



WESTERN
SPRINGS
COLLEGE

NGĀ PUNA O WAIŌREA

WHAIA TE MĀTAURANGA

Enrolment Pack for 2022

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

Students not residing permanently in our zone in 2022 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 & important permissions [parent/caregiver to complete]
- **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: 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.

For information on the Maori Medium Unit contact administrator: Whaea Tracey Watford: waiorea@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**

A STUDENT DETAILS

STUDENT'S SURNAME (Family name)		FIRST NAMES (underline the one commonly used)	
GENDER:			
HOME ADDRESS			
POSTCODE:			
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, RTL, 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 (up to age 11)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Permission to have paracetamol	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Permission to have ibuprofen	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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:

Concerns: *specify* issues you want the nurse to know about:

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 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

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 2022

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 Studies
Music
Philosophy



Lumino The Dentists School Smiles Programme

FREE treatment for year 9-13* - for further information visit lumino.co.nz

Enrolment Form

First Name(s)
Surname
NHI NUMBER <input type="text"/>
Date of Birth
Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Parent/ Guardian Name
Residential Address
Secondary School
Nationality - in which country were you born
Contact Phone Daytime
Contact Phone Night time
Mobile
Email

Consent to Enrol

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.

Signature

Date

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

*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.

Medical Questionnaire

Family Doctor Name
Are you presently receiving any medical treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you any allergies that you are aware of? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever experienced excessive bleeding from dental treatment, cuts or scratches? <input type="checkbox"/> YES <input type="checkbox"/> NO
Any change in your general health in the past year? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had any of the following?
<input type="checkbox"/> Rheumatic fever <input type="checkbox"/> Heart trouble <input type="checkbox"/> Asthma
<input type="checkbox"/> High blood pressure <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? (If yes, please name) <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you any allergies to medicines that you are aware of? (If yes, please name) <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you wearing an artificial joint eg. hip joint? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had contact with the AIDS virus or Hepatitis B virus? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you pregnant now? (If yes, pregnancy due date) <input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any other aspects concerning your health that you think we should know about? (If yes, please indicate) <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently taking any drugs or medicines? <input type="checkbox"/> YES <input type="checkbox"/> NO
Does your jaw 'click' or hurt? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you feel you grind your teeth? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had orthodontic treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you think you have occasional bad breath? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do your gums ever bleed when you clean your teeth? <input type="checkbox"/> YES <input type="checkbox"/> NO
Additional Information



**WESTERN
SPRINGS
COLLEGE**

NGĀ PUNA O WAIŌREA

WHAIA TE MĀTAURANGA

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AUCKLAND 1022 NEW ZEALAND
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F +64 9 815 6740
E admin@wsc.school.nz
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 email: pag@wsc.school.nz