

BAY OF ISLANDS COLLEGE

Student Enrolment Pack

For Year 9 2017

Please note that the information in this pack is subject to change and we will endeavour to inform you of these changes if/when they occur

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 Number

Caregivers (1) (eg. Mother, Aunt etc)		Caregivers (2) (e.g. Father, Uncle etc)	
Name		Name	
Relationship to Student		Relationship to Student	
Address		Address.....	
.....Postcode.....	Postcode.....	
Home PhoneWork		Home PhoneWork	
Mobile		Mobile	
Email address		Email address.....	
Postal Address:(If different from physical address)		Postal Address:(If different from physical address)	
.....		
.....Post Code.....	Post Code.....	
Emergency Contact Details			
Name		Relationship to Student	
Address.....			
Home PhoneWork.....		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: _____; Year 8 School: _____

Students' core curriculum includes

- English, Mathematics, Science, Social Studies and PE/Health;

Students may choose to learn their core curriculum through the medium of

Either English or Reo Rua
(Bilingual)

- **Students are encouraged to bring their digital devices to undertake school work in class**
- **Please complete Project Day Option Choices attached**

Technology and Arts Pre-Option Pathways

Year 9 students will have 10 lessons of each of the following “Pre-option Pathways” as taster subjects leading to possible specialisation via Year 10 option choices and future NCEA courses. These are taster courses.

Pre-Option Pathways:

Class Group	TASTER subjects
I	Digital Technology (DTY)
II	Wood Technology (WTY)
III	Food Technology (FTY)
IV	Textiles Technology (TXT)
V	Visual Art & Design (VAD)
VI	Music (MUS)
VII	Maori Performing Arts (MPA)
VIII	Te Reo Maori
IX	Dance and Drama (DDA)

This needs to be filled in and returned to Bay of Islands College as soon as possible!
!

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

NAME: _____

Year Level _____

	Projects on Offer	FEE	Level	Teacher	1st Choice	2nd Choice	3rd Choice
1.	Horticulture Course: Practical skills to use in agriculture or horticulture.	\$20	Yr 10.	TBT/DPE			
2.	Try a Triathlon: Train to enter Weetbix Triathlon and BOIC Triathlon(modified for U15)	\$25 entry \$3 per trip	Yr 10	RHL			
3.	Science & Technology Project: Set a Science question and go about finding the answer in your own Science & Technology project. (you may have to bring/purchase some items for your project)	Nil?	Yr 9 & 10	Science teachers KPH MBG			
4.	Kapa Haka: training to prepare for a performance at actual events.	\$60	Yr 9 & 10	JML OGE			
5.	Golf: Learn to play and possibly earn a handicap.	\$4 per week	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.	\$20	Yr 9 & 10	JBD LBY			
7.	3D Modelling: Creating a number of 3D models using computer software. Applying the design element-fitness for purpose	Nil	Yr 9 & 10	ADS			

	Projects on Offer	FEE	Level	Teacher	1st Choice	2nd Choice	3rd Choice
8.	School Choir: Sing together in a large group, perform at the Regional Big Sing Competition	Nil	Yrs 9 & 10	RLO			
9.	School Band: Musical performance in a group or solo performance. Students must audition to enter this option.	Nil	Yrs 9 & 10	RLO			
10.	Junior Art: Artwork – painting and drawing etc	\$5	Yrs 9-10	DDE			
11.	Beginning Sewing Instruction: basic sewing skills to make a garment for yourself (a hoodie)	\$5 + fabric cost	Yrs 9 -10	EVD			
12.	Let's Get Knitting: Knitting beanies, scarves, mittens and slippers for children and adults currently going through chemotherapy treatment. They will be donated to the Jim Carney Cancer Centre in Whangarei.	\$25	Yr 9	AWY Bernie			
13.	Stage Challenge: Devise, rehearse and perform a show in the national challenge.	\$40	Yrs 9 -10	MWN			
14.	Other: (something you would like us to consider):						

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 strengths? 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: