



WESTERN
SPRINGS
COLLEGE

NGĀ PUNA O WAIŌREA

WHAIA TE MĀTAURANGA

Enrolment Pack for 2018

[Documentation requirements for years 9, 10, 11, 12 & 13]

STUDENTS not residing in our zone in 2018 cannot enrol at this college [except into the Maori Immersion unit]

Please complete the *attached documents*, then email, post or deliver them to the school Reception desk as soon as possible:

- **Enrolment Application** – admin & health info [parent/caregiver to complete p1 & p2]
- **Statement of Authenticity of Work** [all students & caregivers to sign]
- **Computing/Cyber Safety Student Use Agreement** [all students & caregivers read & sign]
- **Permission Slip** [all students complete]
- **Science Permission Slip** [for year 9 only]
- **Subject Option Sheet** [for year 9 only]
- **Dental Enrolment Form** [optional, all students]

At the same time can you please provide us with copies of *the following documents*, to be included with the above forms:

- The **most recent school report** for the student
- Current **Record of Learning** [all/any NCEA internal and external credits - Yr 11,12,13 enrolments]
- The student's New Zealand **Birth Certificate or Passport** with proof of residency/domestic visa [bring original passports]
- **TWO official proofs** of address: Select your proofs **from the examples below**. They should be addressed to the **caregiver/s (with whom the student lives) at their permanent residential address**:

The two proofs we require are: **1st proof:** a utility bill (power, gas, telephone landline, internet, water rates) addressed to caregiver 1 or 2 at the residential address they share with the student. **2nd proof:** one of the following: a 2nd utility bill, motor registration, IRD letter, WINZ letter, Housing NZ letter, solicitor's affidavit, driver's license with address, addressed to caregivers 1 or 2 at the residential address as above. **WE DO NOT ACCEPT** documents addressed to a PO Box number or company names, bank accounts, insurance policies or lease or rental agreements.

Once we have **all the above documentation**, we will contact you with an enrolment interview time for yourself and your child.

PLEASE NOTE that address and phone number details are collected at the time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary. These contact details may also be passed on to the Ministry of Education and the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment, training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.

For further information on Te Rumaki, contact administrator: Whaea Tracey Watkinson: rumaki@wsc.school.nz, Rumaki Reception: rumakireception@wsc.school.nz.

Motions Road, Western Springs, Auckland 1022, admin@wsc.school.nz, +64 9 8156730

WESTERN SPRINGS COLLEGE
ENROLMENT APPLICATION *(Caregivers to complete)*

Applying for : Mainstream / Maori Immersion(Waiorea)	Circle year you are applying for : 9 / 10 / 11 / 12 / 13
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A STUDENT DETAILS

STUDENT'S SURNAME (Family name)		FIRST NAMES (underline the one commonly used)	
MALE/FEMALE (Circle one)			
HOME ADDRESS			
HOME PHONE NO:		STUDENT Mobile Phone:	
DATE OF BIRTH	COUNTRY OF BIRTH	ETHNICITY [see attached list]	IWI
CITIZENSHIP & Date of arrival in New Zealand (if applicable)			
CURRENT SCHOOL		OTHER SCHOOLS ATTENDED IN LAST 12 MONTHS	

B DETAILS OF PARENTS / CAREGIVERS

FULL NAME OF CAREGIVER 1 (Person student lives with)	
Relationship to student:	OCCUPATION
NAME OF EMPLOYER/COMPANY	
PHONE NO: WORK	MOBILE
EMAIL:	

FULL NAME OF CAREGIVER 2		
Relationship to student:	OCCUPATION	
NAME OF EMPLOYER/COMPANY		
PHONE NO: WORK	HOME	MOBILE
HOME ADDRESS		
EMAIL:		

C EMERGENCY CONTACT (other than caregivers 1 & 2)

NAME:	PHONE NUMBER/S:
RELATIONSHIP TO STUDENT:	

D OTHER INFORMATION

- Learning strengths/difficulties.....
- Previous learning or behavioural support
 (Special Ed, RTLB, CYPWA, TYLA project, Whanau support, Youth Aid, Starship)
- Other interests (eg sports, music, cultural activities, library, debating).....
- Relatives (past & present) at this school and years of attendance
 Name (& relationship to student).....

