



## **Enrolment Pack for 2020**

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

Students not residing permanently in our zone in 2020 cannot enrol at this college.  
[Except into the Maori Medium 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 & p3]
- **Statement of Authenticity of Work** [all students & caregivers to sign]
- **Computing/Cyber Safety Student Use Agreement** [all students & caregivers read & sign]
- **Subject Option Sheet** [for year 9 only]
- **Dental Enrolment Form** [optional, all students]
- **PAG –Parents’ Action Group** (optional)

**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 from the NZQA website]
- 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:** **1<sup>st</sup> 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. **2<sup>nd</sup> proof:** one of the following: a 2<sup>nd</sup> 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.

For information on the Maori Medium Unit contact administrator: Whaea Tracey Watford: [waiorea@wsc.school.nz](mailto:waiorea@wsc.school.nz)

**Motions Road, Western Springs, Auckland 1022, [admin@wsc.school.nz](mailto:admin@wsc.school.nz), +64 9 8156730**

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

Applying for : <b>Mainstream / Maori Immersion(Waiorea)</b>	Circle year you are applying for : <b>9 / 10 / 11 / 12 / 13</b>
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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 ☐ No ☐

Permission to have paracetamol Yes ☐ No ☐

Permission to have ibuprofen Yes ☐ No ☐

### Tick areas of concern:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Allergies                     | <input type="checkbox"/> Asthma                 | <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"/> Wears glasses/contacts | <input type="checkbox"/> School avoidance |
| <input type="checkbox"/> Other: <i>specify</i>         | <input type="checkbox"/> Anaemia                |   |

**If you have ticked any of the above please specify any medication required:**

Health issue (eg asthma)

Health issue

Health issue

**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]*



## Important Permissions (Caregiver to read and sign)

### Your Contact Information

Email, 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.

The school may send emails to parents and caregivers relating to the student's educational and other activities at the school. From time to time the school may also send regular newsletters and other relevant communications, which may include fundraising, to parents and caregivers.

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.

### Permission to Photograph

From time to time your student may be photographed taking part in school activities. These photographs could be used in a range of school publications, for example, the school newsletter, alumni newsletter or on our website.

Please contact the school at [admin@wsc.school.nz](mailto:admin@wsc.school.nz) if you have any concerns about the publication of your student's photo

I have read and understand the above:

Signature, parent or guardian \_\_\_\_\_

## Enrolment application signoff (Caregiver to complete)

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 caregiver
- 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**.....

# Computing/Cybersafety

## Student User Agreement for Western Springs College

### Ngā Puna o Waiōrea

#### USER AGREEMENT OVERVIEW

Digital technology continues to create opportunities to learn and connect our school community. Western Springs College Ngā Puna o Waiōrea believes in using a digital citizenship model to support safe, responsible and ethical use of digital technology and online spaces as it helps our online environment to be a positive place for everyone.

This agreement outlines Western Springs College Ngā Puna o Waiōrea's role in promoting the use of digital technology and online spaces for learning, and supporting online safety approaches. It also outlines expectations and responsibilities of students as a member of our online community. It will also be used to support discipline processes when necessary.

#### ROLE

*This section outlines your school's approach to digital technology and online safety*

Western Springs College Ngā Puna o Waiōrea recognises a student's right to receive a high-quality education in a safe online and offline environment.

We will do this by:

- providing information and support to ensure you are aware of, and able to meet, your responsibilities
- teaching a curriculum that promotes positive online safety behaviours
- overseeing students' use of the school's/kura digital devices and platforms
- offering access to the internet and online services that is not unreasonably restricted
- using filtering software to minimise access to inappropriate online content
- allowing the use of technology for personal reasons during break times as long as it does not negatively impact on self and others
- supporting students who need help dealing with online incidents
- taking action when a negative online experience occurs between students even if it takes place outside of school hours
- securing the personal information the school collects about you
- protecting your freedom of expression under New Zealand's Bill of Rights
- having a plan in place to support students when something serious or illegal happens. This might include getting in touch with the Police or Netsafe.

