

**ROTORUA LAKES HIGH SCHOOL ENROLMENT FORM
INTERNATIONAL STUDENTS**

PLEASE ENSURE ALL PARTS OF THIS FORM ARE FILLED OUT.

Family Name: _____	First Names: _____	Male/Female (Please Circle)		
Preferred First Name: _____	Date of Birth: _____			
Country of Origin: _____	<input type="checkbox"/> FFP	<input type="checkbox"/> AFS	<input type="checkbox"/> Rotary	<input type="checkbox"/> Other
PASSPORT NUMBER: _____	EXPIRY DATE: _____			
STUDENT VISA NUMBER: _____	EXPIRY DATE: _____			
INSURANCE DETAILS: _____				

HOST FAMILY	Residential Address: _____		
Phone Number: _____	Email Address: _____		
NAME OF HOST MOTHER: _____			
Occupation: _____	Place of Work: _____	Ph: _____	
Email: _____	Cell Phone: _____		
NAME OF HOST FATHER: _____			
Occupation: _____	Place of Work: _____	Ph: _____	
Email: _____	Cell Phone: _____		
RELATIONSHIP:	<input type="checkbox"/> Homestay	<input type="checkbox"/> Relative - _____	<input type="checkbox"/> Legal Guardian

STUDENT'S ADDRESS IN HOME COUNTRY (If English translation is not known, ethnic script is acceptable)	
PARENTS (Mr, Mrs) _____	
Mailing Address: _____	
Home Phone: _____	Cell Ph: _____
Email: _____	

GUARDIAN OR AGENT	
Name (Mr, Mrs, Ms) _____	Phone Wk: _____
Address: _____	Phone Home: _____
Email: _____	Cell Phone: _____

HEALTH

Allergies: _____

Medication: _____

Other Health Problems: _____
_____**STAFF USE ONLY**

Year Level				
House Group				
Start Date				
Evidence of identity (circle)	Birth Cert	Pass-port	Res	Other
Internet Licence Completed				
ENROLLED BY (code)				

INTERESTS and ACHIEVEMENTS

Sports: _____ Musical: _____

Cultural: _____ Other: _____

OTHER FAMILY

Parents/ Brothers/ Sisters/ Relatives who have, or are, attending Rotorua Lakes High School.

Name/s: _____

Or are resident in Rotorua. Name/s: _____

DECLARATION:

- In enrolling my daughter/ son/ family member/ homestay student at the school, I have seen and read the school rules and I AGREE that she / he shall abide by the school rules and regulations determined by the Principal and the Board of Trustees.
- I understand that my daughter/ son/ family member/ homestay student must wear the correct uniform.
- FEES:** As determined by the Board of Trustees, I AGREE TO PAY subject fees, sports fees and the General Activity contribution (inclusive of GST).
- I AGREE to the above information being used for the purpose of data collection for school administration eg. NZQA exam entry forms (Privacy Act 1993)

YES / NO (please circle) I / We give permission for any digital media (ie: photos, videos) taken/produced by the school to be used for publicity and information purposes, including electronically on KnowledgeNet, School Web Page, School publications, school foyer, at assemblies, etc.

Homestay Mother's signature: _____

Homestay Father's Signature: _____

Parent's Signature: _____ Caregiver's signature: _____

Student's signature: _____

Date: _____

STUDENT'S HEALTH RECORD

FOR OFFICE USE ONLY	Year: _____	HG: _____	CLASS: _____
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In order for us to care for your child in any illness/emergency situation, could you please complete the following in BLOCK CAPITAL LETTERS (this is required IN ADDITION to information given on the enrolment form).

