

## PARAPARAUMU COLLEGE 2019 ENROLMENT FORM

Mazengarb Road, Paraparaumu 5032, P O Box 288, Paraparaumu 5254 PH: +64 4 902 5170, Web: <a href="https://www.paraparaumucollege.school.nz">www.paraparaumucollege.school.nz</a>

YEAR LEVEL 2019 (please circle) 9 10 11 12 13	SIBLING(S) AT PARAPARAUMU COLLEGE
DATE OF BIRTH///	Name Year Level
JATE OF BIRTH	Name Year Level
GENDER (please circle) Male / Female / Other	Name Year Level
LEGAL FAMILY NAME	LEGAL FIRST NAMES
PREFERRED LAST NAME (if different to above)	PREFERRED FIRST NAME (if different to above)
CURRENT/PREVIOUS SCHOOL	ETHNICITY (please tick)  NZ European NZ Māori Other (please state)
HOME ADDRESS	If NZ Māori Iwi 1
	lwi 2
HOME PHONE	lwi 3
HOME EMAIL	Main language spoken at home
PRIMARY CAREGIVERS (MAIN RESIDENCE)	
MOTHER/CAREGIVER	FATHER/CAREGIVER
FAMILY NAME (Mrs/Miss/Ms/Dr) (Please circle)	FAMILY NAME (Mr/Dr) (Please circle)
FIRST NAME	FIRST NAME
Relationship to Student	Relationship to Student
ADDRESS	ADDRESS
Post Code	Post Code
MOBILE	MOBILE
MOBILE WORK OTHER EMAIL	MOBILE
MOBILE	MOBILE
MOBILE	MOBILE WORK OTHER EMAIL
MOBILE	MOBILE
MOBILE WORK OTHER EMAIL Shared Care  SECONDARY CAREGIVERS (IF APPLICABLE)  MOTHER/CAREGIVER FAMILY NAME (Mrs/Miss/Ms/Dr) (Please circle)  FIRST NAME	FATHER/CAREGIVER FAMILY NAME (Mr/Dr) (Please circle)  FIRST NAME
MOBILE	FATHER/CAREGIVER FAMILY NAME (Mr/Dr) (Please circle)  FIRST NAME Relationship to Student ADDRESS
MOBILE	FATHER/CAREGIVER FAMILY NAME (Mr/Dr) (Please circle)  FIRST NAME Relationship to Student ADDRESS
MOBILE WORK OTHER EMAIL Shared Care  SECONDARY CAREGIVERS (IF APPLICABLE)  MOTHER/CAREGIVER FAMILY NAME (Mrs/Miss/Ms/Dr) (Please circle)  FIRST NAME Relationship to Student ADDRESS Post Code	FATHER/CAREGIVER FAMILY NAME (Mr/Dr) (Please circle)  FIRST NAME Relationship to Student ADDRESS Post Code
MOBILE WORK OTHER EMAIL Shared Care  SECONDARY CAREGIVERS (IF APPLICABLE)  MOTHER/CAREGIVER FAMILY NAME (Mrs/Miss/Ms/Dr) (Please circle)  FIRST NAME Relationship to Student ADDRESS Post Code PH HOME	FATHER/CAREGIVER FAMILY NAME (Mr/Dr) (Please circle)  FIRST NAME Relationship to Student ADDRESS Post Code PH HOME
MOBILE WORK OTHER EMAIL Shared Care  SECONDARY CAREGIVERS (IF APPLICABLE)  MOTHER/CAREGIVER FAMILY NAME (Mrs/Miss/Ms/Dr) (Please circle)  FIRST NAME Relationship to Student ADDRESS Post Code	FATHER/CAREGIVER FAMILY NAME (Mr/Dr) (Please circle)  FIRST NAME Relationship to Student ADDRESS Post Code
MOBILE	FATHER/CAREGIVER FAMILY NAME (Mr/Dr) (Please circle)  FIRST NAME Relationship to Student ADDRESS Post Code PH HOME MOBILE
MOBILE WORK OTHER EMAIL Shared Care  SECONDARY CAREGIVERS (IF APPLICABLE)  MOTHER/CAREGIVER FAMILY NAME (Mrs/Miss/Ms/Dr) (Please circle)  FIRST NAME Relationship to Student ADDRESS Post Code PH HOME MOBILE WORK	FATHER/CAREGIVER FAMILY NAME (Mr/Dr) (Please circle)  FIRST NAME Relationship to Student ADDRESS Post Code PH HOME MOBILE WORK
MOBILE WORK OTHER EMAIL Shared Care  SECONDARY CAREGIVERS (IF APPLICABLE)  MOTHER/CAREGIVER FAMILY NAME (Mrs/Miss/Ms/Dr) (Please circle)  FIRST NAME Relationship to Student ADDRESS Post Code PH HOME MOBILE WORK OTHER EMAIL	FATHER/CAREGIVER FAMILY NAME (Mr/Dr) (Please circle)  FIRST NAME Relationship to Student ADDRESS Post Code PH HOME MOBILE WORK OTHER EMAIL
MOBILE WORK OTHER EMAIL Shared Care  SECONDARY CAREGIVERS (IF APPLICABLE)  MOTHER/CAREGIVER FAMILY NAME (Mrs/Miss/Ms/Dr) (Please circle)  FIRST NAME Relationship to Student ADDRESS Post Code PH HOME MOBILE WORK OTHER EMAIL Shared Care	MOBILE WORK OTHER EMAIL  FATHER/CAREGIVER FAMILY NAME (Mr/Dr) (Please circle)  FIRST NAME Relationship to Student ADDRESS Post Code PH HOME MOBILE WORK OTHER EMAIL Copy of Student Report required?
MOBILE WORK OTHER EMAIL Shared Care  SECONDARY CAREGIVERS (IF APPLICABLE)  MOTHER/CAREGIVER FAMILY NAME (Mrs/Miss/Ms/Dr) (Please circle)  FIRST NAME Relationship to Student ADDRESS Post Code PH HOME MOBILE WORK OTHER EMAIL Shared Care	MOBILE
MOBILE WORK OTHER EMAIL Shared Care  SECONDARY CAREGIVERS (IF APPLICABLE)  MOTHER/CAREGIVER FAMILY NAME (Mrs/Miss/Ms/Dr) (Please circle)  FIRST NAME Relationship to Student ADDRESS Post Code PH HOME MOBILE WORK OTHER EMAIL Shared Care  OTHER LEGAL GUARDIAN (IF APPLICABLE)  FAMILY NAME (Mr/Mrs/Miss/Ms/Dr) (Please circle)  FIRST NAME  FIRST NAME	MOBILE WORK OTHER EMAIL  FATHER/CAREGIVER FAMILY NAME (Mr/Dr) (Please circle)  FIRST NAME Relationship to Student ADDRESS Post Code PH HOME MOBILE WORK OTHER EMAIL Copy of Student Report required?
MOBILE WORK OTHER EMAIL Shared Care  SECONDARY CAREGIVERS (IF APPLICABLE)  MOTHER/CAREGIVER FAMILY NAME (Mrs/Miss/Ms/Dr) (Please circle)  FIRST NAME Relationship to Student ADDRESS Post Code PH HOME MOBILE WORK OTHER EMAIL Shared Care  OTHER LEGAL GUARDIAN (IF APPLICABLE)  FAMILY NAME (Mr/Mrs/Miss/Ms/Dr) (Please circle)	FATHER/CAREGIVER FAMILY NAME (Mr/Dr) (Please circle)  FIRST NAME Relationship to Student ADDRESS Post Code PH HOME MOBILE WORK OTHER EMAIL Copy of Student Report required?

