



Ruawai College

Application for Student Enrolment

Please bring your original Birth Certificate or a current, valid Passport or Evidence of Residency status

STUDENT DETAILS - GENERAL

Proposed Year Level at Entry (please circle):	7	8	9	10	11	12	13
Legal Surname:	Preferred Surname:						
Legal First Name:	Preferred First Name:						
Date of Birth:	Gender:						
Residential Address (During the school year):							
Previous School:							
Born in New Zealand? (please circle):						Yes	No
Permanent Resident? (please circle): If the answer is no, please complete the Certification section below						Yes	No
Student Visa? (please circle): If the answer is no, please complete the Certification section below						Yes	No
Certification: If you are required to complete this section, please bring with you your Passport and any other relevant information							
Passport Number:				Passport Expiry Date:			
Country of Origin:				Date of Arrival in New Zealand:			
Ethnicity (please circle):		New Zealand European		New Zealand Māori		Other	
If Māori, state iwi(s):							
If Other, state ethnicity:							
Languages (please circle):				English		Other	
If Other, state languages:							

School Bus Transport (please circle if known):						
None	Matakohe	Okahu	Parahi	Te Kowhai	Toka Toka	Dargaville



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Name(s) and Year Level(s) of siblings at Ruawai College (if applicable):

What strengths, abilities and interests does your child have that you would like us to know about?

STUDENT DETAILS - MEDICAL

Doctor:

Dentist:

Surgery Name:

Surgery Name:

Phone Number:

Phone Number:

Is this student allowed to take Ibuprofen? (please circle):

Yes

No

Is this student allowed to take Panadol? (please circle):

Yes

No

Does this student have asthma? (please circle):

Yes

No

Does this student carry an inhaler? (please circle):

Yes

No

Does this student have any allergies? (please circle):

Yes

No

Regular Medication:

For students who have a medical condition and require medication, it is advisable to leave a supply of their medication with the school office. If your child is on any prescription medication administered during the day, please contact the school office about completing the appropriate form.

Does this student have any medical conditions, health matters or disabilities the school should know of?
(Please specify, e.g. diabetes, epilepsy, allergies)

Immunisation Status (please circle):

Hepatitis B

Yes

No

Poliomyelitis

Yes

No

Meningitis B

Yes

No

Tetanus Booster (aged 11) DTAP

Yes

No

Measles, Mumps & Rubella (MMR)

Yes

No

Meningitis C

Yes

No

COVID-19 Vaccine - Dose 1

Yes

No

COVID-10 Vaccine - Dose 2

Yes

No



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STUDENT DETAILS – LEARNING NEEDS & WELLBEING

Does this student have any specific abilities/learning needs? (please circle): Yes No

If yes, please circle which options apply:

Gifted & Talented	Speech	Vision	Reading	Hearing
ADD	ADHD	Anger Management	Learning Difficulties	Autistic Spectrum Disorder

Previous assistance received by student (please circle, if applicable):

RTL	Teacher Aide	ORRS	SWiS
Te Roopu Kimiora	Counselling	Oranga Tamariki	Rubicon

Has this student ever been stood down, suspended or excluded from school? (please circle): Yes No

If yes, please state the reason:

STUDENT DETAILS – BYOD

Does this student have their own device? (please circle): Yes No

Does this student have internet access at home? (please circle): Yes No

STUDENT TRANSPORTATION

School Buses:

Any students who live outside of the Ruawai College school transport zone and travel to Ruawai College via one of our available school buses may incur a fee of \$100.00, as is determined by the Ruawai Transport Network Group. Bus routes and information are available from the following website: <https://ruawai.easybus.nz>. Dargaville bus enrolment forms are available from the school office.

Private Vehicles

Senior Leadership Team must grant permission for any student who wishes to drive to school or ride as a passenger in a car driven by another student.

STUDENT DECLARATION

- I understand there is a requirement to attend all classes unless my parents/caregivers provide a justified reason, which may require a medical certificate.
- I have read, understood, and agree to the **Digital Citizenship Responsible Use Agreement** (see enclosed).
- I have read, understood, and agree to the **Bus Code of Conduct** (see enclosed).
- I have read, understood, and agree to the **Education Outside the Classroom Agreement Form** (see enclosed).
- At all times, I will demonstrate the Ruawai College values of Respect, Responsibility and Resilience to students, staff and community.

