

ENROLMENT FORM

Start
Date:

Year
Level:



**ŌTŪMOETAI
COLLEGE**

Kia mārama hia te ora e te akoranga

DOCUMENTS THAT MUST ACCOMPANY THIS ENROLMENT FORM

1. A copy of the student's NZ Birth Certificate (*preferred*) OR a copy of their NZ Passport.
2. If not born in New Zealand, a copy of the student's passport photo page and proof of eligibility to study in New Zealand, ie a Student Visa or Residence Permit.
3. Proof of your in-zone address (*see page 9 for accepted documents*).
4. A copy of the student's last school report. (*With the exception of Ōtūmoetai Intermediate – that 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.

STUDENT'S SURNAME (*legal*): _____

FIRST NAME(S) (*legal*): _____

PREFERRED NAME: _____

COUNTRY OF BIRTH: _____

If not born in New Zealand, please complete the next section

STUDENT'S MOBILE PHONE: _____

DATE OF BIRTH:

____ / ____ / ____
day month year

GENDER:

- ☐ Male
☐ Female
☐ Gender Neutral

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	VISITOR'S VISA STATUS	Expiry Date
<input type="checkbox"/>	PERMANENT RESIDENCE PERMIT	Expiry Date	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: _____

Caregiver 1 – Residence A

Full

Email

Phone (Mobile)

Phone (Home)

Phone (Work)

Occupation

Place of Work

Relationship to student

Caregiver 2 – Residence A

Full Name

Email

Phone (Mobile)

Phone (Home)

Phone (Work)

Occupation

Place of Work

Relationship to student

If the student has another residence:

RESIDENCE B

ADDRESS

Street Address: _____

Suburb: _____

Postcode: _____

Caregiver 1 – Residence B

Full Name

Email

Phone (Mobile)

Phone (Home)

Phone (Work)

Occupation

Place of Work

Relationship to student

Caregiver 2 – Residence B

Full Name

Email

Phone (Mobile)

Phone (Home)

Phone (Work)

Occupation

Place of Work

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

PREVIOUS SCHOOL

Please list your student'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 STUDENT?

(eg learning needs or concerns)

HAS YOUR STUDENT BEEN IN ANY EXTENDED LEARNING OR GIFTEDNESS PROGRAMS?

HAS YOUR STUDENT 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 your student has received ESOL assistance in the past, please provide details.

If they have, we will forward an additional form to be completed for your student in due course.

HAS YOUR STUDENT 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.

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 student is not living with their biological parent, there must be some agency involvement directing the student to reside with another caregiver. For example:

1. Courts – a court order around the day-to-day care of the student
2. Oranga Tamariki – a case worker involved with you and your student
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, Water Rates, Electricity or Internet Account (*received within the last 6 months*)
2. A current signed Tenancy Agreement
3. 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)

HEALTH INFORMATION FORM



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

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)

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

YEAR 9 COURSES

Full Year:

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

One Term Option Subjects:

Art Visual, Digital Commerce, Drama or Dance, Graphics/Design & Visual Communication, Music, Technology Food, Technology Hard Materials

From 2026 ALL Year 9 students are required to select either Drama or Dance.

Please circle their preferred option:

DRAMA

DANCE

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 in Year 9:

I am interested in more information about Design Thinking

(if interested – you will be contacted with more information in due course)

Yes / No

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)	▪	▪			

STUDENT'S REQUESTED SUBJECTS:

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

Before students are placed in a programme all courses are checked by a Dean and discussed at an enrolment interview.

Design Thinking in Year 10:

I am interested in more information about Design Thinking <i>(if interested – you will be contacted with more information in due course)</i>	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

COURSES OFFERED IN THE SENIOR SCHOOL

Please refer to the enclosed Subject Pathways document or visit our website at: <https://otc.school.nz/subject-selection/>

STUDENT'S REQUESTED SUBJECTS:

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

Before students are placed in a programme all courses are checked by a Dean and discussed at an enrolment interview.

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 student 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.

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.

GENERIC CONSENT FORM



EDUCATION OUTSIDE THE CLASSROOM (EOTC)

Our school believes in using a range of environments and experiences to enhance our students' learning.

At Ōtūmoetai College we are fortunate to have ready access to the beach, Tauranga City Centre, and other places in our area and beyond. We are also close to various community facilities such as Baypark and the Art Gallery.

These areas are rich learning environments for our students both in and out of school. Our school values the concept of providing students with opportunities. Thus some of the learning for students occurs beyond the school site and this document is seeking your consent for your son/daughter to participate in such learning.

The Ministry of Education's **EOTC guidelines** identify four EOTC activity types, each with recommended types of parental/caregiver consent. In brief they are:

Type of event	Description	Type of consent
A	On-site – in the school grounds Lower risk environments, <i>eg orienteering, swimming in school pool</i>	No consent sought
B	Off-site events in the local community and Tauranga region occurring in school time Lower Risk environments, <i>eg A Spanish class visiting a Spanish Café; Athletics day; Cross Country event; running on Mauao; Careers Trips</i>	Generic consent at enrolment
	Higher risk environments*, <i>eg sea kayaking with Waimarino; surfing at the beach</i>	Separate consent for each event or programme
C	Off-site events – finishing after school finishes Lower risk environments, <i>eg seeing an art exhibition in the evening</i>	Generic consent at enrolment
	Higher risk environments*, <i>eg Full day tramp in the Kaimai ranges; Going to Field Days.</i>	Separate consent for each event or programme
D	Off-site residential overnight events Lower risk environments, <i>eg leadership conferences</i>	Separate consent for each event or programme
	Higher risk environments*, <i>eg school camps and overseas trips</i>	

**Involves risk assessed to be greater than that associated with the average family activity*

This Generic Consent Form is to request consent for your student 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 student'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 consent is given at the time of enrolment for all students / 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.

MEDICAL AND SUPPORT

We are fortunate to have a Health and Wellness Centre onsite at Ōtūmoetai College with full-time First Aid Qualified Staff and scheduled Nurse, Doctors and Counsellors. Students are able to access these services during school hours and will be involved in any urgent medical situation on school grounds and facilitate emergency services, if required.

This Health and Wellness Centre can also assist in administration of prescribed medications your child may need. This will need an Individual Medication Action Plan.

We also ask that should your child have a medical condition that we have an action plan in place, should the need arise.

Privacy Statement	
The personal information being collected on this consent form is for the purpose of running EOTC events and for medical support. 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.	

Education Outside the Classroom - Parent / Caregiver Consent

I agree to my student 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 generic 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 student 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 student 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 students / ākonga to participate to their full potential, and for some students 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 students.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
I understand that my student will be involved in the development of safety procedures. I will do my best to ensure that my student follows these procedures.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

If my student 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 may 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 student's property or damage to other's property caused by my student) and that it is my responsibility to check my own insurance policy.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

Parent/Caregiver Signature	Date
Full name of Caregiver	

Medical and Support – Parent/Caregiver Consent

In an emergency, the school may act on my behalf.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Should my student require pain management, the school may administer pain relief, as indicated on their enrolment form.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
If my student has extra support needs, I have informed the school and have been involved in the individual support planning for this activity to be successful for my student.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
I will inform the school as soon as possible of any changes in medical or other circumstances.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
I agree to my student receiving emergency medical treatment as considered urgent by the medical authorities present.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Any medical costs not covered by ACC or a community services card will be paid by me.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

Parent/Caregiver Signature	Date
Full name of Caregiver	

DIGITAL LEARNING EQUIPMENT – RESPONSIBLE USE AGREEMENT



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: ____/____/____

ATTENDANCE EXPECTATIONS AGREEMENT



In New Zealand, school attendance is governed by the Education and Training Act 2020 and Ministry of Education guidelines. Here's an overview of our **attendance expectations**.

1.	Legal Requirement Compulsory attendance applies to all children aged 6 to 16 . Children must be enrolled at a registered school and attend regularly unless exempted. From age 5, children who are enrolled are also legally required to attend regularly.
2.	Regular Attendance The Ministry defines “ regular attendance ” as attending school 90% or more of the time. This means no more than 1 day absent per fortnight . Schools monitor and report attendance data to the Ministry daily.
3.	Acceptable Reasons for Absence Absences must be explained and fall into one of the approved categories: Justified absences (eg illness, bereavement, medical appointments, approved cultural/religious observances) Explained but unjustified (eg family holiday during term time, music concert, etc) Truant or unexplained (eg no explanation given) Medical certificate required , after a trend of 5 days of absenteeism within term
4.	Parental/Whanau Responsibility Parents/Whanau/Caregivers must ensure their child attends school and notify the school of any absence. They will be contacted if absences are frequent or unexplained.
5.	School Responsibility Schools are required to: Keep accurate daily attendance records. Follow up on unexplained absences promptly. Report attendance issues to the Ministry or appropriate agencies. Work with whānau to support improved attendance.
6.	Managing Non-Attendance If attendance does not improve: Schools may initiate meetings with parents/whanau or caregivers. They may involve Attendance Services , which can support whānau in addressing barriers. In serious cases, legal action may be taken (eg fines for parents under the Education and Training Act). Students may be removed from the roll after 20 days absence.
7.	Attendance Services and Truancy Regional Attendance Services (RAS) support schools by working with students and families where attendance is concerning. Chronic truancy may be escalated to agencies such as Oranga Tamariki or the Police Youth Aid Section in severe cases.

Attendance Categories

ATTENDANCE CATEGORY	STUDENT WITH	EQUIVALENT
Regular attendance*	Over 90% attendance	Absent for fewer than 5 days across a term
Irregular absence	More than 80% and up to 90% attendance	Absent for between 5 and 9 days across a term
Moderate absence	More than 70% and up to 80% attendance	Absent for between 10 and 14 days across a term
Chronic absence	70% attendance or less	Absent for 15 days or more across a term

**Note: The Government has set a target of 80% of students to be present for more than 90% per cent of the term by 2030.*

I have read through the Attendance Expectations and understand my legal requirement to ensure my child attends school and that I will notify the school of any absences.

Parent/Caregiver Signature	Date
Full name of Caregiver	

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 student 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 student 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 student 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 student 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:

Summer Sports (terms 1 & 4)	Winter Sports (terms 2 & 3)	Other Sports
Beach Volleyball Cricket Futsal Rowing Rugby Sevens Tennis Volleyball Water Polo 3x3 Basketball	Badminton Basketball Football Hockey Netball Rugby Wrestling	Adventure Racing Athletics Cross Country Mountain Biking Orienteering Rock Climbing Squash Swimming Waka Ama
Strength & Conditioning – A requirement for all sports The S&C timetable is released before Summer and Winter sports begin.		

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: _____