

OUT OF ZONE ENROLMENT 2021

Please return this application by the 2nd September 4pm.
Please ensure all details are filled in, together with photocopied legal documents. (Please ensure only **COPIES** are included as no information can be returned)



BHBI Blockhouse Bay Intermediate
Stand Tall • Ruia Taitea

The following priorities for out of zone enrolment apply as directed by the Ministry of Education guidelines.

Please indicate which priority you are applying under (tick one only)

- SC sibling of students currently enrolled at BHB
- SP sibling of former student of BHBI (**Birth certificate of former student required**)
- CP child of former student of BHBI (**Proof required eg report, photo**)
- BE child of an employee of the BHBI Board of Trustees
- OZ All other applicants

95 Bolton Street Blockhouse Bay Auckland Ph:626 6414 www.bhbint.school.nz

Student Details PLEASE REMEMBER TO INCLUDE A COPY OF YOUR CHILDS BIRTH CERTIFICATE / NZ PASSPORT OR STUDENT VISA.

Students Full Name _____
First Name Middle Name Family Name

Known As: _____ Gender: Male/Female Date of Birth: ____/____/____
Preferred Name (Please Circle) Day/Month/Year

Ethnic Group1 (Most identified with) circle one: NZ Maori Cook Island Indian Chinese
Asian European/Pakeha Tongan Samoan Niuean Fijian Other _____

Ethnic Group 2 (also Identified with)– circle one, if applicable: NZ Maori Cook Island Indian
Chinese Asian European/Pakeha Tongan Samoan Niuean Fijian Other _____

Home Language: _____

Parent/Caregiver Details: (Please list parent to be **contacted** first)

Student Lives with: (please circle) Parents Mother Father Guardian Other

1st Contact: Name: _____ Relationship to Child: _____

Home/ Mobile Phone: _____ Work Phone: _____

Parents / Caregivers home email

(Please print clearly) we email our school newsletter/ student led conferences, emergencies and school wide events only

1st contacts - Home Address: _____

_____ Post Code _____

P.T.O

2nd Contact: Name: _____ Relationship to Child: _____

Home/ Mobile Phone: _____ Work Phone: _____

Emergency Contact (an alternative to other contacts please)

Name: _____ Relationship to student _____

Daytime Phone Number _____ Mobile Number _____

Student Health

Please list any medical conditions your child has

Medical condition _____ Severe/Moderate/Mild

Medical condition _____ Severe/Moderate/Mild

Medical condition _____ Severe/Moderate/Mild

Sensitive Information: (ie: Custody issues, restricted access. Please attach copies of custody orders

Learning Needs: (Please state any special learning, ability or behavioural needs your child may have)

Cultural, Musical, Sporting Interests: _____

OK for School to Administer Panadol: Yes / No Is your child immunised Yes / No / Partly

Country of Birth _____ Country of Citizenship _____

If not born in New Zealand, attach a copy of student's passport, or parents work permit and record date of entry into New Zealand _____

Previous School _____

Does student have Maori ancestry? Yes/No Please state iwi _____

MEDIA PERMISSION We are required to seek media permission from parents/caregivers. During the school year, many events take place, which we like to both highlight and celebrate. Some ways we highlight and celebrate these events is through our community newsletter, our school facebook page and our school website. Our prospectus provides photographs and information about our school and our Enrichment programmes involve students participating in blogging, film, media and yearbook workshops, which may involve the use of student photos and or names.

Photographs may be of groups of students or of individual students and names may or may not be used.

Please indicate below whether you give consent/media permission for your child.

Thank you for your cooperation in helping us to highlight and celebrate the good work and efforts of our students and teachers.

PLEASE CIRCLE ONE:

I give media permission as outlined above and permission for my child's photograph and name used.

I do not give media permission and do not wish for my child to be photographed or his/her name used.

Parent Sign _____

Print Name _____

Parent/Caregiver Guarantee:

I hereby guarantee that:

- I have completed all sections of the above form and the information supplied is correct.
- I will assume responsibility for the school contributions and all associated costs.
- My child will attend school regularly.
- My child will abide by the school's rules, including wearing of the correct Blockhouse Bay Intermediate School uniform.

I understand that:

- The information on this form will be used by the school for educational purposes.
- I am giving my permission for the school to include my child in routine health checks when necessary.
- I am giving my permission to enable the dental authority to access my child's details.
- Names, addresses and phone numbers may be released to the BOT.

