

2025 ENROLMENT FORM

Year
Level: _____



**ŌTŪMOETAI
COLLEGE**
Kia mārama hia te ora e te akoranga

DOCUMENTS THAT MUST ACCOMPANY THIS ENROLMENT FORM

1. A copy of the child's NZ Birth Certificate (*preferred*) OR a copy of their NZ Passport.
2. If not born in New Zealand, a copy of the child's overseas birth certificate and passport photo page and proof of residence in New Zealand.
3. Proof of your address (*see page 9 for accepted documents*).
4. A copy of your child's last school report. (*With the exception of Ōtūmoetai Intermediate – your information will come directly from the Intermediate*).

STUDENT DETAILS

The Student's name must be written exactly as it appears on their birth certificate.

Where a student has a preferred name – please record in the 'preferred name' field.

<p>STUDENT'S SURNAME (<i>legal</i>): _____</p> <p>FIRST NAME(S) (<i>legal</i>): _____</p> <p>PREFERRED NAME: _____</p> <p>COUNTRY OF BIRTH: _____ <i>If not born in New Zealand, please complete the next section</i></p> <p>STUDENT'S MOBILE PHONE: _____</p>	<p>DATE OF BIRTH: ____ / ____ / ____ day month year</p> <p>GENDER:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Gender Neutral</p>
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If Student was **NOT** born in New Zealand:

Please tick appropriate box and provide photocopies of passport and appropriate document / visa:

<input type="checkbox"/> NEW ZEALAND CITIZEN	<input type="checkbox"/> OTHER PASSPORT: No
<input type="checkbox"/> NZ PASSPORT HOLDER Expiry Date	<input type="checkbox"/> VISITOR'S VISA STATUS Expiry Date
<input type="checkbox"/> PERMANENT RESIDENCE PERMIT Expiry Date	<input type="checkbox"/> STUDENT VISA STATUS Expiry Date

Country of Origin: **Date of first arrival in New Zealand:**

DUAL ENROLMENT

Are you also enrolling this student at another school? NO YES

If yes, please advise which school: _____

ENROLMENT SCHEME CATEGORY

Home Zone Out of Zone - Please specify the category below:

Select	Category	Information Required	Names and Dates
<input type="checkbox"/>	2 – Siblings – current	Please provide the names and years siblings(s) attended the College	
<input type="checkbox"/>	3 – Siblings – former		
<input type="checkbox"/>	4 – Child – former student	Please provide the name and years the parent attended the College	
<input type="checkbox"/>	5 – Employees Child	Please advise the name of the current employee or Board member	
<input type="checkbox"/>	6 – All Others		

The Primary Residence is classed as the location where the student lives for the majority of the time or for equal time with a listed address in an Alternative Residence. If there is shared custody, both Residence A and Residence B will receive the same school information and access to student information.

If there is a Custody Order or you would like to record specific shared care arrangements, please list these page 3.

RESIDENCE A

ADDRESS	Street Address: _____ Suburb: _____ Postcode: _____
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Caregiver 1 – Residence A		Caregiver 2 – Residence A	
Full Name		Full Name	
Email		Email	
Phone (Mobile)		Phone (Mobile)	
Phone (Home)		Phone (Home)	
Phone (Work)		Phone (Work)	
Occupation		Occupation	
Place of Work		Place of Work	
Relationship to student		Relationship to student	

If the student has another residence:

RESIDENCE B

ADDRESS	Street Address: _____ Suburb: _____ Postcode: _____
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Caregiver 1 – Residence B		Caregiver 2 – Residence B	
Full Name		Full Name	
Email		Email	
Phone (Mobile)		Phone (Mobile)	
Phone (Home)		Phone (Home)	
Phone (Work)		Phone (Work)	
Occupation		Occupation	
Place of Work		Place of Work	
Relationship to student		Relationship to student	

EMERGENCY CONTACT

Please identify ONE adult the College could contact in the event of an emergency (other than the Primary Caregiver). The College will attempt to contact the primary caregivers first but in the event of an emergency, where the school is unable to reach the primary or secondary caregivers, who else might the school contact, eg grandparent, neighbour, family friend? *The Alternative Contact must NOT be the same as the Primary or Secondary Caregiver.*