Student Signature:

Date Signed:



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PRIMARY CAREGIVERS

PRIMARY CAREGIVER ONE	PRIMARY CAREGIVER TWO
Title (please circle): Mrs Ms Miss Mr	Title (please circle): Mrs Ms Miss Mr
First Name:	First Name:
Surname:	Surname:
Relationship to Student:	Relationship to Student:
Email Address:	Email Address:
Home Phone Number:	Home Phone Number:
Mobile Phone Number:	Mobile Phone Number:
Occupation:	Occupation:
Work Phone Number:	Work Phone Number:
Home Address:	Home Address:
Postal Address (if different from above):	Postal Address (if different from above):
Any special family circumstances? (E.g. restricted contact. Please note, official supporting documentation is required!)	



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SECONDARY CAREGIVERS (if applicable)

SECONDARY CAREGIVER ONE	SECONDARY CAREGIVER TWO
Title (please circle): Mrs Ms Miss Mr	Title (please circle): Mrs Ms Miss Mr
First Name:	First Name:
Surname:	Surname:
Relationship to Student:	Relationship to Student:
Email Address:	Email Address:
Home Phone Number:	Home Phone Number:
Mobile Phone Number:	Mobile Phone Number:
Occupation:	Occupation:
Work Phone Number:	Work Phone Number:
Home Address:	Home Address:
Postal Address (if different from above):	Postal Address (if different from above):
Any special family circumstances? (E.g. restricted contact. Please note, official supporting documentation is required!)	



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EMERGENCY CONTACTS

EMERGENCY CONTACT ONE	EMERGENCY CONTACT TWO
Title (please circle): Mrs Ms Miss Mr	Title (please circle): Mrs Ms Miss Mr
First Name:	First Name:
Surname:	Surname:
Home Phone Number:	Home Phone Number:
Mobile Phone Number:	Mobile Phone Number:
Work Phone Number:	Work Phone Number:
Home Address:	Home Address:

ENROLMENT FORM CHECKLIST

Please provide the following:

- A copy of the student's original Birth Certificate (if born outside of New Zealand, a copy of their current, valid Passport or Evidence of Residency status).
- A copy of the student's most recent school report.

Please ensure you complete the following:

- Student Declaration, to be signed by the enrolling student (page 3).
- Parent/Caregiver Declaration, to be signed by parent/caregiver (page 7).
- Health Profile and Medical Consent Form (see enclosed).



Download Skool Loop on Google Play or the App Store

- Download the Skool Loop app.
- Click the "Select your schools" button.
- Select "Ruawai College".



Follow Ruawai College on Facebook: <https://www.facebook.com/ruawaicollege>



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Application for Student Enrolment

PARENT / CAREGIVER DECLARATIONS

I hereby apply to enrol my child/ward at Ruawai College.

- In support of my child's/ward's application for enrolment at Ruawai College, I support the school and agree to see that my child abides by the rules, regulations and dress code.
- In the event of sickness and accident emergencies whereby staff cannot contact parents/caregivers, I authorise Ruawai College to obtain medical assistance if staff believe treatment is necessary and agree to meet any costs involved.
- I have read, understood, and agree to the **Digital Citizenship Responsible Use Agreement** (see enclosed).
- I have read, understood, and agree to the **Bus Code of Conduct** (see enclosed).
- I have read, understood, and agree to the **Education Outside the Classroom Agreement Form** (see enclosed)
- I will advise the school of any subsequent change of address and contact details.
- I understand my child/ward will use a 'Gmail' account.
- I permit Ruawai College may use the name/photographs of my child/ward for publicity purposes related to school activities. Examples include but are not limited to the school newsletter, website, prospectus and other promotional material.

Privacy Act 1993

- Under the Privacy Act 1993, I consent to provide personal information to Ruawai College.
- I understand this information will be used for purposes relating to my child's education and for the Ministry of Education's statistical returns.
- At the discretion of the Principal, under Sections 76 and 77 of the Education Act 1989, this information may be shared with other groups under special circumstances.
- Contact details on this form are also required by law to be forwarded to the Ministry of Social Development to ensure young people are engaged in education or training.

Caregiver Name:

Signature:

Date Signed:



Ruawai College
Education Outside The Classroom (EOTC)

Health Profile and Medical Consent Form

This EOTC Health form is to cover events/trips which take place while your child is a student at Ruawai College. Details on this form will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events. It is crucial that you provide us with up to date information, that is accurate and complete, to allow us to plan appropriately for our EOTC events.

General Details:

Full Name of Student:	
Date of Birth:	
Address:	
Medical Centre:	
Doctor Name & Contact Number:	
Medic Alert Number: (if applicable)	

Emergency Contact Details:

Please give details of **two** people who can be contacted in the event of an emergency.

