



SOUTHERN CROSS CAMPUS

Application for Enrolment 2018

School Enrolment Form

Confidential Information for school computerized records
Please print clearly and complete all sections

SCHOOL OFFICE USE ONLY:

Date Enrolled: _____

Year Level: _____ Tutor: _____

House: _____

FDA: _____

NSI: _____

Please tick year level: **Junior School:** ☐ Years 1-6 ☐ Years 7-8 **College:** ☐ Years 9-13

SECTION 1: STUDENT INFORMATION

Legal Surname: _____

Legal Forenames: _____

NB: State the name/s recorded on the applicant's birth certificate/passport. This is the name that will be used in all school correspondence

Preferred Name(s): _____

Surname,

Forenames

Date of Birth: _____ / _____ / _____

DD

MM

YYYY

Female / Male

Ethnicities: _____

(Up to three will be recorded on our SMS)

Iwi Affiliations: _____

(APPLICABLE TO MAORI STUDENTS ONLY - Up to three will be recorded on our SMS)

Main language spoken at home: _____

Other spoken languages: _____

Home Address: _____

Must be residing at the same address as Caregiver 1

Home Ph: _____

Post Code

SECTION 2: STUDENT CITIZENSHIP / DOMESTIC TIME-BOUND STATUS

**Please complete either 2A OR 2B of this section*

(2A) NZ CITIZENSHIP / PERMANENT RESIDENCE: (born in NZ/Australia/Tokelau/ Cook Islands OR granted NZ Citizenship / P.R.)

Country of Birth: _____

Birth Certificate No: _____

NZ Passport / NZ Citizenship No: _____

NZ Passport No. or NZ Citizenship Certificate No.

Date of Arrival in NZ: _____ / _____ / _____

NZ Permanent Residence: _____

* Must complete if not born in NZ

Passport Number

Client Number

(2B) DOMESTIC TIME BOUND – Please complete this section if you do not have NZ Citizenship/P.R

Country of Birth: _____

Birth Cert No: _____

Most Recent Date of Arrival in NZ: _____ / _____ / _____

(NO VISITORS VISA ACCEPTED)

STUDENT Visa Number: _____

Parent Work Visa Number: _____

Expiry Date: _____ / _____ / _____

NB: Student visas applied under a work permit must provide Parent's work visa at time of enrolment to enable study to the end of the academic year of the visa expiring.

MOE Domestic Ref Number: _____

Expiry Date: _____ / _____ / _____

SECTION 3: SCHOOL HISTORY (Must supply most recent NZ/Overseas school report)

Previous NZ School: _____

Final year attended

Year level

Overseas School: _____

Final year attended

Year level

***Has the student previously been stood down, suspended or excluded? YES / NO** If yes, please give details

***Reason for leaving the previous school:** _____

***Has the student been on any special education programmes? Yes / No** _____

***Are there any special learning requirements your child may need?** _____

***Has the student been involved with other outside support agencies ie CYFS / SWiS / Attendance** **Yes / No**

School Admin Use Only:

- Internal Forms:
- Enrolment Form & Contract
- Dental Form Health Form
- Guardian Living Declaration

Eligibility Documents copied:

- Birth Cert. No
- Passport No
- Student Visa / Parent Visa
- MOE Domestic Document

Other Docs

- School Report
- 5 year Imm Cert
- NCEA report
- Custodial

☐ In Zone refer to scheme

Proof of Address:

Proof must be under Caregiver 1 & date must be less than 1 month from date

Date of Proof:

☐ Out Zone

Priority:

Waiting list:
Accepted: Y/N
Date Advised:

SECTION 4: PARENT / GUARDIAN DETAILS

If the child does not live with either parent you will also need to complete the: GUARDIAN LIVING DECLARATION FORM (please obtain this from the school office)

Child lives with: ☐ Mother ☐ Father ☐ Both Parents ☐ Neither Parent

Access Restriction: ☐ Yes ☐ No if yes please attach supporting documentation

Guardian 1 (Mother): *If you are not the Mother please state your relationship to the child:* _____

Title: Miss, Ms, Mrs First Name: _____ Surname: _____

Please circle one

Home Address: _____ Home Phone: _____

Mobile No: _____ Work Ph: _____ Email: _____

Guardian 2 (Father): *If you are not the Father please state your relationship to the child:* _____

Title: Mr, Rev, Sir First Name: _____ Surname: _____

Please circle one

Home Address: _____ Home Phone: _____

Mobile No: _____ Work Ph: _____ Email: _____

SECTION 5: EMERGENCY CONTACT DETAILS *(contacted if Guardian 1 or 2 is unavailable)*

Emergency 1: State the contacts relationship to the child ie Friend, Neighbour, Grandparent: _____

Title: Miss, Mrs, Ms, Mr, Rev. First Name: _____ Surname: _____

Phone: _____ Work Ph: _____ Mobile No: _____

Address: _____

SECTION 6: SIBLING INFORMATION

Brothers / Sisters currently attending Southern Cross Campus:

Name:	Current Year Level	D.O.B.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any Pre-schoolers likely to be enrolling this year?

