



# PARAPARAUMU COLLEGE 2018 ENROLMENT FORM

Mazengarb Road, Paraparaumu 5032, P O Box 288, Paraparaumu 5254

PH: +64 4 902 5170, Web: [www.paraparaumucollege.school.nz](http://www.paraparaumucollege.school.nz)

<b>YEAR LEVEL 2018</b> (please circle) <b>9 10 11 12 13</b> <b>DATE OF BIRTH</b> _____ / _____ / _____ <b>GENDER</b> (please circle) <b>Male / Female / Other</b>	<b>SIBLING(S) AT PARAPARAUMU COLLEGE</b> Name _____ Year Level _____ Name _____ Year Level _____ Name _____ Year Level _____
<b>LEGAL FAMILY NAME</b>	<b>LEGAL FIRST NAMES</b>
<b>PREFERRED LAST NAME</b> (if different to above)	<b>PREFERRED FIRST NAME</b> (if different to above)
<b>CURRENT/PREVIOUS SCHOOL</b>	<b>ETHNICITY</b> (please tick) <b>NZ European</b> <input type="checkbox"/> <b>NZ Māori</b> <input type="checkbox"/> <b>Other</b> (please state) _____
<b>HOME ADDRESS</b> _____ _____ _____ <b>HOME PHONE</b> _____ <b>HOME EMAIL</b> _____	<b>If NZ Māori</b> <b>Iwi 1</b> _____ <b>Iwi 2</b> _____ <b>Iwi 3</b> _____ <b>Main language spoken at home</b> _____

<b>PRIMARY CAREGIVERS (MAIN RESIDENCE)</b>	
<b>MOTHER/CAREGIVER</b>	<b>FATHER/CAREGIVER</b>
<b>FAMILY NAME (Mrs/Miss/Ms/Dr)</b> (Please circle) _____	<b>FAMILY NAME (Mr/Dr)</b> (Please circle) _____
<b>FIRST NAME</b> _____	<b>FIRST NAME</b> _____
<b>Relationship to Student</b> _____	<b>Relationship to Student</b> _____
<b>ADDRESS</b> _____	<b>ADDRESS</b> _____
_____ <b>Post Code</b> _____	_____ <b>Post Code</b> _____
<b>MOBILE</b> _____	<b>MOBILE</b> _____
<b>WORK</b> _____	<b>WORK</b> _____
<b>OTHER EMAIL</b> _____	<b>OTHER EMAIL</b> _____
<b>Shared Care</b> <input type="checkbox"/>	

<b>SECONDARY CAREGIVERS (IF APPLICABLE)</b>	
<b>MOTHER/CAREGIVER</b>	<b>FATHER/CAREGIVER</b>
<b>FAMILY NAME (Mrs/Miss/Ms/Dr)</b> (Please circle) _____	<b>FAMILY NAME (Mr/Dr)</b> (Please circle) _____
<b>FIRST NAME</b> _____	<b>FIRST NAME</b> _____
<b>Relationship to Student</b> _____	<b>Relationship to Student</b> _____
<b>ADDRESS</b> _____	<b>ADDRESS</b> _____
_____ <b>Post Code</b> _____	_____ <b>Post Code</b> _____
<b>PH HOME</b> _____	<b>PH HOME</b> _____
<b>MOBILE</b> _____	<b>MOBILE</b> _____
<b>WORK</b> _____	<b>WORK</b> _____
<b>OTHER EMAIL</b> _____	<b>OTHER EMAIL</b> _____
<b>Shared Care</b> <input type="checkbox"/>	<b>Copy of Student Report required?</b> <input type="checkbox"/>

<b>OTHER LEGAL GUARDIAN (IF APPLICABLE)</b>	
<b>FAMILY NAME (Mr/Mrs/Miss/Ms/Dr)</b> (Please circle) _____	<b>Relationship to Student</b> _____
<b>FIRST NAME</b> _____	<b>ADDRESS</b> _____
<b>PH HOME</b> _____ <b>MOBILE</b> _____	_____ <b>Post Code</b> _____
<b>Shared Care</b> <input type="checkbox"/> <b>Access to</b> <input type="checkbox"/>	<b>EMAIL</b> _____
	<b>Copy of Student Report required?</b> <input type="checkbox"/>

FOR STUDENTS WHO WERE NOT BORN IN NEW ZEALAND (DOCUMENTATION MUST BE PROVIDED)	
COUNTRY OF BIRTH _____	PERMANENT RESIDENCE NO _____
COUNTRY OF CITIZENSHIP _____	DOMESTIC STUDENT VISA NO _____
DATE OF ARRIVAL _____	NZ PASSPORT/CITIZENSHIP NO _____

LOCAL EMERGENCY CONTACT DETAILS (other than those already listed)
<i>This person should be in the Kāpiti area and will only be contacted in case of emergency if caregivers cannot be contacted</i>
FULL NAME _____
ADDRESS _____
PH HOME _____ WORK _____ MOBILE _____

HEALTH (HAUORA) INFORMATION
Name of Doctor/Health Centre _____ PHONE _____
Are there any health problems, disabilities, allergies, prescription medicines etc, the College should be aware of? (please detail) _____
_____

