BAY OF ISLANDS COLLEGE

Student Enrolment Pack

For Year 10 2017

NOTE: An enrolment to Bay of Islands College can be accepted via interview by signature from anyone of the following: Principal; Deputy Principals and Deans. If you are unsure whether to enrol a student refer to the Principal for advice

No.	Checklist	√	Follow Up By
1	Main enrolment form signed and dated (sides 1 & 2)		
2	Birth Certificate handed in		
3	Dental forms filled in and returned to Main Office		
4	Uniform collected and paid for		
5	Previous School records received – for students outside our area		
6	Options Form filled in		
7	Student Health Records received		
8	Computer Use contract signed by all parties		
9	General Enrolment Discussion		
10	Electronic Devices Policy signed		
11	Forms Handed in to Main Office for Entry onto School System		
12	Forms passed onto Dean for creation of student timetable		
13	Forms passed on to Student Centre for filing		

APPLICATION FOR ENROLMENT AT BAY OF ISLANDS COLLEGE 2017

Register No:……**Date of this application**……**NSI NUMBER** ……

SURNAME (Legal)……**FIRST NAME(S) (Legal)**……

PREFERRED NAME……**1st DAY OF ATTENDANCE**……

Last school attended…….. **Prev.School Yr Level** …… **Gender** Male / Female

Previous School Report Sited: Yes ☐ No ☐ Students Cell Phone No. ……

Caregivers (1) (eg. Mother, Aunt etc)

Name ……..

Relationship to Student ……

Address ……..

……Postcode...……

Home Phone ……Work ….....

Mobile ……

Email address ……..

Caregivers (2) (e.g. Father, Uncle etc)

Name ……..

Relationship to Student ……

Address……

……Postcode……

Home Phone ……Work ….....

Mobile ……

Email address……

Postal Address:(If different from physical address)

……

……Post Code……

Postal Address:(If different from physical address)

……

……Post Code……

Emergency Contact Details

Name …….. Relationship to Student ……..……

Address……

Home Phone ……..Work…… Mobile ……

Email Address ……

SIGNATURES:

Mother / Caregiver……..…….. Father / Caregiver……..……..

Approved by…….. Enrolled (Date)……

Date of birth……...

Birth Certificate received Yes No

To be brought in on _____

Overseas Student:
residency/documentation ☐

Ethnicity (Maori / European / Other}

……

Is English your first language? Y OR N

Iwi Affiliations……

Family members attending Bay of Islands College

Name……Form……..

Name……Form……..

Notes – List Health, Social or Family problems that could affect school progress.

……

……

Legalities e.g. Legal access denied

Evidence sighted: Yes ☐ **No** ☐

Details:

……

……

Other parent to receive:

Reports……..

DENTIST ……

BUS ROUTE……

COLLEGE OFFICE USE ONLY

FORM CLASS……

YEAR LEVEL ……

APPLICATION FOR ENROLMENT AT BAY OF ISLANDS COLLEGE 2017

PARENT / CAREGIVER / STUDENT UNDERTAKING:

I hereby undertake to observe the following conditions as far as they affect me and to do my best to see that the pupil named below observes them:

1. ***That the pupil will attend school regularly and punctually and will not be absent except in cases of illness or emergency. I undertake to notify the College Student Centre of any absences.***
2. ***That the pupil will wear the College uniform as prescribed.***
3. ***That part or full payment will be made when damage to College property is caused by the pupil.***
4. ***I undertake to inform the College of any change of address, telephone number or family circumstances within one week of it occurring.***
5. ***I undertake to pay all fees, exam entries, subject costs etc. as required to the College.***
6. ***I give permission for the College to administer any prescribed medication as needed (Dispirin/Panadol etc)***
7. ***I authorise the College to make any such enquiries as are necessary to assist in this enrolment.***
8. ***That the pupil will follow the school rules and observe computer and internet guidelines and the school policy on use of Electronic Devices.***
9. ***That if the College requests, I will agree to the pupil getting a drug test.***
10. ***I agree should the above student be required to be kept at home while awaiting Disciplinary meeting; On request, the school will be responsible for sending work home. I understand that I can discuss urgency with the Principal re: an earlier meeting.***

11 ***I agree to the College contacting relevant external agencies such as Resource Teacher of Learning Behaviour and Group Services Education (Special Education) if they deem them necessary to assist the Pupils' learning and behaviour.***

12 ***I understand that the college's Kaupapa Whakanui is "PROJECT RESPECT" and that the pupil enrolling will follow the Respect Code including, Respect for Self, Respect for Achievement, Respect for Others, Respect for Responsibility and Respect for Environment.***

SIGNATURES:

Student …… Mother / Caregiver …… Father / Caregiver ……

NAME:_____ **Form:** _____

This needs to be filled in and returned to Bay of Islands College as soon as possible.
NOTE: Courses are filled on a 'first come, first served' basis. Courses are closed when they reach their maximum number of students. Make very careful choices as it is very difficult and unlikely that these can be changed later.

