



## Enrolment Instructions

Our school welcomes visits from parents/caregivers and their children at any time. If you wish to make an appointment to meet with Jonathan Hughes, Principal, please either contact the school office, 09 8462169, [office@pasadena.school.nz](mailto:office@pasadena.school.nz), or email direct [jhughes@pasadena.school.nz](mailto:jhughes@pasadena.school.nz)

### PROOF OF IDENTITY:

<p><b>NZ born students:</b></p> <p><input type="checkbox"/> Full Birth Certificate or <input type="checkbox"/> NZ Passport personal details page</p>	<p><b>For students born outside NZ:</b></p> <p><b>NZ Citizens:</b></p> <p><input type="checkbox"/> NZ passport personal details page or Citizenship Certificate</p> <p><b>All other nationalities:</b></p> <p><input type="checkbox"/> Passport personal details page</p> <p><b>and</b></p> <p><input type="checkbox"/> (a) Residency Permit or (b) Student Permit, together with parent's passport and Work Permit</p>
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### IMMUNISATION:

Is your child immunised?  Yes  No

If your child is immunised please provide a copy of the immunisation certificate, (back of the "Plunket Well Child" Book, or a printout from your doctor.



# Enrolment Application

## PARTICULARS OF STUDENT

Year 7  Year 8 (please tick)  Boy  Girl (please tick)

Surname:			Date of Birth:		
First Names:			Country of Birth:		
Preferred Name:			Ethnicity:		
Address:			If not NZ born, date of arrival in NZ:		
		Postal code:		NZ Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:			Language spoken at home:		
Present School:			Other Languages:		

**PLEASE NOTE:** All communication with parents is via email and mobile phone. It is essential that the school is provided with a valid email address and mobile phone number.

**Who is the first point of contact for your child (please tick one only):**

Caregiver 1  Caregiver 2

## CAREGIVER 1 DETAILS

Surname:			Title:	<input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS
First Names:			<input type="checkbox"/> DR <input type="checkbox"/> MR	
Address: (if different from above)			Living with Child:	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Home:	Mobile:	Occupation:	
Email Address:			Work Phone:	
Company:			Relationship to Child:	

## CAREGIVER 2 DETAILS

Surname:			Title:	<input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS
First Names:			<input type="checkbox"/> DR <input type="checkbox"/> MR	
Address: (if different from above)			Living with Child:	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Home:	Mobile:	Occupation:	
Email Address:			Work Phone:	
Company:			Relationship to Child:	

**MEDICATION CONSENT INFORMATION**

In an emergency school may act on behalf of my child  Yes  No

School may administer the following pain relief:  
Panadol  Yes  No

**MEDICAL CONDITIONS AND ALLERGIES**

Does your child have any medical issues/treatments we need to know about?  Yes  No

Medical Condition	Severity (Please tick)	Is Medicine Held at School
	Low Risk	<input type="checkbox"/> Yes <input type="checkbox"/> No  Name of Medication:
	Moderate Risk	
	Severe Risk	
	Contact Caregivers	
Have you submitted an Action Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Medical Condition	Severity (Please tick)	Is Medicine Held at School
	Low Risk	<input type="checkbox"/> Yes <input type="checkbox"/> No  Name of Medication:
	Moderate Risk	
	Severe Risk	
	Contact Caregivers	
Have you submitted an Action Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**LEARNING REQUIREMENTS**

Please advise if there any learning requirements your child may have, e.g., health and/or academic.


I/We certify that the information provided above is correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Caregiver

Child's Name: \_\_\_\_\_

**EMERGENCY CONTACTS** (This information is very important should your child fall ill at school and we are unable to contact you. These contacts cannot be the student's parents/caregivers.)

