

**Student Enrolment Form**

Legal surname:		Legal first name/s:	
Preferred surname		Preferred first name	
Name of previous school:		Year level at previous school:	
Physical address in Wanaka or surrounding area (this is required by the Ministry of Education)		Student's mobile number:	
		Date of birth:	
		Gender:	
Postal address: This is the address that will be used for all correspondence, including invoices.		Do you have a sibling or cousin already attending the college?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If 'Yes', sibling / cousin's name:	
Born in New Zealand: (Please tick one)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If 'Yes', please provide a certified copy of your child's NZ birth certificate with this form (we can certify at the office).</b>	
<b>NB: If you are not a New Zealander, please provide a certified copy (can be sighted at the office) of the student's passport showing their residency status and / or their student permit, or a citizenship certificate. This is a Ministry requirement.</b>			
Ethnic Identity:	<input type="checkbox"/> NZ Māori	Please give Iwi affiliation.	
	<input type="checkbox"/> Other Ethnic Identity	Please state:	
	<input type="checkbox"/> NZ European	Mt Aspiring College start date:	
First caregiver name:		Home phone:	
Relationship to student:		Cell Phone:	
Address: (if different from above)		Work Phone:	
		Email:	
		Send newsletter to this email:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Second caregiver name:		Home phone:	
Relationship to student:		Cell Phone:	
Address: (if different from above)		Work Phone:	
		Email:	
		Send newsletter to this email:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency contact: (eg. family friend, grandparent)		Home Phone:	
		Cell Phone:	
Relationship to student:		Work Phone:	
Please tick if: (A separate application process is required for each of these options – contact the office for information.)	<input type="checkbox"/> Hostel	Names of homestay hosts:	
	<input type="checkbox"/> Private Board		
For Private Boarders and International students:	<input type="checkbox"/> International	Address (physical):	
Home phone:		Address (postal):	
Cell phone:			
Work phone:			
Email:			

<p><b>Travelling by bus:</b> (please tick which bus)</p> <p>To be eligible for the school bus you must live at least 4.8kms from school by the shortest road route.</p> <p>If you live more than 2.4kms from the bus stop you may be entitled to private conveyance allowance. Contact the office for a School Transport Application for Assistance form.</p>	<input type="checkbox"/> Cardrona <input type="checkbox"/> Luggate Express <input type="checkbox"/> Luggate Loop <input type="checkbox"/> Airport Run <input type="checkbox"/> Glendhu Bay <input type="checkbox"/> Albert Town/Maungawera <input type="checkbox"/> Tarras <input type="checkbox"/> Hawea Express <input type="checkbox"/> Lake Hawea <input type="checkbox"/> Makarora	Distance in kms from your residence to the <b>school</b> via the shortest road route:	Distance in kms from your residence to the <b>bus stop</b> via the shortest road route:
	Would you like your child's name and telephone number to be included in the <b>'Friends of the MAC' Student Directory</b> ? This publication is available to all college families to enable easier contact with other parents relating to non-school activities.		<input type="checkbox"/> No, please omit my child

**EOTC Health Profile and Medical Consent / EOTC Blanket Consent**

*Education Outside The Classroom (EOTC) is the name given to all events / activities that occur outside the classroom, both on and off the school site. This includes sport.*

*Mount Aspiring College believes in using a range of environments and experiences to enhance our students' learning. We have ready access to the rivers, mountains, and the bush in our area and beyond. We are also close to various community environments. These areas are rich learning environments for our students both in and out of school; they need to learn how to be safe. Mount Aspiring College also values the concept of providing students with opportunities. Thus some of the learning for students occurs beyond the school site and this document is seeking your consent for your child to participate in such learning.*

**The following information needs to be supplied for all students who are new to the college prior to their starting date. The form must be verified and signed by a parent.**

Medical Centre: \_\_\_\_\_ Medic Alert Number: \_\_\_\_\_  
(local) (if applicable)

**1. 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 Condition             | <input type="checkbox"/> Fits of any type |
| <input type="checkbox"/> Chronic Nose Bleeds | <input type="checkbox"/> Heart Condition              | <input type="checkbox"/> Dizzy Spells     |
| <input type="checkbox"/> Colour Blindness    | <input type="checkbox"/> Other (please specify) _____ |   |