In Year 10 all students will take English, Mathematics, Science, Social Studies and PE/Health. The remaining lessons per cycle are designated for student option choices. [See Decision 'B' below]. You will be able to select 4 options.

- **Students are encouraged to bring their digital devices to undertake school work in class**

You have 2 decisions to make before entering Year 10:

Decision A: **If you are interested in doing your Core Curriculum in a Maori medium class, where instruction will take place in as much Reo as possible, please tick this box:** ☐

If you have not ticked the above box, the language of instruction for your core classes will be English.

Maori Performing Arts and Te Reo Maori are compulsory for Yr 10 Reo Rua Students

Decision B: **Your Option Choices:**

Please select your 4 preferred options from the following choices:

Visual Art & Design	Dance & Drama	Music
Wood Technology	Fabric/Textiles Technology	Food Technology
Digital Technology	Design & Visual Communications	Wood Technology
Metal Technology	Maori Performing Arts	Te Reo Maori

Read the Year 10 curriculum guide course descriptions very carefully. Discuss your potential choices with parents, teachers, form teachers, careers staff, dean and head of faculty or department.

Have in your mind possible course pathways as identified in the curriculum guide.

1st Option Choice:_____

2nd Option Choice:_____

3rd Option Choice:_____

4th Option Choice: _____

Please complete Project Day Option Choices (attached)

I have discussed these course choices with the appropriate staff and Dean.

Student: _____ **Parent/Caregiver:** _____

Dean: _____ **Date:** _____

- *Subject choice may depend on staff and funding availability.*

PROJECT DAY OPTIONS Term 1- Juniors- 2017: **Please tick 1st, 2nd and 3rd option choices**

NAME: _____ Year Level _____

	Options on Offer	**Level**	**Teacher**	**1st Choice**	**2nd Choice**	**3rd Choice**
1.	**Horticulture Course:** Practical skills to use in agriculture or horticulture.	Yr 10.	**TBT/DPE**			
2.	**Try a Triathlon:** Train to enter a triathlon	Yr 10	**RHL**			
3.	**Science Fair Project:** Set a Science question and go about finding the answer in your own Science Fair project.	Yr 9 & 10	**Science teachers**			
4.	**Kapa Haka:** training to prepare for a performance at actual events.	Yr 9 & 10	**JML**			
5.	**Golf:** Learn to play and even earn a handicap.	Yr 9 & 10	**DSC & DMN**			
6.	**Sport Analysis:** Safety procedures; improve your motor skills; develop the ability to challenge physical situations; participation and development of interpersonal skills.	Yr 9 & 10	**JBD**			
7.	**3D Modelling:** Elements of design and fitness for purpose (digital modelling)	Yr 9 & 10	**ADS**			
8.	**School Band:** Musical performance in a group or solo performance. Students must audition to enter this option.	AS – 4-6 credits	**RLO**			

SCHOOL HEALTH INFORMATION

Student's Name ……

In order to maintain our records and help us care for your child in an illness/emergency situation, could you please answer the following questions. For the safety of your child, parts of this information may need to be shared with other school staff.

1) **DOCTOR'S NAME ……..**

2) **Phone Number …….....**

3) **MEDICAL CONDITIONS**
Has your child ever had any of the following? **Details**

Asthma	**yes/no**	**……...**
Diabetes	**yes/no**	**……...**
Epilepsy	**yes/no**	**……...**
Rheumatic Fever	**yes/no**	**……...**
Hepatitis/HIV	**yes/no**	**……...**
Migraines/Headaches	**yes/no**	**……...**
Heart Conditions	**yes/no**	**……...**
Recurring abdominal pain	**yes/no**	**……...**
Back/Neck problems	**yes/no**	**……...**
Ear infections	**yes/no**	**……...**
Eye problems	**yes/no**	**……...**
Other illness/operations	**yes/no**	**……...**
Bleeding disorder	**yes/no**	**……...**
Other	**yes/no**	**……...**

4) **ALLERGIC REACTION** **Details**

Nil	**yes/no**	**……...**
Bee/wasp stings	**yes/no**	**……...**
Medication	**yes/no**	**……...**
Food	**yes/no**	**……...**
Other	**yes/no**	**……...**

5) **MEDICATIONS**

Please give details of any regular medication your child is on.

