| Application for Admission  **Please print clearly in block letters. Email forms to rolladmin@nhs.school.nz** | | | | | | | | | | | |  | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Information CONF  I  DENT  I  AL | | | | | | | | | | | | | | |
| Student’s first name (LEGAL): | | | | Student’s surname (LEGAL): | | | | | | | | | | |
| Preferred first name: | | | | Preferred surname: | | | | | | | | | | |
| Date of birth: | Age: | | | | Gender (as per Birth Certificate): ☐Female ☐Male | | | | | | | | | |
| Preferred Gender: | | | | | Preferred Pronouns: ☐They/Them ☐She/Her ☐He/Him | | | | | | | | | |
| Street Address: | | | | | | | | Student email: | | | | | | |
| Suburb: | | | | City: | | | | | | | Postcode: | | | |
| Student home phone: ( ) | | | | Student mobile: | | | | | | | | | | |
| NZ citizen or permanent resident: ☐Yes ☐No | | | | Broadband internet at home ☐Yes ☐No | | | | | | | | | | |
| Ethnicity: | | Iwi: | | | | | | First language: | | | | | | |
| School of enrolment: | | | | | Last date at school: | | | | | School year (0-13): | | | | |
| School contact person: | | | | | Position: | | | | | | | | | |
| Parent / guardian Information | | | | | | | | | | | | | | |
| 1. Parent/guardian full name: Mr / Mrs / Miss / Ms / Mx | | | | | | | | Relationship to student: | | | | | | |
| Address (if different to above): | | | | | | | | Home Phone: ( ) | | | | | | |
| Email: | | | | Mobile: | | | | | | | | | | |
| 1. Parent/guardian full name: Mr / Mrs / Miss / Ms / Mx | | | | | | | | Relationship to Student: | | | | | | |
| Address (if different to above): | | | | | | | | Home Phone: ( ): | | | | | | |
| Email: | | | | Mobile: | | | | | | | | | | |
| Medical information | | | | | | | | | | | | | | |
| Medical reason for referral / medical condition: | | | | | | | | | Medical attached? ☐Yes ☐No | | | | | |
| If not hospitalized, who referred you to our service? | | | | | | Hospital: | | | | | | | Ward: | |
| Vaccination information - Has the student had the following vaccinations? | | | | | | | | | | | | | | |
| ☐ Yes ☐ No MMR (Measles, Mumps, Rubella) | | | ☐ Yes ☐ No Polio | | | | | ☐ Yes ☐ No Tetanus | | | | | | |
| ☐ Yes ☐ No Meningococcal B | | | ☐ Yes ☐ No Hepatitis B | | | | | ☐ Yes ☐ No Diphtheria | | | | | | |
| ☐ Yes ☐ No Pertussis (Whooping cough) | | | ☐ Yes ☐ No HIB | | | | | ☐ Partial ☐ Full ☐ No Covid-19 | | | | | | |
| Date of 1st Covid Dose | Date of 2nd Covid Dose | | | | | | Please provide evidence of Covid-19 Vaccination | | | | | | | |
| student to complete | | | | | | | | | | | | | | |
| **My responsibilities include**   * **I will follow** the Cybersafety rules whenever I am in NHS Units or at any school-related activity. * **I will have no involvement** in use of Information Communications Technology (ICT) which could put me, other members of my family or the school community at risk * **I will take proper care** when using school equipment and resources and I am aware that my family may have responsibility for the cost of repairs or replacement of damaged, lost or stolen NHS equipment. * **I will treat** NHS staff and students with respect and courtesy. * **I am aware** that all NHS work environments are smoke, vape, alcohol and drug free and I agree to abide by this rule.   I understand and accept my responsibilities as a Northern Health School student and I know that if I breach this agreement there may be serious consequences.  **Note: The Northern Health School cannot take responsibility for the actions of students who are not under direct teacher supervision, as in the case of home based students.** | | | | | | | | | | | | | |
| Student name Signature (Parent can sign if student under 10) Date  Parent / Guardian turn over | | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **PERMISSIONS** | | |
| **Parent / Guardian to complete**  I have read the Northern Health School’s (NHS) Cybersafety Use Agreement, which includes the school’s policy on publication of student images and work. I agree to abide by its conditions as they apply to me and my household.  I agree that: (please tick **Yes** or **No** as appropriate)  ☐ Yes ☐ No NHS staff may take and use photos of my child as part of the school programme.  ☐ Yes ☐ No NHS may store my child’s photo on our internal database for administration purposes.  ☐ Yes ☐ No My child’s work may be displayed in and around the school unit.  ☐ Yes ☐ No My child’s work may be displayed on the NHS Facebook page and website (no surname used).  **Note: NHS staff will only publish images of students with permission.** | | |
| **TEACHERS WORKING IN HOMES** | | |
| * **It is not NHS preference to work with students in their homes. If recommended by the Health provider, then this service is subject to the conditions below. NHS will immediately withdraw from working in the home if the following conditions are not met.** * All visits to student’s homes are by appointment. If circumstances change and the student is no longer available, please notify the teacher as soon as possible so that the visit can be re-scheduled. * An adult caregiver must be present in the house at all times. If the adult caregiver leaves the house for any reason the teacher will conclude the lesson immediately and also leave. * The lesson should take place in a quiet space in the living area of the home. The space should be suitable for the purpose. A teacher will generally not work with a student in a bedroom. * The lesson space should provide a safe, healthy work environment for the student and the teacher, which includes being smoke, vape, alcohol and drug free. * If the student’s behavior gives cause for concern the teacher will discuss the matter with the caregiver immediately. If the behavior does not improve the teacher will advise the student and caregiver that they are not prepared to continue with the lesson and leave. * Support from NHS teachers in a student’s home is a service Northern Health School provides subject to the conditions above. It is not a “right”. NHS will immediately withdraw services if these conditions are not met. | | |