ETHNICITY

Please select the ethnicity(ies) you identify with from the lists below and write this in the STUDENT DETAILS Ethnicity Box at the top of the front page of this Enrolment Application:

AFRICAN	AUSTRALIAN
BRITISH/IRISH	CAMBODIAN
CHINESE	COOK ISLAND MAORI
DUTCH	FIJIAN
GERMAN	GREEK
INDIAN	ITALIAN
JAPANESE	KOREAN
LATIN AMERICAN	MAORI
MIDDLE EASTERN	NIUEAN
NOT STATED	NZ EUROPEAN/PAKEHA
OTHER ASIAN	OTHER ETHNICITY
OTHER EUROPEAN	OTHER PACIFIC PEOPLES
OTHER SOUTHEAST ASIAN	POLISH
SAMOAN	SOUTH SLAV
SRI LANKAN	TOKELAUAN
TONGAN	VIETNAMESE

STUDENT HEALTH INFORMATION (Caregivers to complete)

Student Name Date of Birth

Family Doctor Address

Dentist Address

Immunisation: Fully immunised	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Permission to have paracetamol	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Permission to have antacid treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Permission to have cold sore treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Tick areas of concern:

- | | | |
|--|---|---|
| <input type="checkbox"/> Anaemia | <input type="checkbox"/> Asthma/bronchitis | <input type="checkbox"/> ADHD/ADD |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Depression/anxiety | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Frequent headaches/migraines | <input type="checkbox"/> Frequent period pain | <input type="checkbox"/> Hearing problems |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Kidney |
| <input type="checkbox"/> Rheumatic fever/heart disease | <input type="checkbox"/> Vision problems | <input type="checkbox"/> School avoidance |
| <input type="checkbox"/> Other: <i>specify</i> | | |

If you have ticked any of the above please specify severity:

Health issue (eg asthma)	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe
Health issue	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe
Health issue	<input type="checkbox"/> mild	<input type="checkbox"/> moderate	<input type="checkbox"/> severe

Give more details if appropriate: *specify* asthma action plan, medications, hearing aid

Allergies to stings, food, *specify* medicines taken

Concerns: *specify* issues you want the nurse to know about (eg sleep patterns, alcohol use, family illnesses)

Free Dental Care: *Enrolment form available with this enrolment pack*

Any medicines brought to school must be left with the nurse. All medicines are kept in a locked cupboard for safety.

Please name any regular medications taken here:

Information in this health section is held by the School Nurse to assist in providing health care for your student. It is only shared with teachers if it affects student learning or safety [for example: hearing problems, asthma]

I hereby make application for enrolment of and will endeavour to see that he/she attends regularly and obeys the school rules at all times. I authorise Western Springs College to ask my child's previous school for any relevant school records.

Caregiver signature:

Student signature:

Date:

The Privacy Act 1993

The information requested is retained by the school and will be used for the following purposes:

- To provide information to the Ministry of Education*
- To maintain contact with parents and caregivers*
- To facilitate the operation and administration of the school*
- To enable contact and give appropriate treatment in the event of emergency or student illness*

STATEMENT OF AUTHENTICITY OF WORK (all students to read & sign)

A contract between STUDENT, PARENT and WESTERN SPRINGS COLLEGE

I will present **all my own work** for assessed activities.

When I use other people's ideas these will be acknowledged:

- I will **name the source** when paraphrasing another's ideas or quoting from a source
- I will **give full reference to the source** in a bibliography in addition to the acknowledgements.

Student's Full Name.....

Student's Signature.....

Parent/Caregiver signature.....

Date.....

**WESTERN SPRINGS COLLEGE COMPUTING/CYBERSAFETY
STUDENT USE AGREEMENT (all students to read & sign)**

STUDENT:

I understand and will abide by the conditions and rules as set out in the school's Computing/Cybersafety Use Agreement (following page).