Surname:		Home Phone:	
First Name:		Work Phone:	
Relationship to child:		Mobile:	
Surname:		Home Phone:	
First Name:		Work Phone:	
Relationship to child:		Mobile:	

***In the event of the school being unable to contact any of the above I authorise the obtaining on my behalf any medical assistance, (if, in the opinion of the staff, such treatment is necessary), and agree to meet any costs incurred. In the event of a serious accident an Ambulance will be called.***

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**FINANCIAL REQUESTS**

The school will request of you the following financial payments:

- Programme Activities (\$68.00)
- Take Home Items (\$139.00)
- Mathematics Subscription (\$18.00)
- Parent Donation (\$250.00)

In signing the enrolment form you acknowledge that the school will be making these financial requests. Should you require a detailed explanation of what is included in each request please refer to our website [www.pasadena.school.nz](http://www.pasadena.school.nz)

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**PRIVACY INFORMATION**

The information requested by Pasadena Intermediate in this form will be used for the following purposes:

- To facilitate the operation and administration of the school
- To maintain contact with parents
- To provide information to the Board of Trustees, Parent/Teacher Association, Ministry of Education, Special Education Services and emergency services
- In an emergency, information from the file may be given to an agency such as the Police or Doctor.

(Note: You have the right to access the information which the school holds about your child)

Images of our students (photographs, video clips, etc), and examples of their school work, are sometimes published in our newsletters, on our school website, and other online channels such as the school/class blogs, Facebook page, YouTube, etc.

The purposes of publishing student material are to educate our students according to the national curriculum, to encourage students to participate in our school community, and to promote the school.

We believe it is important to celebrate students' achievements, but are aware of the potential risks when such personal information or material is published on a global information system such as the Internet.

In the interest of safety and security we require parents to give permission for their child's first name, image, or work to be made public.

With consent, we share no more than a student's first name, image, or work in the school newsletter, on the school website, or in the wider online community.

I give permission for my child's visual image to be used for educational purposes in:

- School Publications  Yes  No  
School Website  Yes  No

Signed: \_\_\_\_\_  
Parent/Caregiver

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

## Pasadena Intermediate School – Student Day Trip Contract

**I understand that EOTC events are opportunities for me to learn and practice skills, and for me to gain attitudes and values in an environment outside the classroom. These events include:**

Day or part day trips to The Point Chevalier Library, The Auckland Zoo, Western Springs Lakeside Park, MOTAT, Western Springs Stadium, Western Springs College, and local primary schools.

Day or part day trips for school sports activities: Swimming Sports, Duathlon, Cross Country, and Athletic Sports;

Day or part day trips for Waterwise;

**I realise that during these events I am required to take responsibility for my own learning and for the safety of myself and that of others.**

**I agree to do the following to make this happen:**

Abide by the expectations described in the Pasadena Intermediate School Code.

Show courtesy and consideration to others at all times;

Follow the rules and instructions of staff, volunteer helpers and other supervisors at the event.

Take part in all activities within challenge-by-choice options;

Look after myself and my personal belongings;

Declare medical conditions that could affect my participation in the event;

Accept the rules set by the school and the venue for the event, even if they are different from what is accepted at home.

**I understand that my parents/caregivers will be contacted and I may be sent home at their expense if:**

My actions are considered unacceptable by staff;

I breach school policies, regulations and procedures;

My actions put me or others in any danger.

### Agreements:

I have read and discussed with my parents, the Student Day Trip Contract and agree to following the guidelines and meet the conditions.

Signed (student) ..... Date .....

### STUDENT TO COMPLETE – THE INFORMATION BELOW HELPS THE SENIOR MANAGEMENT PLACE YOUR SON/DAUGHTER

Primary School

Favourite Subjects/ Activities

Interests

#### Class Placement

Name ONE or TWO students from your primary school you would like to be in your class

Name ONE or TWO students from Year 7 currently at Pasadena Intermediate School you would like to be in your classroom next year.


