



# WHAKATĀNE HIGH SCHOOL APPLICATION TO ENROL

Current school: \_\_\_\_\_

Tick the year level for which you are applying:

Year 9

Year 10

Year 11

Year 12

Year 13

**Student Details:** *The following information is required to help us deliver the best possible education.*

*Ethnic information is required for statistical analysis by the Ministry of Education.*

<b>Family Name</b>		<b>First Names</b> <i>underline preferred name</i>	
<b>Male</b> <input type="checkbox"/>	<b>Female</b> <input type="checkbox"/>	<b>Date of Birth</b> <i>(proof attached)</i>	<b>Ethnicity:</b> NZ European <input type="checkbox"/> NZ Māori <input type="checkbox"/> Iwi _____ Other _____

## The Whakatāne High School Partnership

Effective learning and teaching takes place best in an orderly and purposeful environment. This is provided at Whakatāne High School through the Positive Behaviour for Learning programme which is based on students' responsibilities and rights.

### Achievement (Whaingā)

- Participating and succeeding in all aspects of school life
- Making the best use of all opportunities offered at school
- Giving your best to yourself, your relationships, your society and your environment



### Respect (Mana)

- Being considerate and appreciative of others
- Valuing all members of the school community
- Valuing the school environment



### Responsibility (Kawenga)

- Being accountable for your actions
- Honouring commitments or promises made to others
- Looking after your environment and the earth



**At Whakatāne High School we work consistently to live up to these values**

## Family Agreement

- I/We agree to abide by the values of Whakatāne High School
- I/We agree to pay for applicable subject, trip and sports fees
- In the event of sickness and accident emergencies, when staff are unable to contact caregivers, I/we authorise the obtaining, on my/our behalf, of any medical assistance if, in the opinion of staff, such treatment is necessary. I agree to meet any costs incurred
- I/We give permission for Whakatāne High School to use images, videos or work produced for school promotional purposes.
- I/We confirm the address, which I/we have provided in this application to enrol, will be the usual place of residence for the enrolled student when the school is open for instruction. I/We will advise the school of any subsequent change of address
- I/We agree to Whakatāne High School accessing previous school records and sharing information for educational purposes
- I/We have read and understood the statement regarding the Privacy Act 1993 and information sharing between Government Agencies as disclosed on page four of this document
- I/We confirm that the information contained in this application is true and correct in every respect

**Signature of Caregiver (1):** \_\_\_\_\_

**Signature of Caregiver (2):** \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_ **Student cell:** \_\_\_\_\_

**For office use only** - enrolled by:

Date:

TAM

ALP

SEN

OOZ

ESOL

\* All fields marked with an asterisk are REQUIRED if you are providing a caregiver name in that section, for Board of Trustees Elections.

**Residence A (Primary Caregiver)**

**Enrolling Parent/Caregiver(s) - Relationship to student** \_\_\_\_\_

**CAREGIVER 1**

\_\_\_\_\_  
**Surname\***

\_\_\_\_\_  
**First Name\***

\_\_\_\_\_  
**Phone (cell)\***

\_\_\_\_\_  
**Phone (home)**

\_\_\_\_\_  
**Email Address\***

\_\_\_\_\_  
**Physical Address\***

\_\_\_\_\_  
**Post Code\***

\_\_\_\_\_  
**Postal Address (if different from above)** \_\_\_\_\_

\_\_\_\_\_  
**Post Code**

\_\_\_\_\_  
**Place of work**

**CAREGIVER 2 (if applicable)**

\_\_\_\_\_  
**Surname\***

\_\_\_\_\_  
**First Name\***

\_\_\_\_\_  
**Phone (cell)\***

\_\_\_\_\_  
**Email Address\***

\_\_\_\_\_  
**Place of work**

**EMERGENCY CONTACT (someone other than those already listed)**

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Contact number

\_\_\_\_\_  
Physical address

\_\_\_\_\_  
Relationship to student

**Residence B (Secondary Caregiver)**

**Other Custodial Parent/s or Caregiver/s (if applicable) - Relationship to student** \_\_\_\_\_

**Explanation:** those who at times may have day to day responsibility for the student (this information is also used for Board of Trustees Elections)

**CAREGIVER 1**

\_\_\_\_\_  
**Surname\***

\_\_\_\_\_  
**First Name\***

\_\_\_\_\_  
**Phone (cell)\***

\_\_\_\_\_  
**Phone (home)**

\_\_\_\_\_  
**Email Address\***

\_\_\_\_\_  
**Physical Address\***

\_\_\_\_\_  
**Post Code\***

\_\_\_\_\_  
**Postal Address (if different from above)** \_\_\_\_\_

\_\_\_\_\_  
**Post Code**

\_\_\_\_\_  
**Place of work**

**CAREGIVER 2 (if applicable)**

\_\_\_\_\_  
**Surname\***

\_\_\_\_\_  
**First Name\***

\_\_\_\_\_  
**Cell Phone\***

\_\_\_\_\_  
**Email Address\***

\_\_\_\_\_  
**Place of work**

**IMPORTANT:**

Do you want Residence B to receive financial statements?

