

ENROLMENT FORM



STUDENT INFORMATION

Year of Proposed Entry into Marcellin College 20 ____

Year 7 / 8 / 9 / 10 / 11 / 12 / 13

Student's Surname _____
(Block capitals please)

Christian Names _____
(Underline preferred name)

Gender M / F Date of Birth _____ NZ Citizen Yes / No

Country of Birth _____ Date arrived in NZ _____

NZ Residency Permit Yes / No (Please attach verification papers)

Home Phone Number _____

Student's Physical Address _____

Students Postal Address _____

Ethnicity 1 _____ Ethnicity 2 _____ Ethnicity 3 _____

If Maori, name of Iwi _____

School presently attending _____ Year Level _____

Religion of Student _____ Parish _____

Date of Baptism _____ First Communion _____ Confirmation _____

Number of Children in the Family _____ Place in Family _____

Siblings presently at Marcellin College? Yes / No

Sibling's Name _____ Year _____ House Affiliation: _____

Sibling's Name _____ Year _____ House Affiliation: _____

Sibling's Name _____ Year _____ House Affiliation: _____

Is there a Court Order regarding this student? Yes / No (If Yes, please attach a copy of the Court Order)

To whom should correspondence and reports to be addressed? _____

THIS IS A LEGAL DOCUMENT, PLEASE READ VERY CAREFULLY

PARENT / GUARDIAN INFORMATION

Legal Guardian/Parent 1

Title Mr / Mrs / Miss / Ms

Full Name _____

Relationship to Student _____

Home Address _____

Email _____

Home Phone _____

Cellphone _____

Name of Employer/Occupation _____

Business Phone _____

Religion _____

Parish/Church _____

Legal Guardian/Parent 2

Title Mr / Mrs / Miss / Ms

Full Name _____

Relationship to Student _____

Home Address _____

Email _____

Home Phone _____

Cellphone _____

Name of Employer/Occupation _____

Business Phone _____

Religion _____

Parish/Church _____

Alternative Contact

Title Mr / Mrs / Miss / Ms

Full Name _____

Relationship to Student _____

Home Address _____

Email _____

Home Phone _____

Cellphone _____

Name of Employer/Occupation _____

Business Phone _____

LANGUAGES: STRENGTHS AND ACHIEVEMENTS

Language spoken at home _____

Is English your child's first language? Yes / No If No, please state what language is? _____

Can your child speak any other language(s)? Yes / No If Yes, what language(s)? _____

What was the language of instruction at your previous school? (e.g. bilingual – English/Maori; total immersion – Maori)

Please state level of proficiency your child has reached in understanding, speaking, reading and writing English as a formal language of instruction (you may need prior records of achievement to assist you).

| | Very Well | Only a Little | Not at All |
|---------------------|--------------------------|--------------------------|--------------------------|
| Understands English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaks English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reads English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writes English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

STUDENT LEARNING PROFILE

Student Name: _____

Please indicate any learning difficulties to enable us to better meet the needs of your child.

Has your child been assisted by any of the following agencies?

- Group Special Education (GSE)
- Child & Adolescent Mental Health Services (CAMHS)
- Child, Youth & Families (CYF)
- Te Puna Hauora
- Resource Teacher of Learning & Behaviour (RTLb)
- Teacher Aide
- Iwi Services
- Other _____

Date and reason if known _____

Has your child been involved at previous schools in any of the following?

| | School | Year |
|--------------------|--------|-------|
| Reading Recovery | _____ | _____ |
| Remedial Reading | _____ | _____ |
| Remedial Maths | _____ | _____ |
| Extension Literacy | _____ | _____ |
| Extension Maths | _____ | _____ |

Other Programmes, e.g. Future Problem Solving, GATE, One Day School

Will your child require special assistance in learning English? Yes / No

STUDENT PROFILE

Student Name: _____

Please comment on the following:

Academic strengths and achievements:

Sporting strengths and achievements:

Cultural interests and achievements:

Hobbies, Clubs and Community involvement:



STUDENT HEALTH INFORMATION SHEET

Please answer the following questions to assist us in providing your son/ daughter with the best possible care in any illness/ emergency situation. This information will be entered on the staff computer database and for the safety of your child it may be necessary to inform some staff and health professionals of any conditions that they would need to be aware of.

Student Name: _____

Date of Birth: _____

Family Doctor: _____ **Phone No.:** _____

1. **Please attach up to date record of your child's immunisations.**

2. **Does your child have any allergies? Yes / No**

If yes, what are they and how severe?: _____

3. **Does your child suffer from any of these medical conditions?**

| | | | |
|--------------------------------|----------|--------------------------------|----------|
| Epilepsy | Yes / No | Asthma | Yes / No |
| Migraines | Yes / No | Heart problems | Yes / No |
| Hearing problems | Yes / No | Diabetes | Yes / No |
| Rheumatic fever | Yes / No | Visual problems | Yes / No |
| Past head injuries | Yes / No | Disability | Yes / No |
| Emotional/behavioural problems | Yes / No | Past hospitalisation/operation | Yes / No |

Any other conditions or further details?: _____

4. **Is your child on any medication? Yes / No**

If yes, please explain: _____

Please send labelled medications to the school nurse if they are required or regular use or for emergencies, e.g. antihistamines, epipens, or insulin or glucagen for Diabetes.