Full Name		Phone (Mobile)	
Relationship to student		Phone (Home)	

CULTURAL IDENTITY: *(please tick the appropriate box(s))*

NZ European	<input type="checkbox"/>	→ Please state iwi(s): _____ _____
NZ Māori	<input type="checkbox"/>	
Cook Island Māori	<input type="checkbox"/>	→ Please state which Pacific Island: _____ _____
Pacific Island	<input type="checkbox"/>	
Other	<input type="checkbox"/>	→ If Other, please specify: _____

PREVIOUS SCHOOL

Please list your child's CURRENT school. If they have attended this school for less than 6 months, please list the school they previously attended and the date they left.

SIBLINGS NOW AT ŌTŪMOETAI COLLEGE

Full Name	Date of Birth	Year Level

HAS YOUR CHILD BEEN STOOD DOWN / SUSPENDED / EXCLUDED FROM A PREVIOUS SCHOOL

NO YES *If yes, please give details of when, what school and the reason.*

ARE THERE ANY LEGAL ISSUES WE SHOULD KNOW ABOUT, ie custody agreements, parental orders etc.

If yes, please ensure you supply a copy of the legal document.

**IS THERE ANY INFORMATION THAT WE SHOULD KNOW TO BE ABLE TO HELP YOUR CHILD?
(eg learning concerns, social development, giftedness)**

**HAS YOUR CHILD BEEN TESTED FOR LEARNING CHALLENGES / SAC (Special Assessment Conditions)?
If yes, please give details and if possible, provide copies of any assessments.**

**ENGLISH AS A SECOND LANGUAGE – Other than English, what is the language spoken at home?
If you have received ESOL assistance in the past, please provide details.**

HAS YOUR CHILD HAD ANY INVOLVEMENT WITH EXTERNAL AGENCIES?

MOE CAMHS NHS ORS FUNDING ORANGA TAMARIKI NZ POLICE

OTHER: _____

Do you consent for information to be sourced from relevant agencies YES NO _____

(Signature)

Please Note:
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.

HEALTH INFORMATION FORM



STUDENT'S SURNAME <i>(legal)</i> :	
FIRST NAME(S) <i>(legal)</i> :	
PREFERRED NAME:	

DOCTOR NAME:	
MEDICAL PRACTICE:	

MEDICAL DETAILS

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> NONE | <input type="checkbox"/> EPILEPTIC | <input type="checkbox"/> INSECT BITES |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> HAYFEVER | <input type="checkbox"/> MIGRAINES |
| <input type="checkbox"/> BEE STINGS | <input type="checkbox"/> HEARING LOSS | <input type="checkbox"/> PLANT ALLERGY |
| <input type="checkbox"/> DIABETIC | <input type="checkbox"/> HEART CONDITION | <input type="checkbox"/> VISUALLY IMPAIRED |
| <input type="checkbox"/> ECZEMA | | |

MEDICATION ALLERGIES *(please specify)*: _____

FOOD ALLERGIES *(please specify)*: _____

ANY OTHER DIAGNOSED MEDICAL CONDITIONS *(please specify)*: _____

ANY MEDICATIONS: _____

NB: Any medication brought to school must be held by the School Nurse and a consent form completed (please email Nurse@otc.school.nz to obtain a consent form).

ADMINISTERING MEDICATION AT SCHOOL

I / We give permission for the School Nurse to administer the following medications *(if required)*:

Please Select:

- | | | |
|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> PARACETAMOL | <input type="checkbox"/> 1 tablet | <input type="checkbox"/> 2 tablets |
| <input type="checkbox"/> IBUPROFEN | | |
| <input type="checkbox"/> ANTIHISTAMINE | | |
| <input type="checkbox"/> INHALER | | |

(Parent/Caregiver Signature)

SUMMARY OF CORE VALUES



These core values are the foundation for the policies and procedures of Ōtūmoetai College:

Strive for Excellence – (Kimihiā tōu ake maunga teitei) – Collective and individual responsibility to be the best we can.

