



# FIORDLAND COLLEGE ENROLMENT FORM

PO Box 23, Te Anau 9640    Phone (03) 249 7819    email: admin@fiordland.school.nz

**For office use only:**

Enrolment Number     Date of Entry     Leaving Date

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

Form Class     House     Enrol Data Entered

Birth Certificate     Passport     Immunisation/Vaccination     Visa/Work/Study Permit etc

## 1. STUDENT DETAILS

Last Name (legal)			
First Name (legal)		Middle Name/s (legal)	
Preferred Name			
Present Year Level	Year _____	Enrolling into Year Level	Year _____

Date of Birth	/    / <small>Day    Month    Year</small>	Gender    Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse <input type="checkbox"/>
School currently attending		

Physical Address			
Post Code			
Postal Address <small>(if different to physical address)</small>			
Student's Mobile Phone		Bus Route	
Country of Birth		Country of Citizenship	

**Evidence of Citizenship Required for Ministry of Education Statistical return**

- NZ Citizen                      - Must provide a copy of NZ birth certificate or NZ passport or NZ citizenship certificate
- Australian Citizen           - Must provide a copy of Australian passport
- Citizen of other country   - Must provide a copy of passport plus visa documentation

**Original documents are required – these will be photocopied at the school and returned to you.**

Is English your first Language  Yes  No      If no please state Language \_\_\_\_\_

**Ethnicity**

NZ European  Other (please state)  \_\_\_\_\_ Māori  Iwi Affiliation: \_\_\_\_\_

### TO BE COMPLETED BY INTERNATIONAL STUDENTS ONLY

Eligibility Criteria	International (Fee Paying) <input type="checkbox"/> Residency Application <input type="checkbox"/> Exchange Student <input type="checkbox"/>		
Date of arrival in NZ	day    /    month    /    year	Country of Birth:	
Visa/Permit Expiry	day    /    month    /    year		

### 3. MEDICAL INFORMATION

Medical conditions: (Asthma etc)	Severity	Details (eg child has inhaler)

**Evidence Required:** As per the Ministry of Education requirements, we must request from every enrolled student 12 years and over their COVID-19 and MMR vaccination status

- Immunisation Certificate - Must provide proof of COVID-19 vaccination status and MMR Immunisation status

### 4. CAREGIVER DETAILS

**Primary Caregiver 1 (ie: a Parent or Caregiver who lives at the same address as the student)**

Family Name		First Name		Mr Mrs Ms
Relationship to student		Occupation		
Address				
Home Phone		Work Phone		
Mobile Phone		Email		

**Primary Caregiver 2 (ie: a Parent or Caregiver who lives at the same address as the student)**

Family Name		First Name		Mr Mrs Ms
Relationship to student		Occupation		
Address				
Home Phone		Work Phone		
Mobile Phone		Email		

**Secondary Caregiver (ie: a Parent who does not live at the student's address)**

Family Name		First Name		Mr Mrs Ms
Relationship to student		Occupation		
Address				
Home Phone		Work Phone		
Mobile Phone		Email		

**Emergency Contact (eg: Grandparent / Friend – preferably someone local)**

Family Name		First Name		
Relationship to student		Occupation		
Address				
Home Phone		Work Phone		
Mobile Phone		Email		

The school will always attempt to contact the main caregivers should your child be unwell or in the case of an emergency. However, an alternative contact person is required to act on your behalf should we be unable to contact you.

### 5. OTHER CHILDREN

Which schools do your other school age children attend?

Name	School	Year Level

# TERMS & CONDITIONS OF ENROLMENT

## 1. Privacy Act

The information on this form is collected to form part of the essential information the school holds on its students. This information will be used by the school for the following purposes: enrolling your child at school, assessing the education needs of students and ensuring that the school receives appropriate services and resources for its students.

