



Notes for the completion of the Howick Intermediate School Enrolment Form

**PLEASE ENSURE ALL DOCUMENTS AS REQUESTED BELOW
ACCOMPANY THE ENROLMENT FORM.**

Documents Enclosed

- | | |
|---|--------------------------|
| ◇ All relevant details completed on enrolment form | <input type="checkbox"/> |
| ◇ Copy of Birth Certificate/Passport | <input type="checkbox"/> |
| ◇ Copy of latest school report | <input type="checkbox"/> |
| ◇ Two Copies of Proof of Residency i.e. Power, Phone bills (rates are unacceptable) | <input type="checkbox"/> |
| ◇ Copy of any custody arrangements, court orders or access restrictions | <input type="checkbox"/> |
| ◇ Cybersafety & Internet Acceptable Use Agreement Form completed | <input type="checkbox"/> |
| ◇ Overseas Students – All documentation required after International Student Interview | <input type="checkbox"/> |
| ◇ Cell phones & communication device procedures | <input type="checkbox"/> |

Front Page:

- **Circle academic year as applicable**
- If a translator is needed, please arrange to have one present at the time of completing the Enrolment Documentation. If you are unable to provide a translator, we can assist you. Please contact the school office.

Student Details:

- Address and contact details must be accurate and **updated as any changes in your home/employment circumstances occur**
- We require you to complete the ethnicity section to assist us in monitoring our demographic data
- If New Zealand born, date of arrival does not apply. However a copy of birth certificate or passport is required

Previous School and Address:

- As part of our enrolment scheme information on siblings, past, present and future is required to assist us in the allocation of places at Howick Intermediate School.

Homestay/Designated Caregiver:

- It is essential that all the details in this section be completed if the student is **NOT** living with either parent, whilst attending Howick Intermediate School.
- Proof of parental residency (i.e. Parents Passport) is required.

Transport:

- Information provided here will assist us in the implementation of our enrolment scheme and determining the viability of our transport fleet.

Health:

- **Emergency contact details are important.** This ought to be a person able to be approached if the student's parents or guardians cannot be contacted. It must be a person capable of taking responsibility in an emergency. This section **must** be completed for all enrolments
- Parents or guardians may wish to approach the school with medical or health information, additional to that entered on the enrolment form. Such an approach would be welcome and should be directed to the Deputy Principal or Health Nurse.

Other Information:

- In order to act in the best interests of our students we need accurate and legal documentation.

Cybersafety & Internet Acceptable Use Agreement (insert)

- Read and retain the rules.
- Complete parent/legal guardian details (it is noted that room number is unable to be completed at time of enrolment. **Page Three of this document must be completed for all enrolments.**

Declaration:

- All applications of enrolment must be signed by the relevant adult.

Confirmation of Enrolment:

- If an enrolment scheme is in place and you are in zone, your enrolment will automatically be confirmed. All applications will need to provide **two** of the following to demonstrate your **zone** status: Power, phone bill or rent agreement (**Land/Water Rates are not acceptable**).
These documents must be current and display your name and address
- If your current residential address is outside the Howick Intermediate School zone, information regarding the success of your enrolment application will be mailed to you
If you are applying for enrolment as an overseas student, the success of your enrolment application will be confirmed, by the school, in writing.
- **Partially completed enrolment applications will not be accepted.**

*Enrolment
Confirmation*

Date: _____

Signed: _____

Computer No: _____

**HOWICK
INTERMEDIATE SCHOOL**

A CARING, CHALLENGING AND RESPONSIVE LEARNING ENVIRONMENT



Enrolment Form

Academic Year: 2011 • 2012 • 2013 • 2014

Name: _____

FOR OFFICE USE ONLY

Year Level:

Room Number:

Enrolment Date:

In/Out Zone:

HOWICK INTERMEDIATE SCHOOL

Botany Road · Howick · Manukau 2010
Telephone (09) 534 3922 · Facsimile (09) 534 9223
Website: www.howickint.school.nz

STUDENT DETAILS

Family Name: _____

First Names: _____

Preferred Name: _____

Date of Birth: _____ Male: Female:

Country of Birth: _____

Ethnicity: _____ Maori Iwi: _____ First Language: _____

Other Languages: _____ Date of Entry to First NZ School: _____

Date of Arrival in NZ: _____ Level of English: _____ Intended Length of Stay: _____

STUDENT ADDRESS (in New Zealand)

_____ Postcode: _____

STUDENT DETAILS (in New Zealand)

Mobile: _____

Email: _____

PREVIOUS SCHOOL

School Name _____

School Address: _____

Class Level: _____ Copy of Current School Report: Relatives/Siblings at Howick Intermediate: Current: Previous: Future:

Name/s: _____

MOTHER Miss / Mrs / Ms - please circle one

Surname: _____ Ethnicity: _____

First Names: _____

Address: _____ Postcode: _____

Occupation: _____ Work Place: _____

Phone (Home): _____ (Work): _____

(Mobile): _____ Email: _____

FATHER

Surname: _____ Ethnicity: _____

First Names: _____

Address: _____ Postcode: _____

Occupation: _____ Work Place: _____

Phone (Home): _____ (Work): _____

(Mobile): _____ Email: _____

CHILD LIVING WITH

Mother and Father:

Mother:

Father:

Homestay:

Designated Caregiver (selected by parents/indemnity signed)

HOMESTAY/DESIGNATED CAREGIVER (if not living with mother or father)

Mr / Miss / Mrs / Ms - please circle one

Surname: _____ Ethnicity: _____

First Names: _____

Address: _____ Postcode: _____

Relationship to Student: _____

Occupation: _____

Phone (Home): _____ (Work): _____

(Mobile): _____ Email: _____

TRANSPORT

Will your child be travelling by bus (please tick one box): Yes: No:

Indicate the type of bus: Public Transport: Howick Int School Bus:

Applying for a seat on one of the Howick Intermediate buses: Yes: No:

Is this enrolment dependent upon bus transport being available: Yes: No:

OTHER INFORMATION (with documentation when necessary)

	Yes	No	Documents Enclosed
Custody Arrangements:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access Restrictions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court Order:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Agencies Involved:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY DETAILS

Not Parent/Caregiver Mr / Miss / Mrs / Ms - please circle one

Emergency Contact Person: _____

Relationship to Student: _____

Contact Numbers Home: _____ Work _____ Mobile _____

DECLARATION

I understand that Howick Intermediate School will take action on my behalf in case of sudden illness or injury and I agree to abide by school policies.

I will advise the school and give permission should medication be required at school.

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information Howick Intermediate School holds on my child. I approve of the forwarding of information from my child's previous school.

The records from this information may be viewed on request at the school.

Signature of: Parent: _____
Homestay: _____
Designated Caregiver: _____

OFFICE USE ONLY

Evidence of in-zone residency provided

Copy of Birth Certificate/Passport

OFFICE USE ONLY

Passport and Permit details checked and attached: / PR FP

Required Documentation (*photocopy*)

- Passport Title Page:
- Work Visa Number: _____ Expiry Date: _____
- Proof of Parental Residency:
- Student Permit:
- Permanent Residency Application Form: Expiry Date: _____
- Payment made: \$ _____ Receipt Number: _____
- Payment Period: _____
- Information requested from previous school: Yes No Date: _____

OFFICE USE ONLY

All overseas students are required to have travel and health insurance. This policy must include a 'fee protection' clause. Start Date: _____

Travel/health and fee protection documentation sighted: Expiry Date: _____

Insurance Company: _____

OFFICE USE ONLY

Interview (*date*): _____ / _____ / _____

Staff: _____

OFFICE USE ONLY

Date Entered: _____

Initial: _____

HEALTH INFORMATION

Student's Name _____

Family Doctor _____ Phone number _____

Does your child have any of the following conditions?