#### YOUR RESPONSIBILITIES

*This section outlines what your school considers appropriate behaviour when using digital technologies and online spaces in school and as a member of the school community*

As a student of Western Springs College Ngā Puna o Waiōrea and a member of our community, it is expected that you will positively contribute towards making our school or kura a place that is safe, respectful, and fair online and offline. This means enacting our school values in online spaces, and helping to shape a positive online culture. This is being a 'digital citizen'.

As a digital citizen, you will:

- **Keep it positive.** Always respect others online and communicate in a constructive way. Do not create or publish content that is indecent, threatening or offensive.
- **Protect privacy.** Do not disclose sensitive personal information about yourself or another person in any digital communication. This includes sharing passwords, accessing devices or online sites belonging to others without consent and taking screenshots and sharing this content without consent.
- **Act cautiously.** Anything you post or do online can influence what people think of you. Likewise, always think carefully about whether the information you see online is true. If you are unsure of something talk to a teacher.
- **Avoid online bullying.** Creating or forwarding/sharing content that is harmful, inappropriate or hurtful is never okay at any time, and may breach legislation (The Harmful Digital Communications Act). If you are harassing people by sending multiple messages this is also considered online bullying and is unacceptable.
- **Be security smart.** Keep personal information safe and secure by using strong passwords and not sharing them with others. This includes not accessing devices or online sites belonging to others without consent, nor taking screenshots and on-sharing their personal content without their knowledge and permission.
- **Check consent.** Before downloading software to the school network or onto devices, seek permission. Interfering with the school systems, digital technologies, equipment/network or the online security of another person is never okay at any time.
- **Recognise others work.** Follow copyright and intellectual property requirements by attributing references, images, text, audio and video appropriately.
- **Respect the rights of others.** Only record and share video, photo or audio content if the people in it know it has been taken and have provided their consent.
- **Use personal devices sensibly.** Keep your device(s) on silent during school hours and only use it outside of class time unless you have been given permission to use it during lessons.
- **Seek help.** Sometimes you or someone you know will feel unsafe or come across inappropriate or hurtful online content and behaviours. If this happens talk to a trusted adult about what can be done, or contact Netsafe directly.

## ONLINE INCIDENTS

*This section outlines how students can seek support and assistance if they encounter any online concerns*

Despite the advantages technology offers and people's best intentions, sometimes there will be challenges and risks within an online community – either accidentally or on purpose. Western Springs College Ngā Puna o Waiōrea is committed to supporting you if something goes wrong online.

**Online bullying.** Incidents of online bullying or harm will not be tolerated at our school/kura or kura. If you or somebody else is being bullied or harmed online, it's never okay at any time. This type of harm doesn't usually just go away. It's important to keep the evidence of what is happening to you or someone so this can be investigated. Don't put yourself at further risk by continuing any contact with the person or people who are bullying online, or creating harmful or hurtful content. It's very important to let your Head of House know what's happening so you can get the right help and support you need. You should also consider talking to a trusted adult like your parent, your whānau or guardian for support.

**Report a problem.** You should report an online incident or if you suspect something is happening online as soon as you can to your Head of House. Once the school is made aware of a problem, they will assess the problem and work to resolve it.

**Online safety support.** Netsafe is an online safety organisation that is also available to help. They provide free confidential advice seven days a week for all online safety challenges. They can be contacted on 0508 638723 or online at [netsafe.org.nz](https://netsafe.org.nz)

## **STUDENT DECLARATION**

I am aware of the expectations, behaviours and values required of me when I use digital technologies at school, any online tools and platforms, and the school's systems and network. I understand these apply to all devices used at school whether they are owned by school or if it is my personal device.

I understand I have the right to use and experience online environments and digital technologies in positive ways and that others do also. With these rights, come responsibilities.