### Student Digital Information Communication Technologies Agreement

The use of all computers and other school or personal digital devices (including but not restricted to laptops, smartphones, tablets, mobile phones, hard drives or memory/USB sticks), together with the internet and any other digital technologies, all of which are hereinafter referred to as Digital Information Technologies and Devices or 'DITDs', at Pasadena Intermediate School is for students to use for recognised educational purposes. The use of DITDs is a privilege, not a right, and is dependent on students meeting the following conditions:

1. In consideration of having access to DITDs, before using any DITDs, a student must sign this agreement. Parents/caregivers must also sign this agreement.
2. Any DITDs use through the school's computer network must be authenticated by either a student's personal log-in or, in the case of a personal device, by a unique identifying code supplied by the school.
3. DITDs are to be used for teaching and learning purposes only which shall be determined at the school's sole discretion.

**THE STUDENT AGREES TO:**

- Use all DITDs and any associated equipment with care and respect.
- Report any problems or difficulties to staff immediately.
- Be careful not to waste resources as that student may be responsible for costs.
- Only use their own login and not allow their login to be used by others to access the network or internet.
- Only access, modify or delete material on the school network and web applications which is theirs or which they have been given permission to use, modify or delete.
- Never in any way harm, modify or destroy computer hardware, settings, software, or data files.
- Only access, create, view or send material which would not be considered offensive by the school.
- All apps loaded on devices are to be educationally related and appropriate for students under 12 years of age.
- Never reveal any personal information online about themselves or others.
- Make no attempt to by-pass systems that the school has put in place in order to access files and the internet.

**THE STUDENT UNDERSTANDS THAT:**

- All DITDs use is recorded and can be traced back to the user. The school reserves the right to inspect all files relating to the use of DITDs.
- Any violation of this agreement may result in disciplinary action, which could include, among other consequences, disabling the student’s network login, an interview with parents and/or an appearance before the Principal.
- They take responsibility for their own digital devices – including but not limited to, tablets, laptops, cellphones and ipods. This responsibility includes checking that the device is adequately covered by personal contents insurance and is secured throughout the day.

**STUDENT**

I have read the Student Digital Information Communication Technologies Agreement and I know what the school rules are about the use of computers, the Internet and other digital technologies and devices. I know that if I break these rules there will be serious consequences such as:

- My parents/caregivers may be told
- I may lose the right to use DITDs during school time which would include both school and personal digital devices and the Internet
- The school may take disciplinary action against me

My Full Name: \_\_\_\_\_ Year: \_\_\_\_\_ Room: \_\_\_\_\_

My signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTS/CAREGIVERS**

I have read the School’s Student Digital Communication Technology Agreement, and understand that my child may not access the computer network including the internet, at school without this agreement being signed and returned to school. I also understand that there may be serious consequences if the rules are broken. I have discussed this information with my child and explained its importance and ensured they have understood.

I understand that while the school will do its best to restrict student access to offensive, dangerous or illegal material on the Internet or other communication technologies, it is the responsibility of my child to have no involvement in such material or activities. I understand this Agreement applies to all digital communication technologies my child brings into the school environment, such as personal digital devices (including but not restricted to laptops, smartphones, tablets), mobile phones, hard drives or memory/USB sticks.

I also understand that if my child steals, damages, or compromises the school network or equipment this could result in my receiving a bill for the cost of replacement or repairs.

While school will help students keep personal devices secure, students will have the final responsibility for securing their personal device(s). Please check with your homeowner’s policy regarding coverage of personal electronic devices, as many insurance policies can cover loss or damage. (Pasadena Insurance does not cover students personal DITDs).

I understand that the loss of or damage to a student’s personal digital device is the responsibility of the owner not the school.

I have also read and understand the school’s online publication procedures.

- I give permission for my child to be given access at school to the computers, other digital communication technologies and the internet.
- I give permission for my child to bring their own digital device to use in the classroom as an aid to learning.

Full Name of Parent/Caregiver: \_\_\_\_\_

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Enrolment Number: \_\_\_\_\_ NSN: \_\_\_\_\_ ID: \_\_\_\_\_