Medication …….. What for? ……...

Dose ……. How often? ……

I give permission for the Nurse to give my child *paracetamol* if she considers it appropriate YES/NO

Please send *labelled* medication to the school nurse if it is required for regular use or for emergencies such as antihistamines for bee stings

Please send a copy of your child's asthma plan if they are on one.

6) OTHER RELEVANT INFORMATION
Any other information that would help us to meet your child's health needs at this school:

……..

……...

……..

……..

7) HEALTH CHECK

- **I give permission for the Nurse (Rural Beat or Public Health Nurse) to give my child a health check – this will include measuring height and weights, checking hearing, vision and blood pressure, plus a discussion on nutrition, exercise, physical, emotional, sexual health and hygiene.**
  (Parents will be notified if necessary and are welcome to contact the nurse with any queries)
  YES/NO (Circle your answer)

PARENT / GUARDIAN SIGNATURE ……..

DATE ……

Thank you for taking the time to fill in this form

Computer Use

STUDENT CONTRACT

I understand and will abide by the provisions and conditions of this contract and realize that the network and internet/email access is designed for educational purposes only.

I understand that any violation of the above provisions may result in disciplinary action, the revoking of my use and/or appropriate legal action, if needed.

I will not use the school network for any purposes other than that instructed by my teacher.

I also agree to report any misuse of computers, network, internet or email to the teacher, IT Co-Ordinator (Ms Russell) or Principal (Mr Paitai)

Signature: _____ Date: _____

PARENT/GUARDIAN

I have read this contract and understand that computer network, internet and email access is designed for educational purposes only. I also understand that it is impossible for Bay of Islands College to block access to all controversial materials and have discussed appropriate uses and expected behaviour with my child.

I also agree to report any misuse (as described in the preceding pages) of the school network or internet/email to the teacher, system administrators or principal.

I understand that should my child not follow the rules and guidelines of using the school network, internet or email, that they may be denied access and/or disciplinary action may be taken.

I give permission for my child to have access to the computer networks at Bay of Islands College.

Signature: _____ Date: _____

Enrolment – General

Name of student……Date……..

What do you like about school e.g. subjects / events / cultural / sport / what are you good at?

……

……

……

What are your personal strengthens? e.g. reliability, responsibility, honesty, hard working.

……

……

……

What do you hope to achieve at College? Do you have any concerns we can assist you with?

……

……

Parents / Caregivers: queries to be sent information on:

……

……

Parents / Caregivers details

Name…….

Address……

……

Phone / Cellphone…….

Interviewer……..……

BAY OF ISLANDS COLLEGE
PROCEDURE

Use of electronic devices by students Issued: 2017

DEFINITION:

Electronic devices include all types of: cell phones, tablets, ipods, notebooks, netbooks, laptops or similar devices. Scientific calculators are not included.

1.0 OBJECTIVES

1.1 This policy is intended to set out procedures for all teachers and students to follow and expectations regarding the use of electronic devices at school, as well as consequences for misuse.

1.2 Electronic devices have the potential to cause disruption in the classroom, by interruption of the lesson and by promoting off-task behaviour by individual students.

2.0 PROCEDURE

2.1 The school accepts no responsibility for any loss or damage of electronic devices at school unless the device was specifically left with a teacher. The school will work with students to minimise theft. Students may hand their cell phone into the school office for safe keeping during school hours.

2.2 In the event that students bring electronic devices to school they must be switched off before entering a class and stored away in a bag or security lockers. Unless specifically instructed by a teacher they may not be used during class time.

2.3 Ear/headphones used to listen to music and hanging around the neck even though electronic device is in a pocket, will also be confiscated if seen in class.

2.4 During an assessment (i.e. test or examination), electronic devices are not permitted to be in the direct possession of students. Students carrying electronic devices are required to turn them off and leave them in their bags at the front of the room. In the event of a breach of this procedure the student's test or examination result is likely to be nullified.

2.5 Images or sound recorded during school time may not be uploaded to the web, unless specifically instructed to do so by a teacher.

2.6 Students must not use electronic devices for bullying and or filming inappropriate images.

2.7 Defiance and or conflict over handing in an electronic device or ear/headphones will not be accepted.

2.8 The teacher may offer the opportunity for the use of the electronic device and ear/headphones for learning purposes.

2.9 In the event of a breach of these procedures by a student

- The device will be confiscated and stored in the school office for seven days from the day of confiscation and a "Strike Out" may also be issued.
- Other disciplinary action may be actioned depending on the circumstances, or play of events

I agree to abide by this school procedure	Signature:	Date: