



STUDENT ENROLMENT FORM
Please print neatly in BLOCK capitals

Surname _____

Christian Name _____
(Circle Christian name normally used)

Home Address _____

Rapid No. _____ Home Telephone _____ E-Mail Address _____

Nationality _____ New Zealand Resident Yes/ No

Birth Certificate_ Number _____ Sighted _____ (enrolling officer to sign)

Ethnicity (circle one) Maori / European / Other (specify) _____ IWI _____

Previous School _____ Date of Birth _____ / _____ / _____

Level (7 – 13) _____ Male/ Female (please circle)
Students Cell Phone Number _____

Other members of family attending EOHS:

EOHS House Clark / Muir / McKenzie / School
(Circle one if you have a preference)

School Bus Route _____

Students Phone Number _____

Lunch Home / School / Year 13
(Circle one)

Family Doctor _____ Can take Panadol Yes/No
Can take Ibuprofen Yes/No
Can take Antihistamine Yes/No

Health Comments (complete this ONLY if the circumstances are unusual)

Custody Comments (please state if there are any custody issues/ court orders pertaining to access to your child Yes/ No)

If yes please state details

Mother's Name and Address _____

_____ Telephone _____

Occupation _____ Business Telephone _____

Father's Name and Address _____

_____ Telephone _____

Occupation _____ Business Telephone _____

Who is your **Legal Guardian**? (Circle one) Mother / Father / Both Parents

Other (specify) _____

Emergency Contact Name and Address _____

_____ Telephone _____

Relationship to Student (i.e. grandparent, aunt, neighbour) _____

AGREEMENT: -

(Please sign each section below)

- 1 I agree that my son/daughter will: -
- (a) Abide by the school rules.
 - (b) Wear the correct school uniform as specified.
 - (c) Attend school regularly and that I/we will telephone the school or provide a written explanation for all absences.
 - (d) Be provided with stationery and other equipment as specified by the school.
 - (e) Take care of text/library books issued and return them to school as required.
 - (f) Abide by the rules set out in the school's Internet Safety Policy.

- 2 I/We will endeavour to pay the school fees as set each year and comply with all other matters concerning the school as set out in the prospectus.

- 3 I/We recognise that from time to time students will take part in activities outside the school complex. For the purposes of these activities, the venue is regarded as part of the school's operation and is covered by the same systems for dealing with Health and Safety matters.

4. I/We agree to photos taken of groups/individual students including my child can be published in the school newsletter, magazine or school website for promotion purposes.

Date _____

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OFFICE USE ONLY

Class _____ Date enrolled _____ Enrol Updated _____

EAST OTAGO HIGH SCHOOL CYBERSAFETY USE AGREEMENT FORM FOR STUDENTS:

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

1. Please read this page carefully, to check you understand your responsibilities under this agreement
2. Sign the appropriate section on this form
3. Detach and return this form to the school office
4. Keep the document for future reference, as well as the copy of this signed page which the school will provide.

We understand that East Otago 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. Mr Fleury is the Network and Cybersafety Manager here at East Otago High School.

Student's section

My responsibilities include:

- **I will read** with my parents/caregivers, this 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 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:

Signature: Date:

Section for parent/legal guardian/caregiver

My responsibilities include:

- **I will read** this 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 this 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 (Please circle which term is applicable.)

Name:

Signature: Date: