



CAMBRIDGE MIDDLE SCHOOL

CONNECT · INSPIRE · GROW

ENROLMENT FORMS

This enrolment application cannot be accepted without the following:

- Proof of in-zone address must be a recent electricity or telephone bill, or a tenancy agreement
- Copy of birth certificate, passport or appropriate visa
- Copy of immunisation certificate
- CyberSafety Use Agreement form
- Medication completed and signed
- All sections completed and signed

ENROLLING FROM A CONTRIBUTING SCHOOL:

Please hand in the completed enrolment forms, with supporting documents, to your primary school by the due date of 26 August 2020.

ENROLLING FROM OUTSIDE OF THE CAMBRIDGE AREA:

If your child doesn't attend one of our contributing primary schools, please hand in the forms to the Cambridge Middle School office by the due date of 26 August 2020.

ENROLLING FROM OVERSEAS:

If your child is not a New Zealand citizen then please make contact with the Cambridge Middle School office for further enrolment information. Please hand in the forms to the Cambridge Middle School office and any supplementary documents required for enrolment.





CYBERSAFETY USE AGREEMENT FORM

To the parent/caregiver/legal guardian, please:

1. Read this page carefully to check that you understand your responsibilities under this agreement.
2. Sign the appropriate section on this form.
3. Detach and return this form to the school office.
4. Keep the document for future reference.

I understand that Cambridge Middle School will:

- Do its best to enhance learning through the safe use of technology. This includes working to restrict access to inappropriate, illegal or harmful material on the internet or devices at school, or at school-related activities.
- Work progressively with children and their families to encourage and develop an understanding of the importance of cybersafety through education designed to complement and support the Use Agreement initiative. This includes providing children with strategies to keep themselves safe in cyberspace.
- Keep a copy of this signed Use Agreement on file.
- Respond to any breaches in an appropriate manner.
- Welcome enquiries from parents/caregivers or students about cybersafety issues.

My responsibilities include:

- I will read this Cybersafety Use Agreement document.
- I will discuss the information with my child and explain why it is important to make appropriate choices.
- I will return the signed agreement to the school.
- I will support the school's cybersafety programme by encouraging my child to follow the cybersafety rules, and to always ask the teacher if they are unsure about any use of technology.
- I will contact the principal or school cybersafety manager to discuss any questions I might have about cybersafety and/or this Use Agreement and I am welcome to do this at any time.

Please detach and return this section to school.

CAMBRIDGE MIDDLE SCHOOL CYBERSAFETY USE AGREEMENT FORM

I give permission for images of my child to be published on the school website, our school facebook page and class apps. The purpose of the publishing is to celebrate student work and communicate with our school community.

Yes

No

I have read the CYBERSAFETY USE AGREEMENT and I am aware of the school's initiatives to maintain a cybersafe learning environment, including both mine and my child's responsibilities particularly around the choices we make.

Name of student

Student's signature

Name of parent/caregiver/legal guardian

Parent/caregiver/legal guardian signature

Date

Please note: This agreement for your child will remain in force as long as he/she is enrolled at this school. If it becomes necessary to add/amend any information or rule, parents/caregivers/legal guardian will be advised in writing.

STUDENT ENROLMENT FORM



APPLICATION TYPE In-Zone Out-of-Zone

In-Zone Enrolments Only:

Attach as proof of In-Zone Residence - a recent copy of one of the following: electricity or telephone account, or tenancy agreement. Enrolments cannot be accepted without this. We DO NOT accept Rates/Environment Waikato invoices or Sale and Purchase Agreements.

STUDENT DETAILS

Legal Surname	
Preferred Surname	
Legal First Name/s	
Preferred First Name/s	
Address	
Phone	

<input type="checkbox"/> Boy <input type="checkbox"/> Girl	DOB:		Current Yr Level	
Previous School				
Address				
Ethnicity		Iwi/Hapu		
1.		1.		
2.		2.		
3.		3.		
Country of Birth		Country of Birth if not NZ		
Copy of NZ Birth Certificate or NZ Passport must be attached. Eligibility to study in NZ - Student Visa or NZ Residency documentation must be provided				
Home Language		Residency/Citizenship Yes <input type="checkbox"/> No <input type="checkbox"/>		
Bus Route		If No - Date NZ Entry: <input type="text"/>		

PARENT/CAREGIVER DETAILS 1

Title		Legal Surname	
First Name			
Relationship to Student			
Address		If Different From Student	
Occupation		Work Hours	
Ph Home		Ph Work	
Mobile		Country of Birth	
Email			
Bill Payer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notice Recipient	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT/CAREGIVER DETAILS 2