I understand and agree to support and uphold these expectations and responsibilities outlined in this agreement.

I know that if my actions or behaviours do not align with the User Agreement there may be consequences. This may include the loss of access to the internet on school owned devices or personally owned device used at school.

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

## **PARENT/ WHĀNAU/ GUARDIAN DECLARATION**

I know that if my child behaviours or acts in ways that don't align with those detailed in the User Agreement there may be consequences which the school will talk to me about.

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

# YEAR 9 OPTION SHEET 2020

Full Name \_\_\_\_\_

- Preferred Language Option

Choose 1<sup>st</sup> & 2<sup>nd</sup>

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](http://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](http://lumino.co.nz)

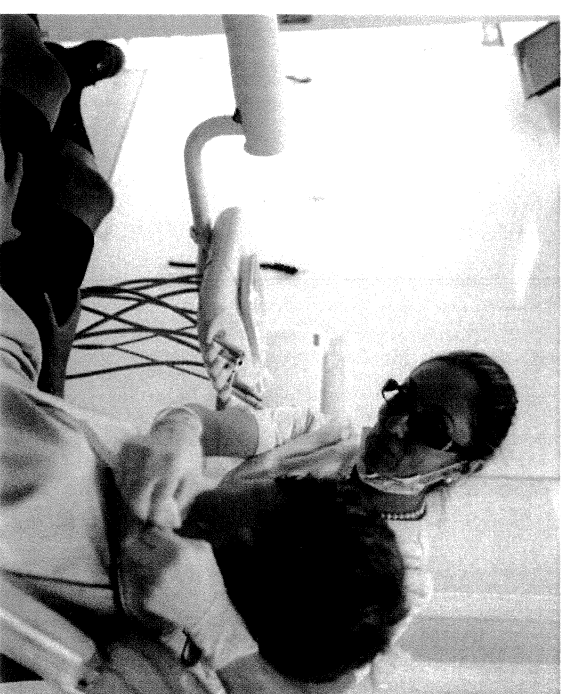
# Lumino

## 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](mailto: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: 

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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](mailto: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 patient 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](mailto: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](http://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? <i>(If yes, please name)</i>	Yes   No
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Have you any allergies to medicines that you are aware of? <i>(If yes, please name)</i>	Yes   No
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Are you wearing an artificial joint eg. hip joint?	Yes   No
--	----------

Have you ever had contact with the AIDS virus or Hepatitis B virus?	Yes   No
---	----------

Have you ever had a reaction to an anaesthetic?	Yes   No
---	----------

Are you pregnant now? <i>(If yes, pregnancy due date)</i>	Yes   No
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Are there any other aspects concerning your health that you think we should know about? <i>(If yes, please indicate)</i>	Yes   No
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Are you currently taking any drugs or medicines?	Yes   No
--	----------

Does your jaw 'click' or hurt?	Yes   No
--------------------------------	----------

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 ►



**WESTERN  
SPRINGS  
COLLEGE**

NGĀ PUNA O WAIŌREA

WHAIA TE MĀTAURANGA

MOTIONS ROAD  
AUCKLAND 1022 NEW ZEALAND  
P +64 9 815 6730  
F +64 9 815 6740  
E [admin@wsc.school.nz](mailto:admin@wsc.school.nz)  
[westernsprings.school.nz](http://westernsprings.school.nz)

Welcome to the PAG, the Parents' Action Group of Western Springs College.

PAG is made up of a group of parents who work together to support our school and strengthen the school community. PAG is open to all parents/caregivers of students at Western Springs College and new members are always very welcome to join the PAG email list to be part of the PAG forum, get meeting details, information about PAG related events and a copy of the monthly meeting minutes. Joining PAG is a great way to meet other parents and to hear about what is happening at our school.

If you would like to be involved with PAG, please provide your email below which will be passed on to the Parents' Action Group.

Caregiver Name: \_\_\_\_\_

Email: \_\_\_\_\_