Please provide any Doctors or clinic letters you have if your child has a significant medical condition.

5. **Would you like to speak to the nurse about your child's medical condition? Yes / No**

6. **Health services offered at Marcellin College:**

I have read and understood the brochure that explains services offered by the Health Clinic at Marcellin College. I give permission for my child to receive health care and treatment as required at the school-based health clinic along with participation in the health assessment programme.

If I do not wish for my child to partake in the health assessments, I understand that **I need to contact the school nurse about this.**

7. Medication:

After an assessment it may be advisable to give medications to your child, e.g. Paracetamol, Ibuprofen, Mylanta. I understand this and give permission for Marcellin College to administer the required medications. **Yes / No**

8. Dental Care:

Dental care is free to any student under the age of 18 years who is enrolled with a contracting dentist. At Marcellin College students have the option of using **Smile Care free onsite dental service**.

Please indicate your preference below:

a) I wish to enroll my child in the onsite School Dental Programme with Smile Care (*tick box*)

OR

b) My child has their own dentist that they are seen by (*tick box*)

9. Note: In case of an emergency

In the case of an accident or emergency or when deemed necessary, school staff may arrange for my child to be taken to an accident and emergency department or medical centre. This may involve calling an ambulance or transporting the student in a staff member's car.

Any costs incurred are to be paid by the parent/guardian.

Parents/Guardians Name: _____

Signed: _____ **Date:** _____

*Any questions or concerns or to give additional information, please contact the School Nurse:
Clare Corbett, telephone 09 625 6509 Ext 707*



BLANKET CONSENT FOR EOTC

Education outside the classroom (EOTC) is the name given to all activities and events that occur outside the classroom, both on and off the school site. This includes sport.

Marcellin College believes that EOTC can make a substantial contribution to a students' wellbeing (Hauora) by affirming the physical (tahatinana), social (taha hinengaro) needs of the student. It offers opportunities to enhance learning not available within the normal classroom situation.

In Auckland, we are fortunate to have ready access to a wide range of natural and manmade environments including beaches, rivers, mountains, cities, suburbs, and the bush. These environments provide rich backgrounds for our students to experience and learn from both in and out of school. Well managed activities also teach students how to be safe.

Marcellin College values the idea of providing students with a variety of educational experiences. Therefore, we work to ensure that a portion of your child's learning occurs away from school.

The Ministry of Education's EOTC Guidelines identify four EOTC activity types, each with recommended parental/caregiver consent requirements (a summary of this information can be found on the back of this consent form).

This document seeks your consent to allow your child to participate in a range of EOTC activities and events that fall into the following types:

- A(i) On site - in school grounds - Lower Risk Environment.
- A(ii) On site - in the school grounds - Higher Risk Environment.
- B(i) Off Site - Short duration, occurring in school time - Lower Risk Environment.
- c(i) Off site - all day, maybe finishing after school time - Lower Risk Environment

Please be assured that **all EOTC** activity categories require staff to undertake an analysis of the risks, and identify the management strategies required to eliminate, isolate and minimise the risks involved. Emergency procedures are also in place.

BLANKET CONSENT

I/we agree to (student) _____
In category A(i), A(ii), B(i), and C(i) EOTC events while a student at Marcellin College.

I/we have provided the school with up-to-date medical, supervision and learning information current by information through the enrolment form. I/we will make every effort to keep this information current by informing Marcellin College of any future changes to this information.

| | | |
|--------------------------|-----------|------|
| Name of Parent/Caregiver | Signature | Date |
|--------------------------|-----------|------|

| | | |
|--------------------------|-----------|------|
| Name of Parent/Caregiver | Signature | Date |
|--------------------------|-----------|------|