Working Together – (Whakakōtahitanga) – Productive and trusting learning relationships.

Respect One and All – (Whakakoha tētahi ki tētahi) – A culture of inclusiveness.

Standing Strong - (Tūpakari i tōku ao/te ao) – Self belief with integrity.

School Wide Expectations (non-negotiable):

Correct Uniform to be worn

Out of Class – pass from teacher required

Punctuality – in class on time and no leaving before the bell

Attendance – being present in class

Behaviour for Learning – being engaged in the learning

Mobile phones to remain off and in bags at all times (*refer to our Policy for full details*)

As a student at Ōtūmoetai College, I agree to follow the above Core Values, School Wide Expectations and related policies and procedures of Ōtūmoetai College.

Student Signature: _____

Date: ____/____/____

As a parent, I agree to support the school in enforcing the Policies and Procedures

Parent/Caregiver Signature: _____

Date: ____/____/____

UNDERTAKING FROM PARENTS/GUARDIANS OR CAREGIVERS:

- I/We have read the Home Zone Declaration or the Out of Zone Enrolment Procedure Information and that the information provided in this application form is true and correct. The address which I/We have provided to the College will be the usual place of residence for our child and I/We intend to live at this address permanently. I/We also accept that any incorrect information could result in the annulment of this enrolment.
- I/We will provide the College any new contact details, eg residential address, email or phone numbers, as soon as they become available.
- I/We agree that Ōtūmoetai College may seek further clarification on any information included in this enrolment form. Ōtūmoetai College may also obtain any relevant information from previous schools, when required, to assist with the transition process.
- I / We understand and have signed Ōtūmoetai College Parent/Caregiver Financial Agreement and agree that the College can contact me/us by email or text message regarding any school matters.
- If I/We wish to withdraw my/our son/daughter from any of these activities, then as Parent/Guardian, it is my/our responsibility to inform the appropriate College authority to this effect.

Signatures of Adult(s) responsible for the student: 1. _____

Date: ____/____/____

2. _____

PARENT / CAREGIVER FINANCIAL AGREEMENT



As a state secondary school Ōtūmoetai College has the statutory responsibility to deliver the NZ Curriculum at no cost to parents/caregivers. Ōtūmoetai College continues to opt into the Ministry of Education's School Donation Scheme. The amount in 2025 should be \$159.51 per student.

While the amount per student offered under the Ministry's scheme will not fully cover the cost of opportunities provided to our students, the scheme helps to reduce the financial burden on families.

Any voluntary donation that you make, of course, will assist us and we thank you for your commitment to the school by doing this. For any donation made to the school, a tax credit can be received from the Inland Revenue Department.

There are still some costs that will need to be paid under this scheme and these are clarified below.

Please note that extra-curricular activity, eg sport, will still incur costs and be charged to families.

The College must have the agreement of parents/caregivers for these additional costs:

1. The cost of their Identity Card which is useful for borrowing books from the Library and as a photo ID for student discounts, etc.
2. The cost of materials used for projects by your son/daughter which will be taken home.
3. The cost of non-compulsory activities, camps, field trips and similar activities that your son/daughter elect to participate in.
4. The costs involved with the repair or replacement of damaged property or equipment.

I agree to the conditions and payments above.

Signature: (Parent/Caregiver)

Financial assistance is offered by either time or automatic payments or confidential arrangement through the Principal or Business Manager.

BANK ACCOUNT DETAILS

The College bank account number is: **12-3194-0033970-00**

As a reference, please quote the student's name and, if possible, what the payment is for.

HOME ZONE RESIDENCE DECLARATION FORM



The Education Act requires that parents prove that the address given at the time of application for enrolment must be the student's permanent place of residence when the school is open for instruction. A student's permanent residence is where their biological parent(s) lives. If the child is not living with their biological parent, there must be some agency involvement directing the child to reside with another caregiver. For example:

1. Courts – a court order around the day-to-day care of the child
2. Oranga Tamariki – a case worker involved with you and your child
3. WINZ – where the guardian/student is receiving the Unsupported Child Benefit

Temporary accommodation, such as renting in-zone on a short-term basis, boarding in-zone with a relative or family friend or using the in-zone address of a relative or friend with no intention of living there, does not qualify as a permanent place of residence.