I further understand there may be consequences (including the possible loss of access and even disciplinary action) if I should commit any breach of these conditions.

NAME _____

SIGNATURE _____ **DATE** _____

PARENT OR GUARDIAN:

General use of computing/communication technology resources:

As parent or guardian of this student, I have read the Computing/Cybersafety Use Agreement. I believe my child has read the document and understands her/his obligations. I understand that the technology resources at Western Springs College are designed for educational purposes and that any breach of the rules and conditions as set out in this agreement can lead to loss of privileges or disciplinary action. I understand if my child steals or damages equipment this could result in a bill for the cost of replacement parts or repairs. I also understand this agreement applies to communication technologies my child brings into the school environment.

Access to cyberspace/internet:

As parent or guardian of this student, I understand that it may not be possible for the school to fully restrict exposure to inappropriate material in cyberspace, accessed through such means as the internet, email or text messaging. I also understand that while the school will take appropriate measures to limit access to illegal, dangerous or inappropriate material, ultimately it is each student's responsibility not to initiate access to, or have any involvement with, such material.

I HEREBY GIVE MY PERMISSION for _____
to be given access to computing and communication technologies such as the internet.

SIGNED _____ **DATE** _____

**WESTERN SPRINGS COLLEGE COMPUTING/CYBERSAFETY
STUDENT USE AGREEMENT (all students to read)**

I UNDERSTAND THAT:

- I cannot use the internet at school without signing and handing in this Use Agreement
- It is expected that in all forms of electronic media that the good name of the school and its teachers will be upheld. Personally offensive written comments about students and staff are regarded very seriously and can result in both school disciplinary action and police prosecution. Neither staff nor students can in any way be recorded or displayed without express written consent.
- Computers and other communication technology equipment which belongs to Western Springs College is intended for educational purposes only, and NOT to be used for personal use. Any other communication technology equipments that I use within the school environment (eg mobile phone) will be used in accordance with the school regulations.
- When using a global information system such as the internet it may not always be possible for the school to filter or screen all material which is inappropriate (eg legal pornography), dangerous (eg bomb designs), or illegal (eg child pornography or stolen credit card numbers). It is therefore each student's responsibility not to initiate access to such material, to distribute such material by copying, storing or printing, or have any involvement with such activity.
- When using the email facilities at school, it may not be possible for the school to monitor or filter all messages; it is therefore each student's responsibility to ensure that any electronic correspondence will not cause offence or be otherwise inappropriate.
- The school will view seriously involvement in any incident in which communication technologies are used to facilitate misconduct eg harassment, bullying, plagiarism, exam cheating etc.
- The school reserves the right to check at any time, work or data related to communication technologies in the school environment.

I WILL TAKE CARE OF INFORMATION TECHNOLOGY RESOURCES, INCLUDING:

- I will not damage computer equipment or furniture and will use the resources with due care.
- I will not use any school computers for arcade-style games
- I will not attempt to breach copyright (eg by illegally copying software).
- I will not bring software from home to use on a Western Springs College computer.
- I will not plagiarise by illegally copying text without referencing the source.

I WILL BE CONSIDERATE TO OTHER USERS, INCLUDING:

- I will not monopolise equipment.
- I will not deliberately waste computer resources (eg unnecessary printing)
- I will not intentionally disrupt the smooth running of any computer or the school's network
- I will not scan or display graphics, record or play sounds, or type messages that could cause offence to others
- If I accidentally encounter inappropriate, dangerous or illegal material I will immediately remove it from the screen/turn off the screen and notify a supervising teacher without disclosing the material to any other student

I WILL RESPECT THE NEED FOR PRIVACY AND SECURITY, INCLUDING:

- I will not reveal home address or phone number of myself or others on line
- I will use cds only in accordance with the school regulations
- I will not attempt to upload or create computer viruses or be involved with other forms of electronic vandalism
- I will immediately report any internet safety problems to a class teacher or HOD

I ACCEPT THAT breaching this agreement (or any involvement in such a breach) may result in my access to the Computing and Communication Technology resources at Western Springs College being withdrawn, which could make me ineligible to continue studying a particular subject. I also understand it could result in disciplinary action by the School.