The records made from this information may be viewed on request at the school. The information collected may be disclosed to education and health sector agencies in accordance with the principles of the Privacy Act. Except with specific authorisation from a parent, it will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

## 2. Permission to use Information

Fiordland College includes photographs of and reports on students' participation and achievements in a number of formats (eg: newsletters, website and Facebook) for parental, community and wider use. The reports both profile and promote the College and provide an avenue of reporting to parents and the community. Photographs of individual students are held for identification purposes in the College's database of students.

Enrolment at Fiordland College, as signified by parents' or guardians' completion of this form, will be taken as permission to use visual, written or electronic information in the manner described above **UNLESS** a parent/guardian specifically requests **in writing** that it be excluded from such publication or display.

## 3. Permission for Events Outside School but within the Te Anau Town Boundary

By signing this enrolment form parents are giving permission for their child to travel to and undertake activities within the Te Anau Town Boundary that are connected with various school programmes eg: cross country, triathlon, movies, Events Centre activities etc. Parents will be informed of these activities in advance. Permission slips will still be requested for activities outside the town boundary or where the risks are extraordinary eg: river, lake activities.

## 4. Cybersafety and BYOD Guidelines at Fiordland College

Attached to this enrolment form are the Cybersafety and BYOD Guidelines for Secondary Students at Fiordland College. Students and parents/caregivers/legal guardians are asked to read these and discuss all sections carefully with their child.

### By signing the declaration, students and parents undertake to:

- Read the Cybersafety and BYOD Guidelines carefully and discuss them so both parties have a clear understanding of their role in the school's aim to maintain a Cybersafe environment.
- Follow the Cybersafety and BYOD Guidelines and instructions whenever they use the school's ICT and whenever they use privately-owned ICT on the school site or at any school-related activity, regardless of its location.
- Avoid any involvement with material or activities which could put at risk their own safety, or the privacy, safety or security of the school or other members of the school community.
- Take proper care of school and personal ICT. Ensure they understand that if they have been involved in the damage, loss or theft of ICT devices, their family may have responsibility for the cost of repairs or replacement.
- Ask if they are not sure about anything to do with the Cybersafety and BYOD Guidelines.

# DECLARATION

## Parent / Caregiver / Guardian Undertaking

- I confirm that the information provided above is true and correct to the best of my knowledge. I undertake to advise the school of any change in circumstances, so the school records are maintained accurately.
- I agree to the terms contained in the above sections relating to:
  - Privacy Act
  - Permission to Use Information
  - Permission for Events outside school but within the Te Anau Town Boundary
  - Cybersafety and BYOD Guidelines at Fiordland College
- I agree that my child will comply with the Fiordland College regulations and guidelines on discipline, attendance, uniform, books and other matters pertaining to the welfare and good conduct of the school as published in the Student Handbook.
- I agree to pay for any damage caused to school property by my child through malicious or careless behaviour.
- In an emergency situation I authorise the College to seek appropriate medical assistance for my child.

Signature of Parent / Caregiver	
Print Full Name	
Date	

## Student Undertaking

- I agree to the terms contained in the Cybersafety and BYOD Guidelines at Fiordland College
- I agree to comply with the Fiordland College regulations and guidelines on discipline, attendance, uniform, books and other matters pertaining to the welfare and good conduct of the school as published in the Student Handbook.

Signature of Student	
Print Full Name	
Date	

### Checklist for Parents / Caregivers

Original documents are required – these will be photocopied at the school and returned to you.

• Immunisation Certificate	-	Must provide COVID-19 vaccination and MMR Immunisation Certificate.	<input type="checkbox"/>
• NZ Citizen	-	Must provide NZ Birth Certificate or Passport or NZ Citizenship Certificate	<input type="checkbox"/>
• Australian Citizen	-	Must provide Australian Passport	<input type="checkbox"/>
• Citizen of other country	-	Must provide Passport plus visa documentation	<input type="checkbox"/>

**Thank you for completing the Enrolment Form.  
We look forward to welcoming your child to Fiordland College.**