)

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

### Medical Consent – to be completed by Parent/Caregiver (sign on next page)

- 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 Tararua College 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.

PTO

**PARENTAL CONSENT: Swimming, Medical– to be completed and signed by PARENT/CAREGIVER**

- 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 Tararua College's EOTC events and that these risks cannot be completely eliminated.
- I understand Tararua College 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 acknowledge that in order to gain a better understanding of the risks involved I am able to ask any questions of Tararua College 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 Tararua College 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)**

.....

**STUDENT CONTRACT – to be completed and signed by STUDENT**

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 ...../...../.....