Person 1 Full Name:	
Relationship to Student:	
Contact Phone Number(s):	
Address:	

Person 2 Full Name:	
Relationship to Student:	
Contact Phone Number(s):	
Address:	

Please tick if your child has any of the following:					
<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Travel sickness	<input type="checkbox"/>	Fits of any type
<input type="checkbox"/>	Chronic nose bleeds	<input type="checkbox"/>	Heart condition of any type	<input type="checkbox"/>	Dizzy spells
<input type="checkbox"/>	Colour blindness	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Other
If Other, please specify:					

For overnight events/trips:

Sleepwalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bedwetting	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Can your child swim 50 metres unassisted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child confident in open water (ocean / lake)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child able to tread water and survival float?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is your child currently taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please complete the following section:		

Health condition(s):	
Name(s) of medication(s):	
Dosage and times to be taken:	
Other treatment:	

Is a health plan required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you / your child had any major injuries (breaks or strains) or illness (e.g. glandular fever) that may limit full participation in any activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please state the injury / illness:		

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Please tick if your child is allergic to any of the following:

<input type="checkbox"/>	Prescription medicine	Please specify:
<input type="checkbox"/>	Food	Please specify:
<input type="checkbox"/>	Insect bites / stings	Please specify:
<input type="checkbox"/>	Other allergies	Please specify:

What treatment is required?

When was your child's last tetanus injection?
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Outline any special dietary requirements:
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What pain / flu medication may your child be given if necessary?

To the best of your knowledge, has you / your child been in contact with any contagious or infectious diseases?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, please give details:

Is there any information the staff should be aware of to ensure the physical and emotional safety of your / your child? E.g. cultural practices; disability; anxiety regarding heights, darkness or small spaces; pregnancy; behavioural or emotional problems.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please give details or attach information:		

Please tick:	
<input type="checkbox"/>	I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to a designated adult with instructions on its administration.
<input type="checkbox"/>	I will inform the school as soon as possible of any changes in the medical information or other circumstances.
<input type="checkbox"/>	I agree to my child receiving any emergency medical, dental or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
<input type="checkbox"/>	In an emergency, event/trip staff may act on my behalf
<input type="checkbox"/>	Event/trip staff may administer pain relief
<input type="checkbox"/>	Any medical costs not covered by ACC or a Community Services Card will be paid by me.
<input type="checkbox"/>	If my child is involved in a serious disciplinary problem, including the use of illegal substances and / or alcohol, or actions that threaten the safety of others, s/he will be sent home at my expense.
<input type="checkbox"/>	I understand that if my child needs to come home for personal reasons or illness, it is my responsibility to make arrangements and / or cover any cost incurred.
<input type="checkbox"/>	I will inform Ruawai College of any changes to this form before the commencement of any event / trip that my child attends.

To be read and signed by a parent / caregiver of a child participant.

Signature: _____ **Date:** _____

Name: _____



Ruawai College

Digital Citizenship: Responsible Use Agreement

Introduction

Ruawai College believes in a Digital Citizenship model that supports the safe and responsible use of digital technologies in teaching and learning. Because we know this is important for us all, we ask everyone, staff, students and anyone working at the school to agree to use the internet and other technologies in a safe and responsible way by following the rules laid out in our Responsible Use Agreement.

If someone does not act responsibly, or the things that they do inflict harm, then access to the internet or use of the school domain can be removed.

We understand that Ruawai College will:

- Do its best to keep the school cyber safe, by maintaining an effective cyber safety programme. This includes working to restrict access to inappropriate, harmful or illegal material on the internet or school ICT equipment/devices at school or at school-related activities, and enforcing the cyber safety regulations and responsibilities detailed in the use agreement.
- Provide members of the school community with cyber safety education designed to complement and support the use agreement initiative.
- Welcome enquiries from students or parents/caregivers about cyber safety issues.

Student's Digital Citizenship Responsible Use Agreement

When using Digital Technology at Ruawai College I will always be a positive digital citizen. This means that:

- I will use digital devices for learning and allow my teacher to access my browsing history when they request to do so.
- I understand that these guidelines for responsible use are to be followed when using any technology to access the school domain. I am aware that this may include the use of a device that the school does not own.
- I understand that the email that is given to me is owned by the school and as a result is monitored.
- I understand that if I breach this responsible use agreement, I may lose access to school Digital Technology services including the use of the internet, school-owned devices or any personally owned device used to access the school domain.

My responsibilities include:

- I will read the Digital Citizenship Use Agreement document carefully when I enrol at Ruawai College.
- I will follow the cyber safety rules and instructions whenever I use the school's computer network, internet access facilities, computers and other ICT equipment/devices belonging to the school, this includes following the school's [Personal Digital Devices](#) policy.
- I will follow the cyber safety rules and instructions whenever I am involved with privately-owned ICT devices/equipment on the school site or at any school-related activity, regardless of its location.
- I will avoid any involvement with material or activities which could put at risk my own safety, or the privacy, safety or security of the school or other members of the school community.
- I will take proper care of computers and other school ICT equipment/devices. I know that if I have been involved in the damage, loss or theft of ICT equipment/devices, my family may have responsibility for the cost of repairs or replacement.
- I will ask the relevant staff member if I am not sure about anything to do with this agreement.
- I have read and understand my responsibilities and agree to abide by this Digital Citizenship User Agreement. I know that if I breach this use agreement there may be consequences.



Ruawai College

Digital Citizenship: Responsible Use Agreement

Parent/Caregiver Declaration

I have read the student declaration and have talked with my child/ward about what it means to them. I am happy that my child/ward understands what this means, and that they are capable of working within the guidelines.

My responsibilities include:

- I will support the school's Digital Citizenship Responsible Use Agreement.
- I will encourage my child/ward to follow the Digital Citizenship Responsible Use Agreement.
- I will contact the school if there is any aspect of this agreement I would like to discuss
- I have read this Digital Citizenship Use Agreement and am aware of the school's initiatives to maintain a cyber-safe learning environment, including the responsibilities involved.

Bring Your Own Device (BYOD) Recommendations

<u>Options:</u>	<u>Minimum Specifications:</u>
<ul style="list-style-type: none">• Laptop/Notebook/Tablet (with keyboard and full operating system, 10-15" screen)• Chromebook – (Running Chrome OS)• Tablet – Apple, Android, Microsoft Surface	<ul style="list-style-type: none">• Wi-Fi capability,• A processing capacity that enables the creation and manipulation of text and data,• A 10-inch (diagonal) screen (minimum),• A keyboard,• Battery 6+ hours,• Lightweight and portable,• Durable.



Ruawai College

Bus Code of Conduct



Bus Code of Conduct

The parent/guardian and the student should ensure they have read and understood this document, which is to be adhered to for the safety of the bus driver and all students travelling on the school bus.

- He/she will remain in their seat for the whole journey.
- He/she will not eat on the bus or throw anything inside or out of the bus.
- He/she will respect other students and their property at all times (this includes pushing, verbal and/or physical abuse).
- He/she will show respect to the bus driver at all times.
- He/she will use school appropriate language when conversing with the bus driver and/or other students.
- He/she will respect the property of the bus operator at all times (e.g. refraining from standing on seats or vandalising the vehicle in any way).
- He/she will not engage in any behaviour that could put the bus driver or other students at risk.
- He/she will observe the requirements and instructions of the bus driver and the teacher(s) responsible for bus duty at all times.
- He/she understands that any damage caused to the bus will result in being billed for the cost of repairs.
- He/she will abide by the school values of respect, responsibility and resilience at all times ie behaviour prior to getting on the bus, travelling on the bus and immediately following their departure off the bus before arriving home.

The safety and comfort of everyone on the bus depends on a standard of behaviour and consideration for others that is expected in the classroom. We hope that parents/guardians will support the school in maintaining these standards of behaviour.

If this Code of Conduct is broken, it may result in the following actions:

1. If no improvement is evident after one week, an interview will be arranged between the student, parent/guardian and Ruawai College.
2. If there is still no improvement, travel on any school bus will be withdrawn for a week and the parent/guardian will be required to find alternative transport to get the student to school.
3. In extreme cases of misbehaviour the privilege of travelling on a school bus could be withdrawn immediately and the school will discuss with you when and if the student can resume travel on the bus.



Ruawai College

Education Outside the Classroom Agreement Form



Education Outside The Classroom Agreement Form

- I understand that any EOTC event is an opportunity for me to learn, practise skills and gain attitudes and values in an environment outside the classroom.
- I realise that this requires me to take on genuine responsibility for my own learning, safety and that of others.
- I agree to do the following to make this happen:
 - Follow the rules and instructions of staff and other supervisors at any event;
 - Look after myself and my personal belongings;
 - Declare medical conditions that could affect participation in the event;
 - Accept the rules set by the school for any event, i.e. being respectful, being responsible and being resilient.
- I understand that my parent/caregivers will be contacted and I may be sent home at their expense if my actions are considered unacceptable by staff; or my actions put me or others in any danger.



Ruawai College Medication Consent Form

Ruawai
COLLEGE
Respect
Resilience
Responsibility

Name of student:	
Health condition(s):	
Name(s) of medication(s):	
Dosage:	
Time to be taken:	

I will inform the school in writing of any changes in the medical information listed above	<input type="checkbox"/> Yes
I will ensure that the prescribed medication is clearly labelled	<input type="checkbox"/> Yes

Must be read and signed by a parent/caregiver.

Signature: _____ Date: _____

Name: _____