Yes / No

Name: _____

Date of Birth: _____

SECTION 7: EARLY CHILDHOOD EDUCATION (5 YEAR OLDS ONLY) Please tick which of the following apply to your child in the 6 months prior to starting school:

- ☐ EKR – Kohanga Reo ☐ EKE – Kindergarten, or Education Care Centre ☐ ENA – Did not attend
☐ EPC – Play Centre ☐ EOS – Attended, but only outside NZ ☐ EUN – Unable to establish attendance
☐ EPG – Pacific Island EC / Playgroup Please indicate how many hours attended each week: _____

Please also indicate how long the child attended: ☐ _____ months ☐ _____ years OR ☐ only occasionally

SOUTHERN CROSS CAMPUS DECLARATIONS:

(1A) STUDENT INFORMATION:

Area Wide Achievement Data

1. Southern Cross Campus is part of several initiatives to raise education standards through professional analysis of achievement data across schools. This initiative whilst providing significant benefits through effective sharing of data will not allow individual identification of your child.

Southern Cross Campus

2. The Southern Cross Campus Administration will respect the confidentiality of information collected including the information on this form.
3. Information may be shared with other professionals where it is considered to be in the best interests of the individual concerned.
4. Information may also be used for statistical purposes in a way which will not identify the individual.
5. Access to any information stored about your child can be requested from the school's Senior Management Team.
6. We regularly acknowledge via school newsletters, panui and website student's school performance and achievement in a number of areas including academic results, sporting, music, cultural, attendance and general behaviour. These may include; individual, group or class photo, prize winners and team photographs.

I approve the use of the data in the ways described above and understand the concepts involved in the sharing of assessment data with other professionals for the purpose of raising achievement standards. I also understand this will be done in a manner which does not identify the individual. YES / NO Initial: _____

(1B) SECONDARY SCHOOL LEAVERS (INFORMATION SHARING)

1. Southern Cross Campus is sometimes obliged by law to give information to Government Departments otherwise your information will not be disclosed without your authorisation. 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 organisation contracted by MSD to help re-engage young people in education or training when they leave school.

2. DECLARATION:

- I apply to enrol my child at Southern Cross Campus, agree to abide by the rules and regulation of the School, and the conditions of the Contract of Enrolment.
- If I cannot be immediately contacted, I authorize the obtaining, on my child's behalf, any medical assistance or treatment, if in the opinion of staff, such treatment is necessary.

Parent / Guardian Signature _____ Date _____

In-Zone Declaration:

Southern Cross Campus has 3 separate enrolment zones; Y1-6, Y7-8, Y9-13.

The Education Act gives a guarantee of enrolment to students who live within the home zone specified in the School's Enrolment Scheme.

The Board of Trustees needs to ensure that an In-Zone address is genuine at the time of enrolment because the Board is required to manage the enrolments for the benefit of local students.

For In-Zone enrolments, the address must be your usual place of residence. If the school finds that you have given false information, the school reserves the right to cancel your child's enrolment.



SOUTHERN CROSS CAMPUS

In-Zone Enrolment Application GUARDIAN LIVING DECLARATION

This section is to be completed if the Student is NOT living with either Parent

Southern Cross Campus has 3 separate Enrolment Zones which applies to the Junior School: Years 1-6, Southern Cross College: Years 7-8 and Years 9-13.

The Education Act gives a guarantee of enrolment to students who live within the home zone specified in the School's Enrolment Scheme. The Board of Trustees need to ensure that an In-Zone address is genuine at the time of enrolment because the Board is required to manage the enrolments for the benefit of local students.

In addition to specific documents showing the caregivers proof of residence, it is also a requirement for you to complete the following declaration as part of your application to enrol at Southern Cross Campus. The questions in this declaration follow the guidelines as specified by the Ministry of Education.