After attendance has begun, if the school learns that a student is no longer living at the in-zone address given at the time of enrolment, then the Board/Principal may review the appointment. Unless the parents can give a satisfactory explanation within 10 days, the Board/Principal may annul the enrolment. Section 110A of the Education Act 1989 allows for this course of action.

The Board requires at least one of the following pieces of documentation to accompany this enrolment form. This documentation must clearly show your name and in-zone address:

1. Rates Notice (*received within the last 6 months*)
2. Electricity Account (*received within the last 6 months*)
3. Signed Tenancy Agreement
4. An Unconditional Sale and Purchase Agreement

PARENT/CAREGIVER NAME: _____

ADDRESS: _____

Suburb: _____

Postcode: _____

This is my permanent address: YES NO

Length of time resided at this address: _____ (Years) _____ (Months)

Owner / Tenant _____
(Signature)

For Office Use Only:

Proof of Address provided

(Staff Signature)

EDUCATION OUTSIDE THE CLASSROOM (EOTC) BLANKET CONSENT FORM



This Education Outside of the Classroom (EOTC) form is to request consent for your child to participate in EOTC events which occur during the course of the school day, on-site or in the local area, and at a low risk level.

Example events include: **A walk to the Ōtūmoetai Pa site; water testing on the Matua salt marsh; the school cross country; Athletics Day; tree planting in the gully, etc.**

These events will be managed according to the school's safety management procedures for such events. Information will be communicated about these events but your consent will not be requested. If you have any questions or concerns about your child's participation at any time, please do not hesitate to contact the school.

Where an event involves risk exposure greater than 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 the school.

It is important that this form is completed at the start of the year for all ākonga 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.

Please ensure that ākonga details such as health information and emergency contacts are kept up-to-date with the school during the year.

Please ensure that all sections of this form are completed.

Privacy Statement

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 2020. You have the right under that Act to access and seek correction of the information from the school.

Ākonga Information

Ākonga Name:	Ākonga School Year Level in 2025:
Address:	
Caregiver Email Address:	Caregiver Mobile Phone:
Ākonga Email Address:	Ākonga Mobile Phone:

Medical and Support Consent

I will inform the school as soon as possible of any changes in the medical or other circumstances.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
I agree to my child receiving any emergency medical, dental or surgical treatment, including anaesthetic or blood transfusion, as considered by the medical authorities present.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Any medical costs not covered by ACC or a community service card will be paid by me.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

Parent / Caregiver Consent

I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
I have read the EOTC activities information covered by the blanket consent, and I understand the specific risks associated with involvement in these.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
I understand that these risks cannot be completely eliminated.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
I understand the school will identify any foreseeable risks or hazards and implement effective management procedures to eliminate or minimise those risks.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
I know that I am able to ask any questions of the school about the activities my child will be involved in, to gain a better understanding of the risks 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.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
I understand that the school will encourage all ākongā to participate to their full potential, and for some ākongā a support plan will be implemented following discussion with whānau to achieve this.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
I understand that behaviour will be monitored and supports put in place to promote the full participation of all ākongā.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
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.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
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, they will be sent home at my expense.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
I understand that the 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.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

Caregiver Signature	Date
Full name of Caregiver	

POUTAMA FORM CLASS

As part of the college experience, all students are assigned a form class. This is where the form teacher will take care of administration tasks and oversee the hauora and pastoral aspects of school-life. Poutama is a values based vertical form class for Years 9 to 13 based around Okohanga, our whare wānanga. Poutama is a form group that provides guidance and support for student leadership development within a Whānau based and inclusive context. Poutama is for any student, regardless of ethnicity, who wish to experience kura through a Māori or Pasifika lens. **If you think Poutama is a place for your tama or tamahine, please express your interest below and our Kaiako will be in touch with you.**

I am interested in more information about Poutama	Yes / No
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YEAR 9 COURSES

Full Year:

English, Mathematics, Physical Education & Health, Science and Social Studies

One Term Option Subjects:

Art Visual, Digital Business, Drama, Graphics/Design & Visual Communication, Music, Technology Food/Nutrition, Technology Hard Materials

All Year 9 students are required to select a Language Option:

Access to these courses is available in Year 10 with no Year 9 prerequisite.