Consent Guide for EOTC Activity Type

| Event Type | Description | Type of Consent | Examples |
|------------|--|--|---|
| A | On site – in the schools. (i) Lower risk environments | (i) No consent sought or blanket consent | <ul style="list-style-type: none"> - Cultural Group. - Science experiment on the field. - Practicing a play in the Atrium. - Measuring outdoors for mathematics. |
| | On site-in the school grounds. (ii) Higher risk environments* | (ii) Blanket consent at Enrolment. | <ul style="list-style-type: none"> - PE Lesson at school tennis courts - Working in the school garden. - Experiments outside involving chemicals. - Helping out with fund-raising barbeque. |
| B | Off site events-short duration, occurring in school time. (i) Lower risk environment | (i) Blanket consent at Enrolment | <ul style="list-style-type: none"> - PE lesson at Monte Cecilia Park. - Class visits to Mt Roskill Library. - Block walk with teacher for push play. |
| | Off-site events –short duration, occurring in school time. (ii) Higher risk environments* | (ii) Separate consent for each event | <ul style="list-style-type: none"> - Geography visit to One Tree Hill. - Science field work in Mangere Bridge. - Athletics Day. |
| C | Off site events – all day, may finish after school. (i) Lower risk environments | (i) Blanket consent at Enrolment | <ul style="list-style-type: none"> - Swimming Carnival at Jellicoe Pools. - Day Visit to Museum. - Retreat at Christ the King Parish - Watching a performance at the Town Hall. |
| | Off-site events – all day, may finish after school. (ii) Higher risk environments* | (ii) Separate consent for each programme | <ul style="list-style-type: none"> - Biology field trip to rocky shores. - Tramping in Waitakere Ranges. - Stage Challenge at Auckland Town Hall. |
| D | Off Site – away overnight events. (i) Lower risk environments | (i) Separate consent | <ul style="list-style-type: none"> - Sports tournaments requiring students to sleep away from home. - Students staying overnight on a Marae. |
| | (ii) Higher Risk environments* | (ii) Separate consent for each event or programme | <ul style="list-style-type: none"> - Overseas trip. - Year 13 Leadership camp. - Outdoor education camps. |

Note: Highlighted sections are covered by the blanket consent form.

*Involves risk assessed to be greater than that associated with the average family activity

PRIVACY OF INFORMATION

I agree to Marcellin College collecting personal information on:

(Full name of individual student applying to enrol)

I/We have been advised by the College that the information I provide will be used for:

- Student records (and, if necessary, transfer to another school)
- Marcellin College PTFA and Sports personnel, e.g. parent name, address, but not student health information.

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.

I/We agree the images of my child may be used on the school website, magazine and for publicity, understanding that these are used with sensitivity.

I/We accept the fact that this information may later be disclosed to a Government Agency such as NZQA, CYF, Police, Special Education Service, or a medial service, where it will assist the student, or be used for statistical and/or research purposes and agree to its use for the purpose, provided that if the information is published in any way it will not identify me or the individual concerned.

I/We understand under principle 3(1)(d) of the Privacy Act 1993, the information I provide will be held at the offices of Marcellin College whose address is 617 Mount Albert Road, Royal Oak, Auckland 1023. I am aware of the rights of access to, and collection of, this information.

THE SPECIAL CHARACTER OF THE SCHOOL IS DEFINED AS:

"The school is a Roman Catholic school in which the whole school community through the general school programme and in its Religious Instruction and observances, exercises the right to live and teach the values of Jesus Christ. These values are as expressed in the scriptures and in the practices, worship and doctrine of the Roman Catholic Bishop of the Diocese of Auckland.

I/We have read, understood and agree to comply with all terms and conditions contained within this Enrolment Contract.

Signature of both parents / caregivers is required.

Signature _____

Print Name _____

Date _____

CONDITION OF ENROLMENT

As a condition of the herein named pupil's attendance at Marcellin College, I will pay Attendance Dues, General Purpose Fee, Activities, Special Character and PTFA levies as determined from time to time by the Proprietor.

Signed: Date:

CHECKLIST

For Parents / Guardians: Have you enclosed the following:

- Copy of Birth Certificate
- Copy of New Zealand Residency, Citizenship Papers or Passport (if applicable)
- Student Technology User Access Agreement
- Copy of the most recent full school report and the most recent Australian English / Maths / Science Competition results, if available
- Preference Card for Preference Enrolment**
- Baptismal Certificate**
- Immunisation Certificate**

Have you:

- Completed all sections of the Enrolment Form?
- Included loose pages inside the enrolment application, copies only – please **DO NOT SEND ORIGINALS**, nor material in clear files or bound documents – **DO NOT STAPLE**

YOUR APPLICATION WILL NOT BE PROCESSED UNLESS ALL INFORMATION IS SUPPLIED

CYBER SAFETY AGREEMENT

I understand that while using the school network or while at school using my own internet connection

- I am not permitted to access material through the Internet which is offensive (eg pornographic), dangerous, inappropriate at school, or illegal.
- I am forbidden to pass on such material by copying, storing, emailing, messaging or printing it.
- I must remove immediately from the screen any material that would not be allowed at the school, which I accidentally come across, and tell the teacher right away.
- If I use a school computer at school, I am not permitted to send or post any messages or material which are offensive, dangerous, inappropriate at school, or which contain illegal material or will bring the school into disrepute.
- All files will be scanned periodically for offensive material by searching key names or filetypes.
- Should I have such material at school on the school system or use the school system to access the above, strong disciplinary action will follow. This may affect my continuing position at the school.
- While on the school's computer network, my activity is monitored – **IT IS NOT PRIVATE.**

I understand how important it is to:

- Be careful with equipment and furniture.
- Respect the copyright on software that prohibits copying.
- Acknowledge the source of material gained from the Internet in any assignment work, in the references for that assignment.
- Share available equipment.
- Not give anyone on the Internet information about myself or anyone else – this includes address, phone number, photography or credit card information.
- Tell the teacher if I come across a virus, security problem or inappropriate use.

Student Signature - _____

Parents Signature - _____