Please indicate if condition is **mild, moderate or severe** and if any medication is required

DIABETES	YES/NO	Details _____
ASTHMA	YES/NO	Details _____
ALLERGIES	YES/NO	Details _____
BEE STINGS	YES/NO	Details _____
ADD/ADHD	YES/NO	Details _____
ASPERGERS/AUTISM	YES/NO	Details _____
DYSLEXIA	YES/NO	Details _____
MIGRAINES/HEADACHES	YES/NO	Details _____
EPILEPSY/FITS	YES/NO	Details _____
BLEEDING DISORDER	YES/NO	Details _____
HEART CONDITION	YES/NO	Details _____
HAYFEVER	YES/NO	Details _____
TRAVEL SICK	YES/NO	Details _____
SPEECH DIFFICULTY	YES/NO	Details _____
HEARING DIFFICULTY	YES/NO	Details _____
VISION DIFFICULTY	YES/NO	Details _____
OTHER CONDITIONS	YES/NO	Details _____

Is there any other information the staff should know to ensure the physical and emotional safety of your child or other students?

For example cultural practices, religious beliefs, disability, anxiety about heights/darkness/small spaces, behavioural or emotional problems?

Details _____

MEDICATION:

Is your child taking any prescribed medication? _____ YES/NO

Details _____

If the school agrees to administer medication during school time, it should be provided in the original packaging in a named, labelled container. Any request for the school to administer medication must be submitted in writing. It will then be kept in our Health Centre and administered as required.

Under no circumstances should students carry any medication other than asthma inhalers.

PANADOL PERMISSION

Do you give permission for your child to receive Panadol (Paracetamol) tablet(s) if considered necessary? **YES/NO**

(Please note that the school only stocks Paracetamol tablets, if your child is unable to swallow tablets you will need to provide some liquid medication for them to take if required)

Additional comments: _____

The school does not provide throat lozenges or medication for hayfever

IMMUNISATION HISTORY

Is your child fully immunised? **YES/NO**

Additional comments: _____

Date of last Tetanus injection _____ (due at age 11yrs)

The Public Health Nurses usually come into the school in Term 2 or 3 to give this, but it can also be given by your family doctor if you prefer.

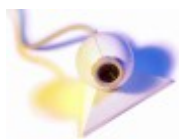
I agree that this information is correct and complete. I will notify the school if there are any changes in my child's health information. I understand that failure to disclose all relevant information may result in the school being unable to provide appropriately for my child.

Signed: _____

Relationship to Student: _____

Date: _____

CYBERSAFETY AT HOWICK INTERMEDIATE SCHOOL



This document is comprised of this cover page and three sections:

Section A: Introduction

Section B: Cybersafety Rules for Primary / Intermediate Students

Section C: Cybersafety Use Agreement Form and Online Publication permission

Instructions for parents/caregivers

1. Please read sections A and B carefully. If there are any points you would like to discuss with the school, let the school office know as soon as possible.
2. Discuss the cybersafety rules with your child.
3. Sign the use agreement form (Section C) and return that page to the school office.
4. Please keep Sections A and B for future reference.

SECTION A ***INTRODUCTION***

The measures to ensure the cybersafety of Howick Intermediate outlined in this document are based on our core values.

The school's computer network, Internet access facilities, computers and other school ICT equipment/devices bring great benefits to the teaching and learning programmes at Howick Intermediate and to the effective operation of the school.

Our school has rigorous cybersafety practices in place, which include cybersafety use agreements for all students.

The overall goal of the school in this matter is to create and maintain a cybersafety culture which is in keeping with the values of the school, and legislative and professional obligations. This agreement includes information about your obligations, responsibilities, and the nature of possible consequences associated with cybersafety breaches which undermine the safety of the school environment.

All students will be issued with a use agreement and once signed consent has been returned to school, students will be able to use the school ICT equipment/devices.