Option 1 – Te Reo Māori (full year)	Option 2 – Te Reo Māori (half year)	Option 3 – Spanish (10 weeks)
<i>Students who select full year Te Reo Māori will forgo 3 other option subjects</i>	<i>Students who select half year Te Reo Māori will forgo 1 other option subject</i>	

Language Option Selected: *(please circle an option)* **Option 1** **Option 2** **Option 3**

Design Thinking:

I am interested in more information about Design Thinking	Yes / No
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YEAR 10 COURSES

The curriculum studied by Year 10 students at Ōtūmoetai College is designed to promote a broad and balanced education.

ALL YEAR 10 STUDENTS WILL STUDY FULL YEAR COURSES IN:

- English
- Mathematics
- Physical Education & Health
- Science
- Social Science

Students must choose at least one option from The Arts (full or half year), and at least one option from Technology (full or half year), to meet Ministry of Education regulations.

A full programme of options is either four half year options, OR two half year and one full year, OR two full year options.

If there are costs associated with a course, these are indicated within each course description. Approximate course costs cover materials that can be taken home.

AND A SELECTION OF THE OPTIONS BELOW.

ARTS CHOOSE AT LEAST ONE			TECHNOLOGY CHOOSE AT LEAST ONE			OTHER OPTIONS		
Course	Half Year	Full Year	Course	Half Year	Full Year	Course	Half Year	Full Year
Art Digital	▪		Digital Science		▪	Commerce & Bus Management	▪	
Art Visual	▪	▪	Design and Visual Communication	▪	▪	Spanish	▪	▪
Dance	▪		Digital Technologies - Creative Design	▪		Sport Performance	▪	
Drama	▪		Digital Technologies – Software Development	▪		Te Ao Haka		
Music	▪	▪	Electronics	▪		Te Reo Māori		▪
Te Ao Māori	▪	▪	Food Technology	▪	▪			
			Technology - Metal	▪	▪			
			Technology - Wood	▪	▪			
			Soft Materials (Textiles)	▪	▪			

SUBJECTS SELECTED:

Full / Half Year	Full / Half Year	Half Year	Half Year

Design Thinking:

I am interested in more information about Design Thinking	Yes / No
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SENIOR CURRICULUM

LEVEL 1 - 3 COURSES

The school timetable evolves in response to student choice and student demand. At a point in late January it becomes fixed and student selections have to fit that fixed timetable structure. Students may not get their first preference as class size becomes a significant factor and some classes may be multi-level.

Entry into courses is determined by subject prerequisites and/or Head of Department approval. Further information is available online at otc.schoolpoint.co.nz.

Year 11	Year 12	Year 13
Select 6 subjects	Can select 5 or 6 subjects	Select 5 subjects

Before students are placed in a programme all courses are checked by a Dean and an interview arranged if their proposed programme is considered not appropriate.

Student Programme:

Course 1	Course 2	Course 3	Course 4	Course 5	Course 6 (Year 11 or 12)

COURSES OFFERED IN THE SENIOR SCHOOL:

