



“Maa mahi,
ka ora”



Matamata
College

Year 9 ENROLMENT FORM

Welcome to Matamata College

Nau mai Haere mai

Please ensure a Parent, Caregiver or Legal Guardian fills out all relevant sections of this enrolment booklet.

Have you completed all relevant Sections and included any necessary documents?

- Section 1 – Details of Student
- Section 2 – Primary Caregiver/s
- Section 3 – Secondary Caregiver/s or Emergency Contact
- Section 4 – Health and Wellbeing
- Section 5 – Bus Transport Code of Conduct
- Section 6 – Medicines Authority Form
- Section 7 – Bring Your Own Device Agreement
- Section 8 – Matamata College Student Information Consent
- Section 9 – Parents’ Caregivers’ Undertaking and Consent
- Extra documents – Passport, Birth Certificate, Visa, Immunisation documents, Parenting/Court orders, Health care plan and/or other (if required)



SECTION 1 – 9 (where applicable) MUST BE COMPLETED BY PARENT/CAREGIVER

DETAILS OF STUDENT

Section 1



Legal Surname:

Legal First Name(s)

Preferred Name(s) (if different from above):

Date of Birth: Male/Female

Students Personal Phone Number:

Current School:.....

Siblings at Matamata College:.....

Country of Birth:..... First Language:.....

NZ Citizen: Yes/No **IF NOT A NZ CITIZEN, PLEASE PROVIDE A COPY OF YOUR PASSPORT PHOTO PAGE AND VISA STATUS**

Ethnicity: NZ European/ Maaori/Samoan/British etc. or other.....

If NZ Maaori please state Iwi:.....

BYOD Information

Do you have Internet Access at home? Yes/No

Do you have a device Yes/No

Every student at Matamata College needs a laptop. It is an essential part of learning and has become as vital as pen and paper. Parents need to know what and how to buy a laptop that suits their budget and the needs of their son or daughter.

Basic Laptops

A basic laptop is under \$500 and will suit the needs of most students. The most important factors are that it needs to be lightweight, have a solid-state or eMMC drive (NOT A SPINNING HARD DRIVE), 4GB of RAM and a screen size of at least 11 inches. Brands like HP, Dell and Acer tend to be more reliable and keep themselves up to date. Stay away from Chrome Books or iPads.

We also have a limited number of loan devices that are available to loan out from our School Library. You will be able to organise these through our Librarian at the start of the year during orientation.

RESIDENCE INFORMATION

Who does the student live with? Both Parents: Mother: Father: Shared Custody: Guardian:

Are there any special access/custody orders that the school should be aware of? Yes No

If "Yes" please explain and provide a copy of legal documentation:

.....
.....
.....

Please note that in an event of an emergency, contacts will be called in the order that is listed.

Primary Caregiver/s (Who the student normally lives with)

Section 2



Relationship to Student:

Mother Father Guardian Stepmother Stepfather Guardian/Caregiver
Other

Surname:.....

Surname:.....

First Name:.....

First Name:.....

Home Phone:.....

Home Phone:.....

Mobile Phone:.....

Mobile Phone:.....

Home Address:.....

Home Address:.....

.....

.....

.....

.....

Postal Address (if different from above):.....

Postal Address (if different from above):.....

.....

.....

Email:.....

Email:.....

Occupation:.....

Occupation:.....

Work Phone:.....

Work Phone:.....

Secondary Caregiver/s (if applicable or Emergency Contacts)

Section 3



Relationship to Student: Emergency Contact

Mother Father Guardian Stepmother Stepfather Guardian/Caregiver
Other (Please Specify).....

Surname:.....

Surname:.....

First Name:.....

First Name:.....

Home Phone:.....

Home Phone:.....

Mobile Phone:.....

Mobile Phone:.....

Home Address:.....

Home Address:.....

.....

.....

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.....

Postal Address (if different from above):.....

Postal Address (if different from above):.....

.....

.....

Email:.....

Email:.....

Occupation:.....

Occupation:.....

Work Phone:.....

Work Phone:.....

HEALTH & WELLBEING

Section 4



Doctor:.....

Dentist:.....

Vaccinations

Are the student’s childhood immunisations up to date?

Yes

No

(Please provide proof of this from your Doctor or Early Childhood Booklet)

If ‘no’ please disclose the reason:.....
.....

If transferring from another school, has your student received/ or receiving special assessment conditions?

Yes

No

Does your student have a diagnosed special need or require special learning support?

Yes

No

Does your child have a medical condition?

Yes

No

If Yes, please specify:.....

Physical Disabilities:.....

Allergies:.....

Medication: (If applicable, please fill in the attached form “Medicine Authority” section 6):.....

Other Information:.....

BUS TRANSPORT CODE OF CONDUCT *(Only fill out if applicable)*

Section 5



My family and I understand and accept the following school bus rules.

I will :

- Sit down quietly in my seat
- Put my bag on the floor or on my knees
- Wear my seatbelt, if there is one, and stay in my seat while the bus is moving
- Wait until the bus stops before I leave my seat
- Walk quietly from the bus when I get off.

I will not:

- Throw anything out of the windows
- Eat or drink on the bus
- Distract the driver while the bus is moving
- Be disruptive or annoying to other passengers.

If I have a concern, I will tell the bus monitor or bus driver.

If I misbehave on the bus, the bus monitor/driver may report it, and I may be shifted to a different seat on the bus, or be excluded from travelling on the bus for either a set time or indefinitely.

Student Name.....

Parent Name.....

Signature..... Date...../...../.....

Signature.....Date...../...../.....