PERMISSION SLIP
<ol style="list-style-type: none">1. ATHLETICS DAY (all year levels)2. SWIMMING SPORTS DAY (all year levels)3. PICNIC DAY (end of year - year levels 9 & 10 only)

EXACT DATES AND TIMES WILL BE NOTIFIED AT THE START OF THE YEAR.

(The cost of these activities will be invoiced in January)

I give permission for the following student to attend the above events:

STUDENT'S FULL NAME _____

SIGNED _____
(Parent/Caregiver)

DAYTIME EMERGENCY PHONE _____

MEDICAL CONDITIONS TO BE AWARE OF which could affect participation:

Year 9 Nga Taonga o Aotearoa/New Zealand’s Unique Biodiversity

Dear caregiver,

The year 9 students will visit the zoo during the year with their science teacher as part of their first unit. The focus will be on Nga Taonga o Aotearoa, as well as ways in which we can improve the biodiversity in the local area. The visit(s) will occur during school time. The students will walk to the zoo with their science teacher and at least one other teacher. They will have a classroom session with a Zoo educator, as well as for “self-guided” sessions with their science teacher.

The cost of the zoo visits for the year will be \$20, which covers all visits throughout the whole year. The fee will be included in the “Year 9 Science Course Costs”, payable to the school office for 2018.

Please complete the form below. It needs to be signed and returned to the school office.

Yours sincerely,

Allayne Ferguson and Kathryn Jenkin

Co-HODs Science Department

Any queries to fergusona@wsc.school.nz or jenkink@wsc.school.nz or 815 6730 x725

.....

I give permission for

.....

to partake in visits to the Zoo during 2018.

My son/daughter/ward has the following special needs/things that their science teacher should be aware of:

.....
.....
.....

Signed:..... Parent/ Guardian

YEAR 9 OPTION SHEET 2018

Full Name _____

- Preferred Language Option

Choose 1st & 2nd

Preference:

(circle or highlight)

Te Reo Maori
French
Chinese

- Preferred Arts Options

Choose FOUR:

(circle or highlight)

Art
Drama
Dance
Media
Music
Philosophy

Lumino

The Dentists

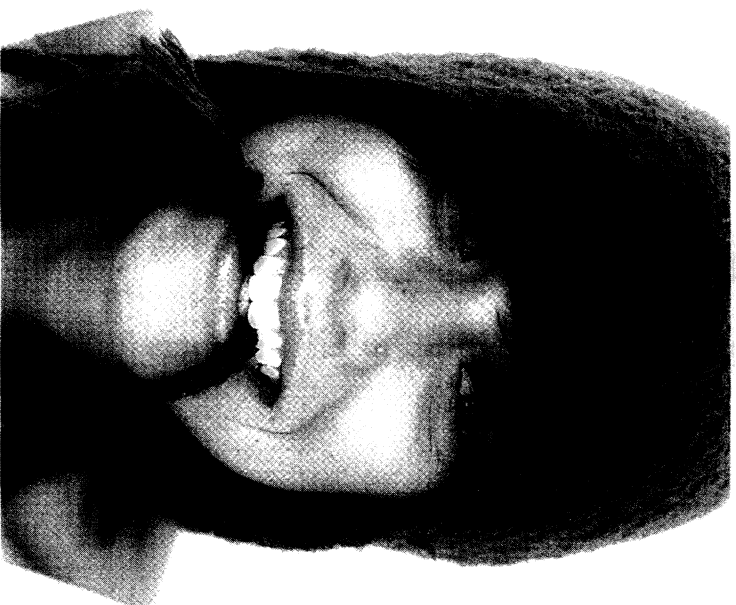
Lumino The Dentists, New Zealand's largest dental healthcare provider, has been looking after the oral health of young people for over ten years. Since our Lumino School Smiles Programme first started we have helped over 12,000 secondary school students care for their smiles.