Course	Level		
	1	2	3
Accounting for Management	▪	▪	▪
Agricultural and Horticulture Science		▪	
Art Creative Media	▪		
Art Design and Illustration		▪	▪
Art Design and Printmaking		▪	▪
Art History		▪	▪
Art Painting		▪	▪
Art Photography		▪	▪
Art Visual	▪		
Automotive Studies		▪	
Biology		▪	▪
Building & Allied Trades	▪	▪	
Business Management	▪	▪	▪
Café Operations		▪	▪
Calculus			▪
Chemistry		▪	▪
Child Development & Nutrition			▪
Classical Studies		▪	▪
Computing (National Certificate of Computing)	▪	▪	▪
Dance	▪	▪	▪
Design & Visual Communication	▪	▪	▪
Digital Tech – Creative Design	▪	▪	▪
Digital Tech – Software Development	▪	▪	▪
Drama	▪	▪	▪
Early Childhood Studies		▪	▪
Earth and Space Science		▪	▪
Economics		▪	▪
Electronics	▪	▪	▪
Elite Sports Programme			▪
English	▪	▪	▪
English - Literacy	▪	▪	
English - Supported Learning	▪		
Entertainment and Event Technology	▪	▪	▪
Fashion and Design		▪	▪
Financial Capability	▪	▪	▪
Foundation Skills & Life Skills		▪	▪
Gateway		▪	▪
Geography	▪	▪	▪

Course	Level		
	1	2	3
Health Studies	▪	▪	▪
History	▪	▪	▪
Hospitality		▪	
International English	▪	▪	▪
Marine Studies		▪	▪
Mathematics	▪	▪	
Mathematics Alternative		▪	▪
Mathematics & Statistics		▪	▪
Mathematics Numeracy	▪		
Mathematics Supported Learning	▪		
Mechanical Engineering	▪	▪	
Media Studies		▪	▪
Music	▪	▪	▪
Outdoor Education		▪	▪
Outdoor Physical Education	▪		
Practical Physical Education		▪	
Physics		▪	▪
Science	▪		
Social Science	▪		
Sociology		▪	▪
Spanish	▪	▪	▪
Sports Education			▪
Sport Science	▪	▪	▪
Statistics	▪	▪	▪
Technical Skills			▪
Technology – Food	▪	▪	▪
Technology – Metal	▪	▪	
Tech – Product Dev & Design Metal			▪
Tech – Product Dev & Design Wood			▪
Technology – Soft Materials	▪	▪	▪
Technology – Wood	▪	▪	
Te Ao Māori	▪	▪	▪
Te Reo Māori	▪	▪	▪
Te Reo Rangatira	▪	▪	▪
Tikanga and Maori Performing Arts	▪	▪	▪
Toi Ohomai Trades Academy		▪	▪
Tourism		▪	▪
Tourism & Hospitality Mgmt Systems			▪

DIGITAL LEARNING EQUIPMENT – RESPONSIBLE USE AGREEMENT



**ŌTŪMOETAI
COLLEGE**
Kia mārama hia te ora e te akoranga

NOTE: *Digital learning equipment refers to any school-owned or student-owned computer/digital technology which may be used at the College (eg: computers, printers etc).*

I understand that I will be able to use digital learning equipment as part of my education at Ōtūmoetai College.

I understand that the right to use this equipment is dependent on my using it responsibly. I understand that I may be required to pay for the replacement of any school-owned equipment which is damaged by me.

I understand that Ōtūmoetai College may monitor my computer activity or the contents of my documents or emails at any time.

I agree to use all digital equipment responsibly. This means that:

- I will not damage or modify/change any digital learning equipment owned by the school.
- I will show respect for others when using any digital learning equipment.
- I will only photograph, video or post on-line another person's information or images with their consent.
- I will not hack other students' accounts or bully, threaten or deliberately spread false information through the use of digital equipment.
- I will not access or attempt to access or bypass blocked sites. If I accidentally access an inappropriate site, I will close it immediately and talk to a Teacher or Dean.
- I will not use any equipment to illegally download material or do anything that breaks copyright laws.
- I will not install any software onto school-owned equipment that has not been approved by the IT Department.
- I will look after my private information and be especially careful about what private information I choose to share with other students at school and also online.
- I will use my printing or internet data allowances appropriately for educational purposes only.
- If I know that another student is misusing a computer in any way, or that a student is being cyberbullied, I will tell a Teacher, Dean or Counsellor.
- I will ensure my learning device is fully charged, ready for the start of school each day.
- I will adhere to the "Away for the Day" phone policy.