Yes

No

Please see Financial Information section on reverse.

\_\_\_\_\_  
**If you travel by bus, which one is it?**

## PROFILE/INTERESTS

What do you like about school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you like to do outside of school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SPORT/MUSIC

What sports do you play? Rugby  Football  Netball  Basketball  Hockey  Volleyball

Other  Please state: \_\_\_\_\_

Do you play an instrument? Guitar  Piano  Drums  Voice/Singing

Other  Please state: \_\_\_\_\_

## SENSITIVE INFORMATION

*If there is any other information that you feel the school should be aware of relating to the student, please detail here (e.g. split families, legal access, special education needs etc). **This information will be treated in the strictest confidence.***

## FINANCIAL INFORMATION

Would you like any special arrangements made for the payment of fees? (50/50 split, one parent pays all etc)  
*Invoices are emailed/sent at least once a Term.*

Who is to receive financial statements/invoices: Residence A  Residence B

*All curriculum costs are covered by the school.*

*You will only be charged for voluntary activities and take-home costs (eg. Artwork, Technology)*

## CURRICULUM AND CO-CURRICULUM DETAILS - *The following information is required for the purpose of class allocation*

Do you want to be considered for our Te Aka Mātua class? (see the Prospectus for details) Yes  No

Please tick one of the following boxes indicating your level of involvement in Te Reo Māori:

Kura Kaupapa Māori school  Mainstream Te Reo Māori class  Other: \_\_\_\_\_

What areas do you need extra assistance in:

Mathematics  Reading  Writing

**Other family members currently at Whakatāne High School:**

<u>Name (s)</u>	<u>Relationship</u>
<u>Name (s)</u>	<u>Relationship</u>
<u>Name (s)</u>	<u>Relationship</u>

I give permission for \_\_\_\_\_ to participate in all curriculum based activities within walking distance of the school. These activities can include runs during PE lessons, Science practicals, museum visits etc. All of these will be during normal class time.

Parent/Caregiver signature

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**PARENT/CAREGIVER CHECKLIST** *(please tick)*

Have you and your child signed the partnership agreement on the front page?

Have you completed the application form in full?

Have you attached the following?

Birth Certificate

Last School Report

Option Sheet

Cybersafety

EOTC Contract

Utility Bill

A copy of your NZQA Record of Learning *(Year 11 - 13 only)*

Medication consent form *(if required)*

Immunisation record *(if applicable)*

Out of zone priority form *(if applicable)*

*For an enrolment interview, please visit [www.schoolinterviews.co.nz](http://www.schoolinterviews.co.nz) and use the code **28jey**.  
Or, you can phone the school office on 07 308 8251 or email us at [office@whakatanehigh.school.nz](mailto:office@whakatanehigh.school.nz).*

*If you live outside our school zone, to be considered for a place at Whakatāne High School,  
you will need to have enrolled **AND** had an enrolment interview  
**BEFORE** Thursday 24 October 2024 to be included in our ballot (if required).*

**Privacy Act 2020 and Information Sharing between Government Agencies**

The personal information you have supplied on this enrolment form is being collected to assist us in understanding and educating your child. We may pass this information on to other educational professionals but only for these same purposes. Under the Privacy Act 2020, you have right of access to any personal information we hold about you or your child.

The school is sometimes obliged by law to give information to Government Departments (e.g. the Ministry of Education and the Ministry of Health) but except for contact details explained below your information will not otherwise be disclosed without your authorisation.

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 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 can be identified and offered support by organisations contracted to MSD to help re-engage young people in education or training when they leave school.

The MOE has Approved Information Sharing Agreements (AISA's) with a number of other Ministries, including OT, MSD, Justice and Health. Information is shared with these ministries to improve public services for vulnerable children in terms of identifying them, assessing their needs, and ensuring the appropriate response is actioned.