

QUEEN'S HIGH SCHOOL ENROLMENT FORM

QUEEN'S HIGH SCHOOL
195 Surrey Street
St Clair, Dunedin

Starting Year: 20____
Year 9 10 11 12 13



STUDENT DETAILS	
Surname:	Present School:
First Names:	Present Year Level: 8 9 10 11 12 13
Preferred First Name:	Home Address:
Date of Birth:	
Country of Birth:	
NZ Citizens	
NZ Birth Certificate No:	
OR NZ Passport No:	Rapid No or P.O. Box (if applicable)
<i>a copy must be attached</i>	
OR Non- New Zealand Citizen	
OR	
Student Passport No: & Resident Permit No: <i>copies must be attached</i>	Student Passport No: & Student Permit / Visa No: Plus Parent Passport No: & Parent Work Permit/ Residence Visa No: <i>copies must be attached</i>
Cultural Identity (Number 1, 2, 3 as relevant, with 1 being the main ethnic group you identify with.)	
<input type="checkbox"/> African <input type="checkbox"/> Greek <input type="checkbox"/> Australian <input type="checkbox"/> Indian <input type="checkbox"/> British/Irish <input type="checkbox"/> Italian <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Cook Island <input type="checkbox"/> Khmer <input type="checkbox"/> Dutch <input type="checkbox"/> Korean <input type="checkbox"/> Fijian <input type="checkbox"/> Latin American <input type="checkbox"/> Filipino <input type="checkbox"/> Middle Eastern <input type="checkbox"/> German	<input type="checkbox"/> Niue <input type="checkbox"/> Polish <input type="checkbox"/> NZ European <input type="checkbox"/> Samoan <input type="checkbox"/> NZ Maori <input type="checkbox"/> South Slav <input type="checkbox"/> Other Asian <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Other European <input type="checkbox"/> Taiwanese <input type="checkbox"/> Other Groups <input type="checkbox"/> Tokelauan <input type="checkbox"/> Other Pacific Island <input type="checkbox"/> Tongan <input type="checkbox"/> Other South East Asian <input type="checkbox"/> Vietnamese
<u>Iwi Affiliation:</u> 1. 2. 3.	<u>First Language:</u> English <input type="checkbox"/> Other: _____ (Please state)

STUDENT LIVES WITH.....(Please circle)

Both Parents Mother Father Caregiver Other: _____

“Caregiver” is the term used by the Ministry of Education to describe the person(s) taking care of the student. This may include a stepmother, stepfather, partner, relative, homestay or legal guardian – whoever has day to day responsibility for the student

Are there any specific access/custody orders that the school should be aware of? Yes / No
If ‘yes’ please provide details:

Any further information you feel the school should be aware of:

Have you applied for enrolment at any other Dunedin school? Yes / No

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PRIMARY CAREGIVERS	
Surname: Dr/ Mr /Mrs / Ms	Surname: Dr /Mr /Mrs / Ms
First Name:	First Name:
Relationship to student:	Relationship to student:
Address: <i>(if different to the students listed above)</i>	Address: <i>(if different to the students listed above)</i>
Occupation:	Occupation:
Workplace:	Workplace:
<u>Contact Details</u> 1. Home Tel: 2. Business: 3. Mobile: 4. Email:	<u>Contact Details</u> 1. Home Tel: 2. Business: 3. Mobile: 4. Email:
SECONDARY CAREGIVERS <i>(complete only if required)</i>	
Surname: Dr/ Mr /Mrs / Ms	Surname: Dr/ Mr /Mrs / Ms
First Name:	First Name:
Relationship to student:	Relationship to student:
Address: <i>(if different to the students listed above)</i>	Address: <i>(if different to the students listed above)</i>
Occupation:	Occupation:
Workplace:	Workplace:
<u>Contact Details</u> 1. Home Ph: 2. Business: 3. Mobile: 4. Email:	<u>Contact Details</u> 1. Home Ph: 2. Business: 3. Mobile: 4. Email:
EMERGENCY CONTACT Contact (for emergencies) who can be phoned when parent/ caregivers cannot be reached.	
Surname:	Home Ph:
First name:	Work:
Relationship to student:	Mobile:
HEALTH – Please explain any medical condition/allergy/ disability your daughter may have.	
HEALTH – Please explain how this may affect your daughter's performance or activities at school.	
Family Medical Centre:	
Doctors Name:	
Phone:	
<i>Family circumstances may change in the course of a year. The more up-to-date information we have, the better. Please notify the school of any changes to a living arrangements, address, contact numbers, or health issues AS SOON AS POSSIBLE by a note or email to the school.</i>	