Name (please PRINT clearly): _____

Student's Signature: _____

Date: ____/____/____

Parent's Signature: _____

Date: ____/____/____

Ōtūmoetai Kāhui Ako Learning Support Register Consent

Ōtūmoetai College is part of a group of education providers that shares information to:

- Identify children and young people who might need additional learning support
- Ensure that the adults who work with children (such as teachers or teacher aides) have the skills and resources they need to support them
- Decide what additional learning support would help children and young people, whether individually or in groups.

The Ministry of Education may use information on the register for the purpose of administration and analysis, eg to find out about the overall numbers of children requiring specific types of support. This will allow the Ministry to plan ahead for numbers of staff and specialists, and other services and types of support.

I agree to personal information about my child being included on the register.

YES

NO

Parent/Caregiver's Signature: _____

PUBLICATIONS AGREEMENT

Sometimes we may use images of school events, students and students' work in publications to celebrate student successes and/or promote the school in the wider community (eg Prospectus, school website, school social media accounts, weekly school news updates, termly Reflections and annual Trek magazines, and newspaper articles).

The school will take reasonable steps to obtain the permission of students that feature in such publications. Where group photos are being taken for this purpose, students have the option of staying out of such photos. Where the student is a main focus of the photograph, individual consent will be obtained.

Any parent/caregiver or student who is not happy or has concerns has the right to request that an image be removed or corrected (in the case of spelling and grammatical errors).

Parent/Caregiver's Signature: _____

PERSONAL DEVICES AGREEMENT

I understand that if I allow my child to bring their personal devices (ie mobile phone, laptop, chromebook) to school that the responsibility to keep their devices secure rests with the individual owner.

Ōtūmoetai College, the Board, staff or employees are not liable for any devices stolen, lost or damaged on campus. If a device is stolen, lost or damaged, the College will handle it in a similar manner to other personal items.

I therefore give permission for my child to bring their own devices to school.

Parent/Caregiver's Signature: _____

GOOGLE APPS AGREEMENT

All students are automatically assigned an account to a series of Google Apps through Google's Workspace for Education – eg Gmail, Docs, Drive and Calendar. In addition to this, we occasionally want to give our students access to other Google apps as part of their account (eg Google Earth, Google Maps etc). Under the terms of our agreement with Google, we need to ask your permission to give access to Google's wider group of apps.

I therefore give permission for my child to have access to other Google Apps that the College deem to be educationally appropriate.

Parent/Caregiver's Signature: _____

BYOD PROGRAMME

Ōtūmoetai College has a BYOD (Bring Your Own Device) programme.

Computer based learning will occur in each of the core classes (English, Social Studies, Mathematics and Science) and in some option subject classes.

So that effective device-based learning takes place, it is essential that BYOD devices are either chromebooks or laptops.

Our school website enrolments page will provide up-to-date information about device requirements.

Please list any interests that your student may have in the following areas:

ACADEMIC

AWARDS

CULTURAL / ARTS

HOBBIES

LANGUAGES

SPORT

Student Name: _____

Please circle the sports you are interested in:

Major Summer Sport	Major Winter Sport	Other Sports / Activities	
Beach Volleyball	Badminton	Adventure Racing	Strength & Conditioning
Cricket	Basketball	Cycling	Tennis
Rowing	Football	Futsal	Touch Rugby
	Hockey	Mountain Biking	Waka Ama
	Netball	Orienteering	Water Polo
	Rugby	Squash	
	Wrestling	Rock Climbing	

The ŌTC Sports Department facilitates a number of other sports. For a comprehensive list and further information on all sports offered at ŌTC, please visit www.otc.school.nz/sport.

Please list any sport achievements of note: *(eg Representative teams)* _____

Parents / Guardians – Our Sports Office relies on community help for Coaching, Team Management and Officials. Are you interested in assisting in a supported role for any of these sports? **Contact: sport@otc.school.nz**

YES NO If yes, what sport _____
 Type of help _____

Contact me on Phone: _____ Email: _____