



# PARAPARAUMU COLLEGE ENROLMENT FORM 2017

Mazengarb Road, Paraparaumu 5032 Phone +64 4 902 5170 Facsimile +64 4 902 5171  
PO Box 288, Paraparaumu 5254 www.pcol.school.nz

KAMAR	
ENROL	
YEAR LEVEL	

## STUDENT DETAILS

Year level in 2017: *(please circle)* 9 10 11 12 13  
Gender: *(please circle)* Male / Female DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Legal Family name: \_\_\_\_\_  
Legal First names: \_\_\_\_\_  
Known as *(preferred name)*: \_\_\_\_\_  
Current/Previous School: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Student Mobile: \_\_\_\_\_  
Parent home email: \_\_\_\_\_

Siblings at Paraparaumu College:  
Name: \_\_\_\_\_ Year level: \_\_\_\_  
Name: \_\_\_\_\_ Year level: \_\_\_\_  
Name: \_\_\_\_\_ Year level: \_\_\_\_  
Ethnicity: *(please tick)* NZ European  NZ Maori   
Other:  *(please specify)* \_\_\_\_\_  
If New Zealand Maori:  
Iwi 1: \_\_\_\_\_  
Iwi 2: \_\_\_\_\_  
Main Language spoken at home: \_\_\_\_\_

## FOR STUDENTS WHO WERE NOT BORN IN NEW ZEALAND

Country of Birth: \_\_\_\_\_ Passport Number: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ *or* Permanent Residence Number: \_\_\_\_\_  
Date of Arrival in NZ: \_\_\_\_/\_\_\_\_/\_\_\_\_ *or* Residence Visa Number: \_\_\_\_\_  
*Copies of relevant documentation MUST be provided* *or* Certificate of Identification No: \_\_\_\_\_

## PRIMARY CAREGIVERS (MAIN RESIDENCE)

Family Name (Mrs/Miss/Ms/Mr/Dr): \_\_\_\_\_ First name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_ *(If different)* \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Living with  Access to student  Shared Care  Copy of Student Report

Family Name (Mrs/Miss/Ms/Mr/Dr): \_\_\_\_\_ First name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_ *(If different)* \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Living with  Access to student  Shared Care  Copy of Student Report

## SECONDARY RESIDENCE / CAREGIVERS *(if applicable)*

Family Name (Mrs/Miss/Ms/Mr/Dr): \_\_\_\_\_ First name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_ *(If different)* \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Living with  Access to student  Shared Care  Copy of Student Report

Family Name (Mrs/Miss/Ms/Mr/Dr): \_\_\_\_\_ First name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_ *(If different)* \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Living with  Access to student  Shared Care  Copy of Student Report

## OTHER LEGAL GUARDIAN *(if applicable)*

Family Name (Mrs/Miss/Ms/Mr/Dr): \_\_\_\_\_ First name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_ *(If different)* \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Living with  Access to student  Shared Care  Copy of Student Report

I am interested in setting up an Automatic Payment  Yes

**LOCAL EMERGENCY CONTACT DETAILS (other than those already listed)**

*This person should be in the Kapiti area and will be contacted in case of emergency if the other caregivers cannot be contacted.*

Full Name : \_\_\_\_\_  
 Relationship to Student (e.g. Aunty, neighbour): \_\_\_\_\_  
 Address: \_\_\_\_\_ Postcode \_\_\_\_\_  
 Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**HEALTH (HAUORA) INFORMATION**

Name of Doctor/Health Centre: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Are there any health problems, disabilities, allergies, prescription medicines, Epi-Pen requirements the College should be aware of? (please detail) \_\_\_\_\_

**LEARNING INFORMATION (please attach details if more space required)**

Has the student been involved with any learning support programmes e.g. RTLB support, Teacher Aide?  Yes  No  
 Does the student have any specific learning needs e.g. Dyslexia / ADHD / Dyspraxia?  Yes  No  
 Has the student been involved with any English Language Learning Support (ESOL)?  Yes  No  
 Does the student have ORRS funding?  Yes  No  
 (Please detail) \_\_\_\_\_

**OTHER INFORMATION**

Has this student previously been stood down, suspended, or excluded from any school?  Yes  No  
 (If Yes, please detail. Use a separate sheet if necessary). \_\_\_\_\_  
 Are there any court orders relating to this student?  Yes  No. If yes, please include/attach the relevant details.

**YEAR 9 COURSE CHOICE**

*Paraparaumu College's learning programme is structured around the New Zealand Curriculum's eight learning areas. In Year 9, each student chooses **four** options (and **two** reserves). Students choose an option from each of groups **one**, **two** and **three**. The fourth option may be from any group. Options are detailed on Page 6 of the 2017 Prospectus. Full course outlines are available to view on the College website or are available on request from the College Office.*

Group 1		Group 3	
Group 2		Option 4	
Reserve 1		Reserve 2	

**YEAR 10 - 13 COURSE CHOICE**

**Year 10** – select **two** options      **Year 11** – select **three** options      **Years 12** – select **five** options      **Year 13** – select **five** subjects  
*All year levels should select **two** reserves. Please select from those subjects listed in the 2017 Prospectus and the College website.*

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

**PARENTAL INVOLVEMENT**

Are you interested in receiving further information about the Parents' Association?  Yes  No  
 Are you interested in receiving further information about our Whānau Group?  Yes  No  
 Are you interested in receiving further information about 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 the 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



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**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: _____