| **CONSENT** | | |
| I request that the Northern Health School admit this student and I consent to educational, medical and other information relevant to the planning and delivery of this student’s educational programme, being obtained and shared. This information will be used confidentially to assist in the assessment and educational planning regarding your child.  By signing below, I understand and accept the conditions stated above.  Parent/guardian (or student if 18 years old or over) signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| NORTHERN HEALTH SCHOOL TEACHER TO COMPLETE | | |
| NHS Unit | Teacher | Date admitted to roll |

| Student Cybersafety Agreement  **To be kept by student – this section doesn’t need to be returned to Northern Health School** |  |
| --- | --- |
| If possible, please discuss this document with your child before signing the admission form.  Your child’s NHS teacher can assist if you are uncertain. Please keep this document for future reference.  Additional information can be found on **NetSafe** website www.netsafe.org.nz | |
| **Terms used in this document**  **ICT** information and communication technologies.  **Cybersafety** the safe use of the Internet and ICT equipment/devices, including mobile phones.  **ICT equipment** includes computers, phones, tablets, cameras, USB or flash memory, music players and other devices. If it is not owned by the school it is called Personal ICT equipment. | |
| **CYBERSAFETY AND THE SCHOOL COMMUNITY** | |
| Northern Health School aims to provide ICT equipment and services for appropriate educational purposes as part of a rich and safe learning environment. The school monitors or audits the way equipment and services are used and filters access to the Internet. However, this filter cannot always screen out all inappropriate, dangerous or illegal material (such as pornography).  This agreement covers both school and personal ICT equipment used on the school site, or for school-related purposes.  The school will investigate breaches of the agreement and may involve the police where material classified as *age-restricted*, *objectionable* or *criminal misconduct*, such as harassment, is involved. There may also be school disciplinary action. | |
| CYBERSAFETY RULES FOR NHS STUDENTS | |
| * My parent/guardian and I must agree to the cybersafety rules and sign the admission form before I am allowed to use school ICT equipment. * School ICT equipment can only be used for school work by NHS students and staff. * I will follow the cybersafety rules, and will not join in if others are being irresponsible. * I will speak with the teacher   1. if I accidentally come across anything mean, rude, dangerous or if I feel unsafe.   2. before copying, printing or loading software, music or other files on NHS computers and if I am unsure whether I am allowed to do something.   3. before giving anyone information about myself or others like email addresses, and phone numbers. * I will only use my own NHS password and won’t share it with anyone else. * I will not use the internet, email, mobile phones or any ICT equipment to be mean, rude, offensive or to bully, harass, or harm anyone, or the school itself, even as a joke. * I will look after school’s ICT equipment and network and tell the teacher if something is broken. * I won’t change any settings on an NHS computer or send viruses (such as worms or Trojans) on purpose or try and get around security or safety settings. * If I have copied work from somewhere I will acknowledge it. * If I break these rules, the school may need to talk to my family and possibly take disciplinary action. | |

|  |
| --- |
| ONLINE PUBLISHING |
| The school publishes material on our own website (www.nhs.school.nz) and on education based websites as part of the students’ education to encourage the student to be part of the school community and to promote the school in the wider community.  **Privacy**   * the school takes steps to safeguard the privacy of the students and to comply with the Privacy Act but cannot control who has access to information published on the internet. * the school will only identify students by their first name and year at school. Surnames, addresses, and phone numbers will not be used.  Copyright  * the school may publish material students create at school. The students own the copyright for their work. * the school will only publish online with written permission from the student and their legal guardians. * the school will immediately remove all material relating to a student from its website if requested by the student or their legal guardian and once the purpose for the publication has passed. * material published on the school website must not defame anyone, be objectionable from a human rights point of view, obscene, or infringe copyright. All material will be subject to an editing process.  Enquiries / Disputes The school welcomes any enquiry from parents or students about the operation of this policy. The school’s privacy officer can be contacted through the administration office, Regional House, Auckland or any one of its Units. The school has a procedure to resolve complaints or other disputes and this can be obtained from the school administration office or any of its Units. |