1: GUARDIAN DETAILS:

Guardian 1 - State your relationship to the Student *i.e. Aunty, Grandmother* : _____

First Name: _____ Last Name: _____

Home Address: _____

Home Phone: _____ Work Ph: _____ Mobile _____

Guardian 2 - State your relationship to the Student *i.e. Uncle, Grandfather* : _____

First Name: _____ Last Name: _____

Home Address: _____

Home Phone: _____ Work Ph: _____ Mobile _____

Please note: The school will make contact with Guardian 1 or 2 in the case of an emergency or serious discipline matter.

2: LIVING ARRANGEMENTS

How long has the student been living at the address shown on the Enrolment Application? _____

What reasons are there for this living arrangement? _____

Will the student be staying at any other address on a regular basis? ☐ Yes ☐ No

If Yes please complete: Staying with (Full Name) _____

Relationship to Student: _____ Home Ph: _____ Mobile: _____

Address: _____

If any issues arise from the above information, the Board of Trustees may wish to interview you to ensure the genuineness of the application. If your application for enrolment is declined, you may appeal the Board of Trustees decision by asking the Ministry of Education to direct the Board to enrol the Student. Application forms are available from the Ministry's local office.

PRIVACY INFORMATION

The personal information provided in this application will be used for School management purposes and for appropriate statistical returns. The information will not be published in any identifying manner without the permission of those named. Those named will have access of rights to and correction of the information held by the School. The School will keep relevant records on all students but no information concerning an unsuccessful applicant will be retained. The School will take reasonable steps to check that the information held is up to date.

Parent/Guardian Declaration: I accept the School's enrolment terms and conditions and verify that the above information provided by me is true and correct.

Name: _____ Signature: _____ Date: _____

SOUTHERN CROSS CAMPUS STUDENT HEALTH INFORMATION
TO BE COMPLETED BY PARENT / GUARDIAN

STUDENT'S NAME _____ Year _____

DATE OF BIRTH _____ GENDER: M / F

ADDRESS _____ PHONE NO. _____

ALTERNATIVE CONTACT FOR EMERGENCIES:

NAME _____ PHONE NUMBER _____

RELATIONSHIP TO CHILD: _____

In order to maintain our records and help us care for your son/daughter in an illness/emergency situation, could you please answer the following questions. For the safety of your child, parts of this information may need to be shared with other school staff.

1) DOCTOR'S NAME _____ PHONE NO. _____

2) MEDICAL CONDITIONS

Has your child ever had any of the following? Provide details where applicable.

- | | |
|---|---|
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Heart conditions _____ |
| <input type="checkbox"/> Back/Neck problems _____ | <input type="checkbox"/> Hepatitis/HIV _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Migraines/Headaches _____ |
| <input type="checkbox"/> Ear infections _____ | <input type="checkbox"/> Other illness/operations _____ |
| <input type="checkbox"/> Epilepsy _____ | <input type="checkbox"/> Recurring abdominal pain _____ |
| <input type="checkbox"/> Eye problems _____ | <input type="checkbox"/> Rheumatic fever _____ |
| <input type="checkbox"/> Heart condition _____ | |

3) ALLERGIC REACTION

- ☐ Nil
- ☐ Bee/wasp sting _____
- ☐ Medication _____
- ☐ Food _____
- ☐ Other _____

4) MEDICATIONS

Please give details of any regular medication your child is on:

Medication _____	What for? _____
Dose _____	How often? _____

- ☐ I give permission for the Campus Nurse to give my child paracetamol if it is considered appropriate: YES/NO

Please send *labelled* medication to the school nurse if it is required for regular use or for emergencies such as antihistamines for bee stings. Please send a copy of your child's asthma plan if they are on one.

5) OTHER RELEVANT INFORMATION

Any other information that would help us meet your child's health needs at this school:

6) HEALTH CHECK

- ☐ I give permission for the campus nurse to give my child a health check – this will include measuring height and weigh, checking hearing, vision and blood pressure, plus a discussion on nutrition, exercise, physical / emotional health and hygiene. (Parents will be notified if necessary and are welcome to contact the nurse with any queries)

YES / NO (CIRCLE YOUR ANSWER)

PARENT / GUARDIAN NAME _____ SIGNATURE _____ DATE _____

Thank-you for taking the time to fill in this form.



Southern Cross Campus Digital Citizenship Agreement

To be signed by both parent/guardian and student

Southern Cross Campus Students will be able to learn via use of the internet and school ICT at Southern Cross Campus provided that the School Digital Citizenship Agreement is read and signed by both the student and their parent/guardian. In signing this document, both parties acknowledge the rules and regulations outlined in this document.

The use of the word ICT in this document refers to any use of Information and Communication Technologies. This includes computers, internet, digital cameras, video cameras, and other educational specific hardware and software.