Family Name: _____ Legal First Name: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Immunisation:

Has the student received all available vaccinations/ immunisations: YES NO

Does your son/daughter require medical or special consideration due to:

Condition	Please Circle	Medication Required
Arthritis	YES NO	
Asthma	YES NO	
Diabetes	YES NO	
Epilepsy	YES NO	
Hearing Loss	YES NO	
Impaired Vision	YES NO	
Rheumatic Fever	YES NO	
Other (specify)	YES NO	

Does your son/daughter suffer an allergic reaction to:

Food	YES NO	Detail:
Medication	YES NO	Detail:
Stings	YES NO	Detail:
Other (specify)	YES NO	Detail:

OTHER:

Swimming Ability	<i>Please circle one</i> Confident In Swimming Pool Not confident In Swimming Pool	<i>Please Circle one</i> Confident In Open Water Not Confident In Open Water
Panadol issue	I/We give permission for a member of the Health & Wellness Centre to give Panadol if deemed necessary	<i>Please circle</i> YES NO

STUDENT & PARENT'S SIGNED DECLARATION:

- In accordance with the Privacy Act 1993 requirements, I consent to this information being available within the school for the purpose of ensuring personal safety.

Homestay Mother/ Guardian/ Caregiver _____ Date: _____

Homestay Father/ Guardian/ Caregiver _____ Date: _____

(Where applicable, both signatures are required)

Student: _____ Date: _____

**ROTORUA LAKES HIGH SCHOOL CYBERSAFETY USE AGREEMENT FORM
FOR SECONDARY STUDENTS**

To the student, and the parent/legal guardian/caregiver

1. Please read the Cybersafety Use Agreement document available from the school and on the Rotorua Lakes High School website: www.rotorualakes.school.nz
2. Read this page carefully, to check you understand your responsibilities under this agreement
3. Sign the appropriate section on this form
4. **Please return this form to the school office**
5. Keep the document for future reference

We understand that Rotorua Lakes High School will:

- do its best to keep the school cybersafe, by maintaining an effective cybersafety programme. This includes working to restrict access to inappropriate, harmful or illegal material on the Internet or school ICT equipment/devices at school or at school-related activities, and enforcing the cybersafety regulations and responsibilities detailed in use agreements
- keep a copy of this signed use agreement form on file
- respond appropriately to any breaches of the use agreements
- provide members of the school community with cybersafety education designed to complement and support the use agreement initiative
- welcome enquiries from students or parents about cybersafety issues.

STUDENT'S SECTION

My responsibilities include:

- **I will read** the Secondary Student Cybersafety Use Agreement document carefully
- **I will follow** the cybersafety rules and instructions whenever I use the school's computer network, Internet access facilities, computers and other school ICT equipment/devices
- **I will also follow** the cybersafety rules whenever I am involved with privately-owned ICT devices/equipment on the school site or at any school-related activity, regardless of its location
- **I will avoid** any involvement with material or activities which could put at risk my own safety, or the privacy, safety or security of the school or other members of the school community
- **I will take proper care** of computers and other school ICT equipment/devices. I know that if I have been involved in the damage, loss or theft of ICT equipment/devices, my family may have responsibility for the cost of repairs or replacement
- **I will keep** this document somewhere safe so I can refer to it in the future
- **I will ask** the relevant staff member if I am not sure about anything to do with this agreement.

I have read and understand my responsibilities and agree to abide by this Cybersafety Use Agreement. I know that if I breach this use agreement there may be serious consequences.

Name of student: **Year Level:**
Signature: **Date:**

SECTION FOR PARENT/LEGAL GUARDIAN/CAREGIVER/HOMESTAY PARENT

My responsibilities include:

- **I will read** the Secondary Student Cybersafety Use Agreement document carefully and discuss it with my son/daughter so we both have a clear understanding of my child's role in the school's work to maintain a cybersafe environment
- **I will ensure** this use agreement is signed by my child and by me, and returned to the school
- **I will encourage** my son/daughter to follow the cybersafety rules and instructions
- **I will contact** the school if there is any aspect of this use agreement I would like to discuss.

I have read the Cybersafety Use Agreement document and am aware of the school's initiatives to maintain a cybersafe learning environment, including the responsibilities involved.

Parent/Legal Guardian/Caregiver/Homestay Parent (Please circle which term is applicable.)

Name:
Signature: **Date:**