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FINANCIAL & ADMINISTRATIVE INFORMATION

<i>Please tick as required</i>	Both Parents jointly	Father	Mother
Invoices / Accounts to be sent to:			
Reports / Newsletters are to be sent to:			
OTHER FAMILY AT QUEEN'S	Please list their names below		

PRIVACY STATEMENT

- The information on this form is collected to form part of the essential information the school holds on your child.
- The information collected will be used by the school for the following purposes: enrolling your child at school, assessing the education needs of your child and ensuring that education services and resources in respect of your child are provided to the school.
- 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 your specific authorisation, it will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

NOT TO BE COMPLETED UNTIL ENROLMENT INTERVIEW

STUDENT UNDERTAKING

1. I request that I be admitted to Queen's High School
2. I have read the school prospectus and agree to abide by and uphold the guiding principles, code of conduct, values and general terms and conditions as set down by the school bylaws.

Student Signature: _____ Date: _____

PARENT/CAREGIVER UNDERTAKING

1. I hereby undertake with the Queen's High School Board of Trustees to observe the conditions and expectations as outlined in the Prospectus and Enrolment Documentation, so far as they affect me and the student enrolled.
2. I/We **consent / do not consent** to my child's photograph or school work to be used for publicity material (e.g. prospectus, website) or in displays. (please circle one option)
3. I/We agree to the use (including disclosure) of the above information by the staff of Queen's High School for any purpose related to the education and well-being of the student concerned.
4. I/We are aware that all compulsory fees associated with selected courses and take-home components need to be paid.
5. I/We declare that the information provided on this enrolment application is true and correct.

Signature:

Parent/ Caregiver _____

Date: _____

QUEEN'S HIGH SCHOOL ENROLMENT FORM

COMPUTING / CYBERSAFETY STUDENT USE AGREEMENT

I understand that I cannot use the Internet at school without reading, signing and handing in this Use Agreement.

1. Computers and other communication technology equipment that belong to Queen's High School are intended for educational purposes. Any other communication technology equipment that I use within the school environment (e.g. mobile phone) will be used in accordance with the school regulations.
2. When using a global information system such as the Internet it may not always be possible for the school to filter or screen all material which is inappropriate, dangerous or illegal. It is therefore **each student's responsibility** to ensure that any electronic correspondence will not cause offence or be inappropriate.
3. The school will view seriously any involvement in any incident which communication technologies are used to facilitate misconduct, e.g. harassment, bullying, plagiarism, exam cheating etc.
4. The school reserves the right to check at any time, work or data related to communication technologies in the school environment.

I will take care of information technology resources, including:

1. I will not damage computer equipment or furniture and will use the resources with due care.
2. I will not use any school computers for arcade-style games.
3. I will not attempt to breach copyright (e.g. by illegally copying software).
4. I will not bring software from home to use on a Queen's High School computer.
5. I will not plagiarise by illegally copying text without referencing the source.

I will be considerate to other users, including:

1. I will not deliberately waste computer resources (e.g. unnecessary printing).
2. I will not intentionally disrupt the smooth running of any computer or the school's network.
3. I will not scan or display graphics, record or play sounds, or type messages that could cause offence to others.
4. If I accidentally encounter inappropriate, dangerous or illegal material, I will immediately remove it from the screen/turn off the screen and notify a supervising teacher without disclosing the material to any other student.

I will respect the need for privacy and security, including:

1. I will not reveal home addresses or phone numbers, mine or anyone else's, in cyberspace.
2. I will use disks only in accordance with school regulations.
3. I will not attempt to upload or create computer viruses or be involved with other forms of electronic vandalism.
4. I will immediately report any cyber safety problems to a classroom teacher or the deputy or assistant principals.

I accept that: Breaching this agreement (or any involvement in such a breach) may result in my access to the Computing and Communication Technology resources at Queen's High School being withdrawn, which could make me ineligible to continue studying a particular subject. I also understand it could result in disciplinary action by the School.

Student name (print) _____ Signature: _____

Parent/Caregiver name (print) _____ Signature: _____

(Date) ____/____/20____