I give permission for:

- My child's records to be obtained from their previous school, and my child's name and address to be forwarded to potential secondary schools.
- My child's records to be sent on to their next school upon their leaving Blockhouse Bay Intermediate.

I/We acknowledge that the above information is true and correct. I /we further accept that in signing this form we abide by the procedures, rules and regulations of the school.

Date _____ Please print name _____

Parent signature _____

Out of Zone Information

Thank you for your application for enrolment at Blockhouse Bay Intermediate School. Out of Zone enrolment closes on the 2nd **September 4pm**.

Because you do not live within the home zone specified in the school's enrolment scheme your application will be subject to the selection procedure specified in the Education Act 1989.

The Act states that first priority must be given to students who meet the criteria for enrolment in an approved special programme run by the school. Our school has no such programme. Second priority must be given to siblings of current students. Third priority must be given to siblings of former students. Fourth priority must be given to children of a former student of the school. Fifth priority must be given to children of board employees. Sixth priority must be given to all other students.

In situations where the number of applicants exceeds the number of places available for out of zone students, selection will be by ballot. If a ballot is required at our school, it will be held on 9th **September** and will be supervised by a Justice of the Peace (or, as appropriate, a practising lawyer or a sworn member of the Police or a local government returning officer). Within three school days of this date, the school will send you a letter informing you of the outcome of the ballot. If your application has been successful, you will be asked to confirm your acceptance or rejection of the offered place within fourteen days of the date on the school's letter. If you do not respond within the fourteen-day period, the place will be offered to the first person on the waiting list established by the ballot.

If you require any further information, please do not hesitate to contact me.

Michael Malins Principal

Blanket Consent Trips / Events

This EOTC form is to cover events which occur during the course of a school day and conclude prior to approximately 6.00pm.

Where an event involves risk exposure greater than what would typically be the case at school, such as adventurous activities or hazardous environments or the event continues overnight, specific consent will be required. At the time of our seeking any further consents you will also be asked to update the health and contact information held by school.

It is important that this form is completed for all students who will be participating in EOTC events (as described above). Details on this form will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events. It is crucial that you provide us with up to date information, that is accurate and complete, to allow us to plan appropriately for EOTC events.

Please note that is very important that student details such as health information and emergency contacts are kept up to date with the Blockhouse Bay Intermediate school office during the year.

Please ensure that all sections are completed

Privacy Statement:

Please note: the personal information being collected on this form is for the purpose of running EOTC events. It won't be used or disclosed for any other purpose except in accordance with the Privacy Act 1993. You have the right under that Act to access and seek correction of the information from the school.

Student Information

Name:

Year:

Contact Phone Number

Medical Consent

- In an emergency school may act on my behalf.
- School may administer pain relief.
- I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.

- I will inform Blockhouse Bay Intermediate school as soon as possible of any changes in the medical or other circumstances.
- Any medical costs not covered by ACC or a community service card will be paid by me.
- If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will be sent home at my expense.

Signed (by parent):.....

Contact Number.....

Student Contract

To be read and signed by all participating students.

- I understand that any EOTC event is an opportunity for me to learn, practise skills and gain attitudes and values in an environment outside the classroom.
 - I realise that this requires me to take on genuine responsibility for my own learning and the safety and that of myself and others.
- I agree to do the following to make this happen:
 - Show courtesy and consideration for others; Follow the rules and instructions of staff and other supervisors at any event; Take part in all activities within challenge-by-choice options; Look after myself and my personal belongings; Declare medical conditions that could affect participation in the event; Accept the rules set by the school for any event, even if they are different from what is accepted at home.
- I understand that my parent/caregivers will be contacted and I may be sent home at their expense if:
 - My actions are considered unacceptable by staff; I break the school drugs and alcohol policy; My actions put me or others in any danger.

Signed (by student):Date/...../.....

Parental Consent

- I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.
- I understand that there are risks associated with involvement in Blockhouse Bay Intermediate school's EOTC events and that these risks cannot be completely eliminated.
- I understand Blockhouse Bay Intermediate school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.
- I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures.
- I acknowledge that in order to gain a better understanding of the risks involved I am able to ask any questions of Blockhouse Bay Intermediate school about the activities in which my child will be involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.
- I understand that Blockhouse Bay Intermediate school does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.

Signed by parent:.....Date/...../.....

(Full name of parent/Caregiver)

.....