Our programme is fully funded by the Ministry of Health and is widely recognised as the most effective model for delivering quality dental care to New Zealand's secondary school students. Our dental professionals are highly trained and dedicated to providing teens with the very best dental care. They can advise your child on how to keep their teeth healthy and beautiful once they have left the mobile unit.

Lumino The Dentists also offers a wide range of preventative, restorative and cosmetic private dental treatments for adults and children. Treatments include whitening, porcelain veneers, crowns, bridges and fillings. Visit our website at lumino.co.nz to find the practice nearest to you.



The North Shore Smile Mobile



Confidence is a great smile

Our FREE* mobile dental team will make sure your smile is always at its best. We're coming to your school this year.

Lumino

The Dentists Mobile

0800 LUMINO lumino.co.nz

Lumino

The Dentists

Mobile

School Smiles Programme

FREE dental care for year 9-13*

Getting your child the right dental care has never been so easy.



Our mobile units

Lumino The Dentists mobile units are equipped with the latest dental equipment. Each unit also has a digital x-ray imaging facility. Your child will be looked after by qualified, highly skilled dental professionals who have extensive experience in caring for young people's oral health.

What can you expect for your child

Your child's Lumino dental professional will assess their dental needs to achieve optimal dental health. They will also advise your child on how to keep their smile as bright and healthy as possible. The Lumino The Dentists School Smiles Programme is focused on prevention of tooth decay and gum disease through an annual examination and ongoing education. Restorative work is also carried out in the mobile units. Where treatment cannot be completed, students will be referred to a Lumino The Dentists practice. All treatments are carried out in a clinically safe and culturally sensitive way. Each child is entitled to one examination per year. Where necessary, students can be seen more frequently.

Treatment Process

The first visit consists of an oral examination including:

- Dental health care and advice
- X-Rays (if required)
- Treatment (if required)
- A personal Smile Report

After Your Child's Visit

- Your child will bring home a Smile Report after their visit to Lumino Mobile, which will provide you with a summary of the treatment they received and details of any further work that is needed.

Keeping Teenage Teeth Strong, White and Healthy

Every teenager dreams of having a bright, healthy smile and fresh breath. Unfortunately, dental problems such as crooked teeth, broken or missing teeth, bad breath and tooth decay are all too common. As teens become more independent, it can be difficult to convince them to make the time to visit a dental professional. However, if they want to maintain an attractive, healthy smile, it is vital that they have a regular dental examination. In addition to seeing a dental professional regularly, there are a number of other things that teens can do to keep their mouth bright, white and healthy.

- Brush twice a day
- Clean between the teeth with floss daily
- Steer clear of sugary drinks. Fruit juices and sodas can erode and damage tooth enamel, leading to cavities

Sports

By about age 12 or 13, most young people will have a full set of adult teeth. Wearing a mouth guard when playing sports, especially of the high contact variety, will protect teeth from being knocked out. It will also prevent unsightly chips and cracks. All professional athletes use mouth guards to protect their pearly whites - so should your teen.

Diet

Enjoying a balanced, nutritious diet will have a positive impact on your child's dental health. Drinking lots of water and choosing healthy snacks, such as apples, carrot sticks and low fat yogurt, will also help keep teeth healthy. It is important that your teen doesn't indulge in too many sugary foods or fizzy drinks as these can lead to cavities.

Orthodontics

Many teens require braces to fix crowded and crooked teeth or poor jaw alignment. Teeth that do not fit together properly are harder to clean and can affect every day activities such as chewing and speaking. Having an uneven smile can also have a huge impact on a young person's confidence and self-esteem. With the proper treatment, your child can look forward to having straight, beautiful teeth for the rest of their life. When your child visits a Lumino The Dentists mobile unit, the dental professional will be able to determine whether there is a need for orthodontics and can refer your child on for further assessment.

Smoking

Research has shown that smokers are about twice as likely to lose their teeth as non-smokers. Tobacco can also cause yellowing and rotting of the teeth, receding gums, bad breath, oral cancer and periodontal disease.