Title		Legal Surname	
First Name			
Relationship to Student			
Address		If Different From Student	
Occupation		Work Hours	
Ph Home		Ph Work	
Mobile		Country of Birth	
Email			
Bill Payer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notice Recipient	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACTS

Emergency Contact Name 1		Relationship to Student	
Phone		Mobile	
Emergency Contact Name 2		Relationship to Student	
Phone		Mobile	
Name/s of Legal Guardian/s		Name of Bill Payer	
Name & Age of Siblings Living With Student			

FAMILY INFORMATION

The Student Lives With Both Parents Father Only Mother Only Guardian Shared Custody

Are there any special access/issues that the school should be aware of? Yes No

If yes please explain:

Is there a court order issued: Yes No (If 'Yes' please provide a copy of the court order)

Has your child every been suspended or excluded from school? Yes No (If excluded, an interview with Principal is required)

IN-ZONE APPROVAL

I confirm that the address I have provided to the school will be the usual place of residence for my child when school is open for instruction. I will advise the school of any subsequent change of address. Should I subsequently move outside the CMS Zone, I understand the Board of Trustees has the right to review the enrolment and withdraw the offer of placement. Consequences will also occur if a false or temporary address is knowingly given and if the school learns that a student is no longer living at the in-zone address after attendance has begun. Unless a satisfactory explanation is given, the BOT may annul the enrolment under Section 110A of the Education Act 1989. (Applicable to in-zone enrolments only.)

Parent/Caregiver Signature: _____

Date: / /

PRIVACY APPROVAL

The school will use any information collected about you, your child or other members of your family for enrolment, educational, data-gathering and analysis, and health purposes, and to ensure compliance with relevant laws (the Purpose). Any information held by the school that relates to you or your child may be viewed on request at the school. The information collected may be disclosed to education, health and welfare authorities (including, by way of example, the Ministry of Education (MOE) and the Ministry of Social Development (MSD)) for the Purpose. The school will ensure that information is gathered and used in accordance with the principles of the Privacy Act and the Health Information Privacy Code. You give permission for images of your child to be published on the school website to celebrate student work and communicate with our school community. You agree to the collection and use of information and images in the manner described in this statement.

OUT-OF-ZONE

- (Tick which of these priorities apply)
- You have a sibling who is a current student
 - You have a sibling who is a former student
 - You are the son/daughter of a former student
 - You are the son/daughter of an employee of the Board of Trustees or Board of Trustees Member
 - You have no prior or current association with Cambridge Middle School

PARENT/CAREGIVER APPROVAL

I agree: That I have completed the Cambridge Middle School Health Consent form; to abide by the school's rules and policies; that my child's work and image may be used in accordance with the school's online publishing policy/procedures; that I have read, understood and agree to the Privacy Approval; that I have read, understood and agree to the Cyber Safe Consent and the provisions of the Use Agreement; that all information I have provided in this Enrolment Form and the Health Consent Form is true and correct; that the school may forward my child's name and address to potential immediate, middle and secondary schools; and that I have read, understood and agree to the following: I agree that my child will require a school Gmail account (as detailed in the information in the BYOD form), I have understood the information relating to GAFE and the rules that apply to my child's use of that account, consent to the opening of that account and approve the monitoring of and access to it by the school.

Parent/Caregiver Signature: _____

Date: / /

HEALTH CONSENT FORM



This form is intended to collect additional health information and to assist the school in the care of students while they are at school and/or outside of school during a school related activity. All information is held in accordance with the Privacy Act 1993. This form is important and parents/caregivers and guardians should take care in completing it.

CHILD'S NAME	<input type="text"/>	ROOM	<input type="text"/>
Medical Centre	<input type="text"/>	Doctor	<input type="text"/>
Address	<input type="text"/>	Phone No	<input type="text"/>

Please indicate if your child suffers allergies to any of the following Penicillin Bee Stings Wasp Stings Peanuts Food

Other (If 'Other' or 'Food' please state what)

Please indicate the severity of your child's allergy and treatment Mild Moderate (eg. Swelling) Severe (eg. Anaphylaxis)

Please tick if your child suffers from any of the following Anxiety Asthma Bed Wetting Depression Epilepsy

Fainting Heart Condition Hepatitis Migraine Nose Bleeds Seizures Travel Sickness Type 1 Diabetes

Type 2 Diabetes Other (If 'Other' please state what)

Please indicate if you have a health plan (if 'YES' please provide a copy) Yes No

Is your child taking tablets or medicine at the moment? Yes No

If 'yes' please state the name of the medication, dosages, known side effects, illness/disorder/disease for which the medication is administered and any other information may be important:

I, Parent/Caregiver of the above named student AGREE to my child being given paracetamol if required for a headache or minor ailment by either the following Cambridge Middle School staff members: Administration Staff, Principal, Deputy Principal or Assistant Principal. Yes No

VACCINATION: Has your child had the following vaccinations: (You must provide a copy of your child's vaccination certificate.)