The school may monitor traffic and material sent and received using the school's ICT network. The school may use filtering and/or monitoring software to restrict access to certain sites and data, including e-mail.

SECTION B
RULES TO HELP KEEP HOWICK INTERMEDIATE STUDENTS
CYBERSAFE

As a safe and responsible user of ICT I will help keep myself and other people safe by following these rules

1. I cannot use school ICT equipment including computers until my parent(s) and I have signed my use agreement form (see last page) and the completed form has been returned to school and sighted by my teacher.
2. I can only use the computers and other school ICT equipment with permission from the teacher in charge
3. If I am unsure whether I am allowed to do something involving ICT, I will ask the teacher first.
4. I will log on only with my user name. I will not allow anyone else to use my user name.
5. I will not tell anyone else my password.
6. I can only access the Internet at school when a teacher gives permission. I will ask permission before using a computer or the internet.
7. I understand that I must not, at any time, use the Internet, email, mobile phones or any ICT equipment and future technologies to be mean, rude, offensive, or to bully, harass, or in any way harm anyone else connected to our school, or the school itself, even if it is meant as a 'joke'.
8. While at school, I will not:
 - Attempt to search for things online I know are not acceptable at our school. This could include anything that is rude or violent or uses unacceptable language such as swearing
 - Make any attempt to get around, or bypass, security, monitoring and filtering that is in place at our school. Change any settings on equipment.
9. If I find anything that I know is not acceptable at our school on any ICT, I will:
 1. Get a teacher straight away.
 2. Hide the screen by turning it off or minimising the window.
 3. Not show others.
10. I understand that I must not download or copy any files such as music, videos, games or programmes. This is to ensure we are following copyright laws.
11. I will not connect any device inadvertently or otherwise (such as a USB drive, camera, phone and future technologies.) to school ICT or run any software, without a teacher's permission. This includes all wireless.
12. I will not bring any device to school that will disrupt our network
13. The school cybersafety rules apply to any ICT brought to school like a mobile phone.
14. I will ask my teacher's permission before giving out any personal information online. I will also get permission from any other person involved.

Personal Information includes my own or others:

 - **Name**
 - **Address**
 - **Email address**
 - **Phone numbers**
 - **Photos.**
15. I understand that if I break these rules, the school may need to inform my parents. In serious cases the school may take disciplinary action against me. I also understand that my family may be charged for repair costs.

To the parent/caregiver/legal guardian, please:

1. **Read this page carefully** to check that you understand your responsibilities under this agreement
2. **Sign the appropriate sections on this form**
3. **Return this form to the school office**

I understand that Howick Intermediate will:

- Do its best to enhance learning through the safe use of ICT. This includes taking all reasonable steps to restrict access to inappropriate, illegal or harmful material on the Internet or school ICT equipment/devices at school, or at school-related activities as time and budget allows
- Work progressively with children and their families to encourage and develop an understanding of the importance of cybersafety.
- Keep a copy of this signed use agreement on file
- Respond to any breaches in an appropriate manner

My responsibilities include:

- I will read this cybersafety use agreement document
- I will discuss the information with my child and explain why it is important
- I will return the signed agreement to the school
- I will support the school's cybersafety programme by encouraging my child to follow the cybersafety rules.

Please detach and return this section to school.

SECTION C

HOWICK INTERMEDIATE CYBERSAFETY USE AGREEMENT FORM

I have read this cybersafety use agreement and I am aware of the school's initiatives to maintain a cybersafe learning environment, including my child's responsibilities. I understand that my child will not be allowed to use a computer either on their own or with a group unless this form is completed and handed in.

Name of student: Student's signature:

Name of parent/caregiver/legal guardian:

Parent's signature: Date:

HOWICK INTERMEDIATE ONLINE PUBLICATION PERMISSION FORM

This part of the agreement gives the school permission to publish student work, images and the name of your child in forums such as the school newsletter and website.