LEARNING INFORMATION (Please attach details if more space is required)
Has the student been involved with any learning support programmes eg RTLB support, Teacher Aide? Please state _____ YES / NO
Does the student have any specific learning needs eg dyslexia, ADHD, Dyspraxia? Please state _____ YES / NO
Has the student been involved with any English Language Learning Support (ESOL)? YES / NO
Does the student have ORRS funding? YES / NO
Anything else we should be aware of? _____
_____

OTHER INFORMATION
Has the student previously been stood down, suspended or excluded from any school? (If yes, please detail. Use a separate sheet if necessary) _____ YES / NO
Are there any court orders relating to this student? (If yes, please include/attach the relevant details) _____ YES / NO
<b>I am interested in setting up an Automatic Payment</b> YES / NO
Are you happy to be contacted by our dental provider (Simply Dental) for FREE dental care for your student at school? YES / NO
Are you interested in becoming involved with the Parents' Association? YES / NO
Are you interested in becoming involved with our Whānau Group? YES / NO
Are you interested in becoming involved with our Pasifika Group? YES / NO

SIGNATURES AND DECLARATION (to be completed by all applicants)
I/We declare that all the information stated on this enrolment form is true and correct and understand that it may be used by the College for educational purposes.
I/We have read the Prospectus in conjunction with the College website and agree to abide by all College regulations.
I/We agree that filming or photographs taken of students engaging in school activities are able to be used for publicity purposes to promote the College.
I/We understand that any device my/our student takes to College is their responsibility to care for.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Parent (Mātua) / Guardian signature(s)**      **Student (Tauira) signature**      **Date**

**COURSE CHOICE**

OPTION SUBJECTS ARE DETAILED IN THE **2018 PROSPECTUS**. FULL COURSE OUTLINES ARE AVAILABLE TO VIEW ON THE COLLEGE WEBSITE OR ARE AVAILABLE ON REQUEST FROM THE COLLEGE OFFICE.

**YEAR 9**

Each student in Year 9 studies as compulsory subjects: English, Mathematics, Science, Social Studies, Physical Education and Health.

Students choose a total of three options (and two reserves).

Option 1		Reserve 1	
Option 2		Reserve 2	
Option 3			

**YEAR 10**

Each student in Year 10 studies as compulsory subjects: English, Mathematics, Science, Social Studies, Physical Education and Health.

Students chose a total of three options (and two reserves).

Option 1		Reserve 1	
Option 2		Reserve 2	
Option 3			

**YEAR 11**

Each student in Year 11 studies as compulsory subjects: English, Mathematics and Science.

Students chose a total of three options (and two reserves).

Option 1		Reserve 1	
Option 2		Reserve 2	
Option 3			

**YEAR 12**

Each student in Year 12 studies English as a compulsory option.

Students chose a total of five options (and two reserves).

Option 1		Reserve 1	
Option 2		Reserve 2	
Option 3			
Option 4			
Option 5			

**YEAR 13**

Students chose a total of five options (and two reserves). **There are no compulsory subjects in Year 13.**

Option 1		Reserve 1	
Option 2		Reserve 2	
Option 3			
Option 4			
Option 5			

## CONSENT FOR LOW-RISK EDUCATION OUTSIDE THE CLASSROOM (EOTC) ACTIVITIES

Education Outside the Classroom (EOTC) is the name given to all events/activities that occur outside the classroom, both on and off the school site. This includes sports, arts and cultural activities.

- Paraparaumu College values the concept of providing students with opportunities to learn both in and outside of the classroom. We have ready access to the beach, rivers, mountains, bush and urban environments in our area and beyond. These areas are rich learning environments for our students. This document is seeking your consent for your child/ren to participate in such learning

The Ministry of Education's **EOTC guidelines** have identified the following events as low risk and therefore suitable to be covered under this consent:

Description	Examples
Low-risk environments on site in the school grounds	Designing and testing rockets on the school fields as part of the technology curriculum.
Off-site events in the local community occurring in school time in low-risk environments	Debating competitions at local community organisations.
Off-site events finishing after school finishes in low-risk environments	Stage Challenge performance or similar in Wellington City

**All off-site residential overnight events and any activity occurring in a high-risk environment\* will require separate consent and a letter will be sent home in such circumstances.**

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

**All EOTC activities** require staff to undertake an analysis of the risks, and identify the management strategies required to eliminate, isolate and minimise the risks. Emergency procedures will also be in place.

### CONSENT FOR LOW-RISK EOTC ACTIVITIES

I/we agree to \_\_\_\_\_ participating in low-risk EOTC activities whilst a student at Paraparaumu College. *(Student name)*

I/we have provided the school with up to date medical, supervision and learning information through the enrolment form and will make every endeavour to keep this information current.

Name: _____ <i>(Parent (Mātua) / Guardian - Print Name)</i>	Signature: _____ <i>Parent (Mātua) / Guardian signature</i>	Date: _____
Name: _____ <i>(Parent (Mātua) / Guardian - Print Name)</i>	Signature: _____ <i>Parent (Mātua) / Guardian signature</i>	Date: _____