1. INTERNET

- 1.1. The internet is an essential tool for the education of students and the improved delivery of curriculum material(s).
- 1.2. Students are encouraged to make use of the services to this end.
- 1.3. The school leadership team reserves the right to make random audits of the history files that record which websites students have visited.

2. USE OF EQUIPMENT/HARDWARE

- 2.1. Computer and ICT equipment is provided for the education of students and the improved delivery of curriculum material(s). This equipment is a privilege not a right.
- 2.2. Care and sensible handling of all computer and ICT equipment is expected at all times.

3. SECURITY/ACCOUNTS

- 3.1. Usernames and passwords are not to be given out or used by anyone other than the intended recipient.
- 3.2. Keep all usernames and passwords a secret. These are intended for you only.
- 3.3. Under no circumstances are students to use, move or explore other student's or teacher's personal files.
- 3.4. At no time are students to place orders for goods or services (buy things) over the internet.

4. PHOTO AND VIDEO PERMISSION/ POSTING OF MATERIALS

- 4.1. Throughout the year, students will participate in school activities, events or projects in which they may be photographed or videotaped. This includes but is not limited to school sports days, interschool sports days, school portraits, student projects, field trips or special events.
- 4.2. Southern Cross Campus takes pride in the learning and progress of our students and looks to share this via our school website. www.southerncross.school.nz
- 4.3. The following guidelines will be adhered to with the posting of materials onto the school website or associated blogs/online accounts.
 - 4.3a First names only are to be attached to students work or any photos or video where staff deem appropriate.
 - 4.3b Final copies will be screened by a staff member before posting.
 - 4.3c Only staff or trained ICT monitors will be able to post information after teacher screening.
 - 4.3d From time to time Southern Cross Campus would like to use these photos, or work in local newspapers, the school website/blogs/wikis, and school display areas.
 - 4.3e Often these photos will include a caption with a student's full name and possibly age.
 - 4.3f The following guidelines will be adhered to with the posting of materials for marketing purposes:
 - 4.3.f.i. Images will show the school/child in a positive light e.g. drama, musical, performances, sports and awards ceremonies.
 - 4.3.f.ii. We will regularly review and delete any unwanted material
 - 4.3.f.iii. All photo opportunities will be approved by management.

5. MISUSE OF THIS AGREEMENT

- 5.1. Due to the rapidly changing nature of Information and Communication Technologies (ICT) the school reserves the right to change this agreement at any time.
- 5.2. If a change is necessary, an updated agreement will be issued to all students. It is expected that this document will be updated as required and that students and their parent/guardian will revisit this form for agreement.
- 5.3. There will be consequences for students who use the computers or ICT in unacceptable (improper) ways.
- 5.4. The consequences may include the removal of privileges and, being banned from using computer resources for a certain period.
- 5.5. In cases of deliberate damage, costs for repair of damaged resources and/or for the technician time taken to repair the damage may be charged. Parents will be contacted in all serious situations.

6. **LIABILITY** Southern Cross Campus has taken all possible precautions to maintain the safety of all users and these guidelines are written and enforced in the interest of all users' safety and effective use of the Internet and ICT.

Parent/Guardian Consent Digital Citizenship Agreement

Parent Name: _____

Signature: _____ Date: _____

Student Digital Citizenship Agreement

Student Full Name: _____

Year: _____ Tutor: _____ Signature: _____ Date: _____



☒ 2018 ENROLMENT CHECKLIST

PARENT CHECKLIST:

1. ALL 4 FORMS ARE TO BE COMPLETED AND SIGNED. THESE INCLUDE:

- ☐ Application of Enrolment (Sections 1 to 7 and Declaration)
- ☐ SCC Health Information
- ☐ ICT Agreement
- ☐ Contract of Enrolment

2. DOCUMENTATION TO ATTACH:

- ☐ Birth Certificate or Passport (both if on student visa / LPP) OR
- ☐ MOE Domestic Student Approval Letter AND
- ☐ Current proof of address (dated less than 1 month addressed to Caregiver1) AND
- ☐ Last school report

3. Where Applicable:

- ☐ NCEA Record of Learning (for Y10-13)
- ☐ 5 year Immunisation Certificate (for new entrants only)
- ☐ Guardian Living Declaration Form (if child is not residing with their legal guardian)

OFFICE USE ONLY:

- ☐ Background Check
- ☐ Documents completed
- ☐ Appointment confirmed with family
- ☐ Pre-enrolment complete: Admin initial _____

Year level: _____ Proposed class: _____

Interview Date:

Interview Time:

Interviewer:

Comments: _____