**2. Is your child allergic to any of the following?**

**If yes, please specify what and severity:**

- |                          |                              |                             |       |
|--------------------------|------------------------------|-----------------------------|-------|
| Prescription medication: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Food:                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Insect bites / stings:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Other allergies:         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

What treatment is required? \_\_\_\_\_

*Medication for the above conditions must be carried / supplied to teacher for all EOTC activities.*

**3. Does your child have any of the following?**

**If yes, please specify:**

- |                       |                              |                             |       |
|-----------------------|------------------------------|-----------------------------|-------|
| Problems with Vision: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Problems with Hearing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Problems with Speech: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

**4. Ongoing Medication?**

- Yes  No **If yes, please specify:**

Health condition(s): \_\_\_\_\_

Name of medication(s): \_\_\_\_\_

**5. May your child be given the following forms of pain / flu medication (if necessary):**

Paracetamol:  Yes  No      Ibuprofen:  Yes  No

**6. Please detail any special dietary requirements (eg vegan, vegetarian, food intolerances) your child may have:**

**7. Recent Illness / Injury?**

Has your child had any major injuries (breaks and strains) or illnesses (eg glandular fever ) in the last six months that may limit full participation in EOTC activities? If so, please detail below, including dates if possible:

**8. Other Pertinent Information:**

Yes  No

Is there any information staff should know to ensure the physical and emotional safety of your child (eg cultural practices, disability, anxiety re heights / darkness / small spaces / other, behaviour or emotional problems)? Please state below, or attach information.

**9. Diagnosed Learning Need:**

If your child has a diagnosed learning need please specify this below (feel free to attach relevant reports etc to corroborate).

 <p><b>MOUNT ASPIRING COLLEGE</b> Te Kāreti O Maunga Tititēa</p>	<p><b>LOW RISK EVENTS</b></p> <p>These require a <b>one-off Low Risk Blanket Consent</b> which you are signing below.</p>	<p><b>HIGH RISK EVENTS</b></p> <p>These require the completion of a new <b>High Risk Consent for each event</b> which must include any updated health information.</p>
<p>Mount Aspiring College has identified two distinct types of EOTC activity, <b>low risk and high risk events.</b></p> <p>These require very different levels of parental / caregiver consent:</p>	<p>Events at school or in the local community that are in low risk environments that can be managed with general EOTC trip procedures.</p> <p>Examples: Visit to local business, school sports events and orienteering on Lismore Park etc...</p>	<p>Events that involve risk which is assessed to be greater than the average family activity. These events require specific procedures to reduce or manage the risks.</p> <p><b>This includes all overnight events.</b></p> <p>Examples: Boat trips, mountain biking, Outdoor Pursuits, EOTC camps, skiing, Geography trip to Fox Glacier...</p>
<p><b><u>To be read and signed by parent / caregiver</u></b></p> <p><b>All EOTC approvals</b> 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.</p> <p><b>Acknowledgement of Risk</b></p> <p><i>I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated. I understand that the school will identify any foreseeable risks or hazards and implement management procedures to eliminate, isolate or reduce those risks.</i></p> <p><i>I know that I can ask the college any questions about the activities my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such activities is voluntary and not mandatory through a 'challenge by choice' procedure. My child and I both understand that they may withdraw from an activity if they feel at risk. This must be done in consultation with the person in charge.</i></p> <p><i>I understand that the school does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.</i></p>		<p><b>NOTE:</b> All boxes should be ticked in order for students to participate in EOTC activities (unless special circumstances apply - please notify us).</p> <p><input type="checkbox"/> I will inform the college office as soon as possible of any changes in the medical or other circumstances of my child between now and the commencement of any EOTC events.</p> <p><input type="checkbox"/> I agree that if prescribed medication needs to be administered during an EOTC event a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions regarding its administration.</p> <p><input type="checkbox"/> I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion whilst on an EOTC event, as considered necessary by the medical authorities present.</p> <p><input type="checkbox"/> I will pay any medical costs not covered by ACC.</p> <p><input type="checkbox"/> I understand that if my child is involved in a serious disciplinary problem whilst attending an EOTC event, including the use of illegal substances and / or alcohol, or actions that threaten the safety of others, they will be sent home at my expense.</p> <p><b>Parent's Signature:</b> _____ <b>Date:</b> _____</p>

## EOTC EVENT CONSENT:

### House Day

At the beginning of Term 1 all students participate in a 'House Day'. Each of the four houses meet in a different location within the Wanaka township (for example, Eely Point) for a day of 'bonding and games'. This event is considered to be a 'high risk' activity due to the proximity to water and, as such, requires a specific consent. As it is always a big rush to get these completed and returned prior to House Day it is easier to gain consent now and to then make a request for medical updates at the start of Term 1. If no medical update is supplied we will assume that the medical details given on this form are correct

I give permission for my child to participate in the House Day event outlined above.

I acknowledge the need for my child to behave responsibly. I understand there are risks associated with involvement in education outside the classroom events and that these risks cannot be completely eliminated. I understand that the college will identify foreseeable risks or hazards and implement correct management procedures to eliminate, isolate or minimise those hazards.

I know that I am able to ask any questions of the college about the activities my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such events is voluntary, not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.

I understand that the college does not accept responsibility for loss or damage to personal property.

I agree that if prescribed medication needs to be administered, my child will be carrying this with them, or will supply it to the office to pass on to the staff in charge to have on hand at the event. I will inform the college as soon as possible of any changes in medical or other circumstances between now and the conclusion of the programme.

I agree that 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, he / she will be sent home at my expense.

In an emergency, I agree to my child receiving medical, dental or other treatment (including anaesthetic or blood transfusion) as considered necessary by the medical authorities present (but we will always attempt to contact the parents first). I understand that any medical costs not covered by ACC or a community services card will be paid by me.

\_\_\_\_\_  
Parent / caregiver's signature

**PLEASE NOTE:** This is a one-off consent for the annual House Day but we will always email you prior to the event to check that all medical details are up-to-date.

For office use only

- Pre-enrolled  Acknowledged
- Senior Options Received  Final Letter

### In signing this enrolment form parents agree to:

1. Their child conforming to the values and expectations of the college and the non-negotiable rules as outlined in the Prospectus and Enrolment Information.
2. Submission of a current police vet check form whenever they volunteer as a parent helper on school trips.
3. Their child walking to venues within Wanaka for the purposes of a learning activity under the direction of a teacher.
4. The use of photographs of students (which may include their child) in the school newsletter, school magazine, school website and other publications to promote activities and achievement at the college, unless the Board of Trustees has received written notification to the contrary.
5. The college liaising with their child's previous school to better manage the transition of information regarding any learning difficulties or strategies.
6. The right of the college to request the parent / guardian's permission for a drug test sample to be taken, if the Principal has reasonable grounds to suspect substance abuse which is impairing the student's performance or the safety of themselves or others.
7. **Privacy information:**  
The information collected from this form will be available for use by college staff. It is stored on the college's computer database which, for security reasons requires password access, and is passed to the Ministry of Education.

Information (name, address, date of birth and year level and contact details) will be provided to the School Health Services for students in Years 7 and 8, and may also be provided to medical services for any student in an emergency.

Address and phone number details may be passed to the Ministry of Social Development (MSD) when the student leaves school so that they may be offered support for future options.

If we think that your child (or other person) may be at risk of harm we will share relevant information with people who can help. This may include whanau, the police, Oranga Tamariki, your doctor or personnel in another school. We will be as open about this process as we can, but there may be times when we will share this information. We will only do this if we believe that it is absolutely necessary.

In all other circumstances information will not be released to any other person(s) without your consent.

Parent / guardian's name:	
Parent / guardian's signature:	
Date signed:	

### CHECK LIST

- Completed pages 1, 2 and 3
- Completed signatures on pages 3 and 4
- Included a copy of your child's New Zealand / Australian birth certificate or passport, or NZ citizenship document.
- OR** included a copy of the photo page of your child's passport as well as a copy of the supporting resident's visa / student visa showing proof of eligibility to study in New Zealand as a domestic student.