School Computer and B.Y.O.T Internet Agreement

Terms and conditions of use

Student

Name _____

I have read, understood and agreed to the terms and conditions of the Blockhouse Bay Intermediate School Computer and B.Y.O.T Internet Agreement.

Student Signature _____ Date _____

Parent or Caregiver

As the parent or caregiver of this student I have read the Blockhouse Bay Intermediate School Computer and B.Y.O.T Internet Agreement and agree to the conditions contained within it. I understand that this access is designed for educational purposes and that Blockhouse Bay Intermediate has taken precautions where available to eliminate controversial material. I recognise it is not possible to restrict access to all controversial material and I will not hold the school responsible for material accessed by my child on the computers and their own personal devices. I give permission for my child to use the internet for research associated with class work, to publish his / her own work, to send and receive email, and I accept responsibility for his / her use. I understand that if the guidelines are not followed that school disciplinary and / or legal action may be a result of this action.

Parent / Guardian Signature _____ Date _____

My child has access to the internet at home YES NO

DEVICE CRITERIA

<ul style="list-style-type: none">• It must be able to access and use all functions of the students' school-provided Google Apps for Education (GAFE) account via the school's Wi-Fi network. <p>* iPads/ tablets do not support all GAFE features, and as such are not suitable devices.</p> <p>* chromebooks are our recommended device.</p>	<ul style="list-style-type: none">• Battery life of 5-6 hours to last a whole school day without charging• Has a quick start-up time (2-3mins max.)• Minimum 11" screen or larger is required, it must be suitable for typing large amounts of text	<ul style="list-style-type: none">• No iPods or phones/ devices with their own 3G/4G internet access capability• Students must have their own set of earbuds or headphones
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My child has their own personal device which meets the attached criteria (see below)

Please record the device model and brand? (e.g. Samsung chromebook)

School Computer and B.Y.O.T Internet Agreement

Terms and conditions of use

Note: Please pull off and keep this information

1. The school computer network is available for students to use for school related work and activities.
I will NOT use it for private internet, or non-school related activities.
2. I will keep my account password secret and not share it with anybody else. If I think someone may know my password I will immediately change my password. I will be responsible for any and all activity on my account. **I will not use another person's password to access the school network.**
3. I understand that I will be provided a **Google Apps for Education (GAFE)** account from Blockhouse Bay Intermediate to create and share schoolwork with my teachers and peers. I understand that teachers and staff at Blockhouse Bay Intermediate have full access to my account including my emails.
4. **I understand that it is my responsibility to fully charge my device each night, so that it is ready to use at school the next day.**
5. I acknowledge that certain sites may be blocked (facebook, twitter etc). I will not attempt to access these sites. I will not use or attempt to use a proxy site to gain access to blocked websites.
6. **All devices brought to school are the responsibility of the student. Insurance for the device is the responsibility of the parent.**
7. **Teachers will provide a locked cupboard for students to store their devices when not in use. If students do not use this facility, then the school holds no responsibility for any loss or damage that might occur.**
8. I will not bully another person using email, internet, computer or B.Y.O.T facilities.
9. I will not use the network in a way that is disruptive to others. This may include playing online games or viewing internet videos. Check with the ICT Director if you are unsure.
10. I will not intentionally seek information, obtain copies, delete or change information belonging to other users of the network.
11. I will not copy information from the internet and present it as my own work. **For any assessed piece of work I will rewrite all the information in my own words and reference from where I got the information.**
12. I understand that if I *try* to gain unauthorized access to system programmes or computer equipment the privileges of computer use will be withdrawn, and my parents contacted. If I become a security risk or have a series of problems with the network I will be denied access to the school computers and/or my personal device for a specified period.
13. Printing: Work that has been fully proofread, viewed by the teacher, and is of a high standard may be printed. All work must have your name and room number on it. Colour printing may be available at your teacher's discretion at a cost to the student.
14. I understand that if I break any of these rules that my computer privileges may be suspended for a period of time and that my parents, and possibly the police, may be contacted.

Here are 4 guidelines to help students remember the rules:

1. ***The school computers, my device and the network are for school work only while in the school grounds.***
2. ***I must not tell anyone my password or let anyone else use my account.***
3. ***Would I be happy for my parents and teacher to see what I am doing on the computer? If not, don't do it!***
4. ***If I know someone else is doing the wrong thing I will tell an adult.***