If you **do not** give permission for the school to publish your child's Name, Image or School Work please contact the school so we can discuss how best to meet your needs.

Parent's signature: Date:



CELL PHONE AND COMMUNICATION DEVICE PROCEDURE

All cell phones and communication devices are controlled by the Cell Phone and Communication Device procedure. Failure to follow this procedure will result in the student's device being banned or confiscated as set out in this procedure.

If a device is brought to school it remains the responsibility of the owner. The school or its staff will not accept any responsibility for any loss or damage.

If a device is brought to school it may, at the discretion of the staff, be used once the student has arrived at school or before they have left in the afternoon. For students travelling on a school bus or van, they are deemed to have entered school once they get on the school bus or van and until they have got off it in the afternoon.

All student phones need a sticker on the back of their device with their name and room number.

Devices are to be collected by 8.40 every morning, unless the teacher has arranged for their usage as part of the inquiry programme. Students place their own device in the container.

When a reliever is in a class the team leader will take control of the devices for the class. If the reliever is in the team leader's class then it would become the responsibility of the deputy team leader.

The teacher should take note of the total number of devices in the container and mark this in their planner or on the board. They should ensure that all devices have a name sticker on the back. Devices are then delivered to the office for safe storage.

If communication is required by students during the school day, this will be initiated and managed by staff.

No responsibility will be taken for devices that are not handed in. Any student caught with a device during school hours will have the device banned.

After school, devices are delivered back to the classroom teacher. The teacher should check the number of devices in the tub matches the morning number. Devices are then given out to the students by the teacher as per the names on the back. Students will no longer be allowed to help themselves to their device at the end of the day.

BANNING STUDENTS: Students will be required to hand over their phone and be issued with the Cell Phone and Communication Device Procedure for the parents to sign. Upon returning the signed form the student will be given their phone back. A school phone will be offered to students at the time of banning so that they can make arrangements with parents who are expecting to contact the student later in the day through their cell phone. The office will keep track of students who have received a ban. After one ban the student caught with devices as outlined above will have their device confiscated.

CONFISCATION: After a student has been banned from their phone and continues to not follow the procedure as outlined above, students will have their phone confiscated. The phone will be held in the office until the end of the term.

I understand that cell phones, communication and computer devices may be used for educational purposes at the discretion of the Howick Intermediate Staff.

Student's Name _____ Room No: _____

Parent Signature _____ Date _____



STUDENT TARGET SHEET

Student's Name: _____

The purpose of this sheet is for parents to express their aspirations for what they would like their child to achieve while at Howick Intermediate. All parents have ideas about their child's progress and thoughts concerning their development. It is important that as parents and teachers, we share with each other our ideas.

A partnership between parents, student and teachers is vital for the support of the education of your child. Each partner has a valuable contribution to make and progress is hindered by the non-involvement of any of the other partners.

As a school, we value your views and expectations for your child. This form **begins a dialogue** between home and school, which we will build on during the months ahead. We place great importance on ensuring that **parents and teachers develop common understandings** about the progress and needs of individual students.

When you meet with your child's teacher, you will be able to explore together, whether the expected targets are reasonable and achievable. Our whole aim is to ensure that students are encouraged by goals they can achieve.

Please complete all or part of the following:

Ways in which I/we would like to see my/our child change:

What I/we would like to see my/our child able to do:

Areas in which I/we believe my/our child may benefit from extra assistance:

Areas in which I/we would like my/our child extended:

Activities I/we would like to see my/our child develop an interest in:

Activities in which my/our child is receiving private lessons:

Hobbies and interests my/our child already has:

Cultural implications/practices/needs you should be aware of as my/our child attends Howick Intermediate School:

Ways in which I/we could assist students of the school:

We aim to establish a clear idea of what your child will be able to show or do as a result of their development while at Howick Intermediate School. You and your child's teacher will then be able to judge, along with your child, whether progress has occurred.

We look forward to your involvement and working with you.

Yours faithfully

John McAleese
Principal