6 weeks vaccination 3 months vaccination 5 months vaccination 15 months vaccination 4 years vaccination

11 years vaccination Date of Students last Tetanus Shot

Does your child wear a medic alert bracelet? Yes No

If 'Yes' please give the medic alert identification number and state what for:

Dietary requirements (not allergies, wellbeing or cultural):

Are there any special circumstances that your child's teacher, the teacher in charge of any activity outside of the school or any other teacher in the school (the 'Teacher in Charge') may need to know:

Special care recommended to be administered to your child:

Does your child have a physical condition that might affect classroom learning e.g. hearing, vision and/or speech Yes No

If 'Yes' please state what:

I consent to my child's vision and hearing being tested Yes No How well does your child swim? Not at all A little Well

<input type="checkbox"/> I, the parent/guardian/caregiver of my child declare that I: PLACE A CROSS (X) NEXT TO ANY OF THE BELOW LIST THAT YOU DO NOT AGREE TO.
<input type="checkbox"/> Authorise the Teacher in Charge to give consent to your child receiving any necessary medical or surgical treatment provided that the Teacher in Charge has made reasonable attempt (in the circumstances) to contact me using the information provided in the enrolment form before giving consent.
<input type="checkbox"/> Agree that if prescribed medication needs to be administered, the Teacher in Charge or a person authorised by the Teacher in Charge may do this and that I will ensure that any such prescribed medication is clearly labelled, its packaging securely fastened and that it is handed (together with instructions on its administration) to the school or where the medication must be administered during an activity outside of the school, your child's teacher or the teacher in charge of that activity.
<input type="checkbox"/> Agree that my child may receive any emergency medical, dental, or surgical treatment, including anesthetic as considered necessary by a medical professional.
<input type="checkbox"/> Agree that my child may receive an emergency blood transfusion, as considered necessary by a medical professional.
<input type="checkbox"/> Agree to be responsible for any medical costs not covered by ACC or a community service card.
<input type="checkbox"/> Agree that my child may (at the Teacher in Charge's sole discretion) be sent home (at my cost) if my child is involved in a serious disciplinary problem (including without limitation the use of illegal substances and/or alcohol, or actions that threaten the safety of others).
<input type="checkbox"/> Agree that it is my obligation to contact the school to update the above details whenever necessary.
<input type="checkbox"/> Give permission for my child to go on day trips within the town boundary or within a 5km radius of the town boundary. (You will always receive a notice informing you.)
<input type="checkbox"/> Give permission for my child to be driven by a staff member if required.



PERSONALISED MEDICAL ACTION PLAN

Name

Room

Medical condition

Name of medication to be issued



Treatment required

(Please describe below or continue on a separate page if necessary):

E.g., My child reacts to bee stings by severe swelling to the area. Has been to the Doctor for treatment but never hospitalised. Medication is two antihistamine tablets immediately. Get to a Doctor if the swelling does not go down.

Any known allergies (include what allergy, symptoms of reaction and severity):

Parent/caregivers name

Address

Phone Mobile Work

Someone will usually be home on the following days

IN AN EMERGENCY AND WE CAN NOT CONTACT YOU-WHO IS THE NEXT PORT OF CALL:

Name

Relationship to child

Address

Phone Mobile Work

Family Doctor Phone

I give permission for the medication described above to be administered if and when necessary by the staff of Cambridge Middle School. NO medication will be given unless it has a pharmaceutical label with the child's name, clear dosages, the name of the drug, expiry date (if applicable) and where it is to be stored i.e. fridge. In the event of an accident or sudden illness, I authorise the staff of Cambridge Middle School to obtain medical emergency assistance as necessary. Although all due care will be taken by CMS staff, the school is relying on accurate and up to date information if we are to assist in an emergency situation.

Signed PARENT/CAREGIVER

Date

NB: This Authority requires to be renewed yearly or will end at the completion of the course of medication being issued.