Mouth Jewellery

A lot of young people think that mouth jewellery and piercings will look cool, before realising that some painful medical conditions can be the result of that new hole in their mouth. Tongue infections, injury to the gum tissue, chipped teeth, and an increased flow of saliva and nerve damage are all possible side effects.

Student Support

All students are entitled to seek the assistance of the Health and Disabilities Commissioner if they are not completely satisfied with any aspect of their treatment. We have a dedicated mobile unit manager who is also available on 09 444 0552 or schoolsmiles@lumino.co.nz should you wish to make further enquiries or discuss the service in greater detail.

School Smiles Programme enrolment form

*FREE treatment for year 9-13**

If you require more than one enrolment form, please contact us. Visit our website to download a form.

First Name(s):

Surname:

NHI Number:

Date of Birth:

Gender ☐ Male ☐ Female

Parent/Guardian Name:

Residential Address:

Secondary School:

Nationality - in which country were you born?

Contact Phone Number:

(day): (night):

(mobile):

Email:

Health and Disability Commissioner 0800 11 22 33 or hdc@hdc.org.nz

Consent to Enrolment

I/We agree

- this information is true and correct
- to enrol with Lumino the Dentists for an oral health examination and treatment.*
- Lumino may transfer my records from my previous dental provider.
- that my personal details and treatment information to be sent to the Local District Health Board and the Ministry of Health for provider payment and clinical data collection purposes.
- the enrolled child has not visited another clinician in the last 12 months.

Signed:

Date:

Parent or legal guardian must sign this form if the enrolling parent is under 16 years.

Please tear off the completed enrolment form and post back to us: Lumino The Dentists, PO Box 106514, Auckland 1143 or drop it off at the school reception.

*Once enrolled, your child will be entitled to free treatment until they turn 18 years of age. There is no need to re-enrol every year. Your child will remain enrolled with Lumino The Dentists, unless you request their removal. Please contact us on 09 444 0552 or schoolsmiles@lumino.co.nz if there has been any change in your child's medical history, you have moved house, your child has changed schools or you would like your child to be removed from our records.

0800 LUMINO | lumino.co.nz

Medical questionnaire

Family doctor name:

Please circle your answer to the following questions

Are you presently receiving any medical treatment?	Yes	No
Have you any allergies that you are aware of?	Yes	No
Have you ever experienced excessive bleeding from dental treatment, cuts or scratches?	Yes	No
Any change in your general health in the past year?	Yes	No

Please tick the box if your answer is yes

Have you ever had any of the following?

<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> Heart trouble
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Asthma
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Chest pains
<input type="checkbox"/> Severe headaches	<input type="checkbox"/> Thyroid problem
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Anaemia
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney trouble
<input type="checkbox"/> Gastric problems	<input type="checkbox"/> Cold sores
<input type="checkbox"/> Depressive illness	<input type="checkbox"/> Drug dependence
<input type="checkbox"/> Tuberculosis (TB)	

Please provide details:

Have you ever taken long term medication? <small>(if yes, please name)</small>	Yes	No
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Have you any allergies to medicines that you are aware of? <small>(if yes, please name)</small>	Yes	No
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Are you wearing an artificial joint eg. hip joint?	Yes	No
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Have you ever had contact with the AIDS virus or Hepatitis B virus?	Yes	No
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Have you ever had a reaction to an anaesthetic?	Yes	No
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Are you pregnant now? <small>(If yes, pregnancy due date)</small>	Yes	No
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Are there any other aspects concerning your health that you think we should know about? <small>(If yes, please indicate)</small>	Yes	No
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Are you currently taking any drugs or medicines?	Yes	No
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Does your jaw 'click' or hurt?	Yes	No
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Do you feel you grind your teeth?	Yes	No
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Have you ever had orthodontic treatment?	Yes	No
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Do you think you have occasional bad breath?	Yes	No
--	-----	----

Do your gums ever bleed when you clean your teeth?	Yes	No
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Additional information:

please continue on other side ▶