MEDICINE AUTHORITY FORM

(Only fill out if applicable)

Section 6



Student's Name:.....

I request that my child be given the following medication:

Name of Medicine and dose:

.....
.....
.....

Time when medicine is given:

.....
.....

Procedure for giving medicine:

.....
.....
.....

Condition for which medicine is given:

.....
.....
.....

Name of prescribing Doctor:

.....

I accept responsibility for:

- The decision to give this medication to my child, and acknowledge that the school is in no way responsible for that decision, now or in the future
- Notifying the school about any changes in dosage, time, or procedures, by filling out a new Medicine Authority Form
- Delivering the medication personally to the school
- Ensuring that the medicine is not past the expiry date

I accept that the school:

- May not have a trained medical officer to administer medications
- Cannot guarantee that the medication will be given at the precise time or by the same person
- Will dispose of any uncollected medicine at the end of the year.

Parent Name:.....

Signature:.....

Date:...../...../.....

Bring your own Device (BYOD) Agreement



Note: This agreement is additional to the student digital technology agreement. It refers to the digital devices brought to school by students and must be signed before the student may bring the device to school.

To the parent/caregiver/legal guardian, please:

- 1: Read this page carefully with your child to check you both understand your responsibilities under this agreement.
- 2: Sign the appropriate section on this form.

School Responsibilities

At our school, we will:

- Encourage safe and effective use of technology and the internet
- Work within the school’s digital technology guidelines
- Provide clear guidelines around the use of devices brought from home
- Provide safe storage for students’ devices when not in use, e.g. break times.

If a student breaches the BYOD agreement, they may lose the privilege of bringing their own device to school, and the school’s behaviour management plan may be invoked.

Student Responsibilities

When I bring my device to school I will:

- Follow the school’s digital technology guidelines
- Use my device when and where the teacher gives me permission
- Only access the internet with the teacher’s permission and if an adult is present
- Only use my own login and password
- Be in control of my device and not share it with other students, apart from letting them see the screen
- Charge my device at home so that it does not need charging at school
- Take care of my device so that it is not damaged or stolen.

I will not use my device to be mean, rude, or offensive to anyone.

Parent Responsibilities

I give permission for my child to bring their device to school and I will:

- Encourage them to use it responsibly
- Take an interest in how they are using the device
- Be aware of the content and applications on the device
- Be responsible for the device’s maintenance and insurance
- Keep a record of the device’s serial number and details
- Contact the school if I have any concerns about cybersafe or other related issues.

Note: This agreement for your child will remain in force as long as he/she is enrolled at this school. If it becomes necessary to add/amend any information or rule, parents will be advised.

I have read this Bring Your Own Device (BYOD) agreement, and I am aware of the school’s initiatives to maintain a cybersafe learning environment, including my child’s responsibilities.

Student Name:
.....

Parent Name:
.....

Student Signature:
.....

Parent Signature:
.....

Date:...../...../.....

Date:...../...../.....

MATAMATA COLLEGE STUDENT INFORMATION CONSENT

Section 8



Images of our students (photographs, video clips, etc.), and examples of their school work, are sometimes published in our newsletters, on our school website, and other online channels such as school/class blogs, Facebook page, You Tube, etc.

We publish student material to celebrate students' work and achievement, to encourage students to participate in our school community, and to promote the school.

We believe it is important to celebrate students' achievements but are aware of the potential risks when such personal information or material is published online.

In the interest of safety and security, we require parents to give consent before publication. With consent, we share no more than a student's name, image, or work in the school newsletter, on the school website, or in the wider online community.

Please indicate your wishes by ticking the relevant box:

- I give permission for my child's name, image, or work to be published in the school newsletter, on the school website, or the wider online community (as indicated above).
- I DO NOT give permission for my child's name, image, or work to be published in the school newsletter, on the school website, or the wider online community (as indicated above).

Student's Name:.....

Parent Name:.....

Signature:..... Date:...../...../.....

Parent's/ Caregivers Undertaking and Consent

Section 9



- I request that my student be admitted to Matamata College
- I agree that he/she will attend school regularly and punctually, except in cases of illness or with permission of the Principal.
- I agree that he/she will wear the College uniform as described and observe the College guidelines, rules, and regulations.
- I agree to pay any fees incurred.
- I authorise Matamata College staff in the event of an emergency/accident/illness to arrange and administer if necessary, any medical treatment for the student in our care.
- I/We understand that our student must agree to use the internet and other technologies in a safe and responsible way. If someone cannot agree to act responsibly, or things that they do mean that other people are being harmed, then the school might stop them from using the internet or other technology at school.

I give my general approval for the student enrolled to participate in offsite programmes of learning, within his/her normal classroom time allocation the Ministry of Education's EOTC guidelines identify three EOTC activity types, each with recommended types of parental/caregiver consent. In brief they are:

- Type Of Event: A Description: On site – in the school grounds (i) Lower risk environments
- Type Of Event: B Description: Off-site events in the local community occurring in school time (i) Lower risk environments
- Type Of Event: C Description: Off-site events – finishing after school finishes (i) Lower risk environments

Type of Consent for A, B and C: **Blanket Consent at enrolment**

All EOTC activity categories require staff to undertake an analysis of the risks, and identify the management strategies required to eliminate, isolate and minimise the risks. Emergency procedures are also in place.

- By ticking the above boxes, I agree we consent to the named student in this enrolment participating in lower risk category A and B and C.

This information is gathered for the purposes of furthering the education of your child. It will be used within the school and as statistical information when required by the Ministry of Education. In completing such official requests, individual students are not identified. You have the right to alter, amend and view any of these details at any time while your child attends Matamata College.