FOR STUDENTS WHO WERE NOT BORN IN NEW Z	EALAND (DOCUMENTATION MUST BE PRO	VIDED)	
COUNTRY OF BIRTH	PERMANENT RESIDENCE NO		
COUNTRY OF CITIZENSHIP			
DATE OF ARRIVAL NZ PASSPORT/CITIZENSHIP NO			
LOCAL EMERGENCY CONTACT DETAILS (other tha	ın those already listed)		
This person should be in the Kāpiti area and will only be contacted in case of	• • • •		
FULL NAME			
ADDRESS	MODILE		
PH HOME WORK	MOBILE		
HEALTH (HAUORA) INFORMATION			
Name of Doctor/Health Centre	PHONE		
Are there any health problems, disabilities, allergical aware of? (please detail)	· · · · · · · · · · · · · · · · · · ·	uld be 	
LEARNING INFORMATION (Please attach details i	f more space is required)		
Has the student been involved with any learning s		Aide?	
Please state		YES / NO	
Does the student have any specific learning needs Please state	eg dyslexia, ADHD, Dyspraxia?	YES / NO	
Has the student been involved with any English La	nguage 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, susp (If yes, please detail. Use a separate sheet if nece	•	YES / NO	
Are there any court orders relating to this student (If yes, please include/attach the relevant details)	?	YES / NO	
I am interested in setting up an Automatic Paymo	ent	YES / NO	
Are you happy to be contacted by our dental prov your student at school?	ider (Simply Dental) for FREE dental care for	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 complete			
I/We declare that all the information stated on th		erstand that	
it may be used by the College for educational purp I/We have read the Prospectus in conjunction with		College	
regulations.  I/We agree that filming or photographs taken of some states of the second secon	tudents engaging in school activities are able t	o 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 f	or.	
		/ /	
Parent (Mātua) / Guardian signature(s) Stu	dent (Tauira) signature Date	' —— ' —— e	

#### **COURSE CHOICE**

OPTION SUBJECTS ARE DETAILED IN THE **2019 PROSPECTUS**. FULL COURSE OUTLINES WILL BE/ARE AVAILABLE TO VIEW ON THE COLLEGE WEBSITE OR 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 six options (and two reserves).

Option 1	Reserve 1	
Option 2	Reserve 2	
Option 3		
Option 4		
Option 5		
Option 6		

#### **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.

**CONSENT FOR LOW-RISK EOTC ACTIVITIES** 

**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.

/we agree to	participating in low-risk EOTC	participating in low-risk EOTC activities whilst a student at		
Paraparaumu College. (Student	name)			
/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: (Parent (Mātua) / Guardian - Print Name)	Signature:Parent (Mātua) / Guardian signature			
Name:	Signature:Parent (Mātua) / Guardian signature	Date:		

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