



KĀPITI COLLEGE

APPLICATION FOR ENROLMENT

2018

Margaret Road, Raumatī Beach, 5032
P O Box 2003, Raumatī Beach 5255

Phone: 04 9025121
www.kc.school.nz

Office Use Only

Kamar: _____

House: _____

Start Date: _____

STUDENT DETAILS

Legal Family name: _____

Legal First names: _____

Known as (preferred name): _____

Address: _____

Postcode: _____

Home Phone: _____

Student Cellphone: _____

Home Email: _____

DOB: ____/____/____ Gender: Male / Female

Current/Previous school: _____

Postal Address if different: _____

IMPORTANT PLEASE NOTE: For IN ZONE enrolments proof of residential address is required in the form of a rates demand/power bill/tenancy agreement at the time of pre-enrolment and also at the time of commencement of school in 2018, if the usual place of residence changes to a new in-zone address. Failure to provide this information could result in the enrolment being annulled.

Year Level 2018 : (Please circle) 9 10 11 12 13

Siblings at Kāpiti College:

Name: _____ Year level: _____

Name: _____ Year level: _____

Name: _____ Year level: _____

Ethnicity: (please tick)

NZ European NZ Maori Other:

If Other please specify: _____

If NZ Maori:

Iwi 1: _____

Iwi 2: _____

Does your student have ANY Maori ancestry: Yes / No

Parents/Caregivers of Maori students: Would you like to be part of the Whanau Support Yes / No

PRIMARY CAREGIVERS (Main residence)

Surname (Mrs/Miss/Ms/Mr/Dr): _____

First names: _____

Relationship to student _____

Address: _____

Postcode: _____

Mailing Address: _____

Home Telephone: _____ Work: _____

Mobile: _____

Email Address: _____

Occupation: _____

Name of Employer: _____

Surname (Mrs/Miss/Ms/Mr/Dr): _____

First names: _____

Student Relationship: _____

Address: _____

Postcode: _____

Mailing Address: _____

Home Telephone: _____ work: _____

Mobile: _____

Email Address: _____

Occupation: _____

Name of Employer: _____

Living with Student Access to Student

Shared Care Correspondence/Reports to be sent

SECONDARY CAREGIVERS/RESIDENCE

Surname (Mrs/Miss/Ms/Mr/Dr): _____

First names: _____

Student Relationship: _____

Address: _____

Postcode: _____

Mailing Address: _____

Home Telephone: _____ work: _____

Mobile: _____

Email Address: _____

Occupation: _____

Name of Employer: _____

Surname (Mrs/Miss/Ms/Mr/Dr): _____

First names: _____

Student Relationship: _____

Address: _____

Postcode: _____

Mailing Address: _____

Home Telephone: _____ work: _____

Mobile: _____

Email Address: _____

Occupation: _____

Name of Employer: _____

Living with Student Access to Student

Shared Care Correspondence/Reports to be sent

FOR STUDENTS WHO WERE NOT BORN IN NEW ZEALAND

Country of Birth: _____ Passport Number: _____
Country of Citizenship: _____ or Permanent Residence Number: _____
Date of Arrival in NZ: _____ or Residence Visa Number: _____
Copies of relevant documentation MUST be provided: or Certificate of Identification No. _____

EMERGENCY CONTACT (other than Caregivers and who reside in the Kāpiti area)

Name: _____ Relationship to student: _____
Home telephone: _____ Work: _____ Mobile: _____
Address: _____

CUSTODY ISSUES - Copies of relevant documentation MUST be provided.

If the student has any other legal guardians – please name:

If there are family access or custody issues of which the school should be aware, please note here:

STUDENT HEALTH (HAUORA) DETAILS

Name Of Doctor/Health Centre: _____ Phone: _____
Name of Dentist: _____ Phone: _____
Are there any health problems, disabilities, allergies, epilepsy, prescription medicines or an Epi-Pen requirement of which the School should be aware? _____

Allowed Panadol: Yes/No (*please circle*)

LEARNING SUPPORT – Please provide copies of any evidence/documentation available

Has the student been involved with any learning support programmes, e.g. RTLB support, Teacher Aide Yes / No
Does the student have any specific learning needs, e.g. Dyslexia, ADHD, Dyspraxia etc: Yes / No
Has the student been involved with any English Language Learning Support (ESOL): Yes / No
Does the student have ORRS funding: Yes / No
Please detail: _____

INTERESTS AND EXTERNAL ACTIVITIES

Sporting and performing arts interests (*please be specific e.g. learnt trumpet 2 years*)

UNIFORM

Preferable sizing (*please circle*) Girls - 8, 10, 12, 14 / Boys - S, M, L

Tick One: I am In Zone (go to signatures and Declaration)

I am Out of zone (continue next section)

Priority 1 <input type="checkbox"/>	Sibling(s) (brother/sister) currently attending the school	Name of sibling:	Year level of sibling
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Priority 2 <input type="checkbox"/>	Sibling(s) who have previously attended the school	Name of sibling:	Years of attendance
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Priority 3 <input type="checkbox"/>	Son/daughter of a former student of the school	Parent Name:	Year(s) of attendance at Kapiti
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Priority 4 <input type="checkbox"/>	Son and/or daughter of a College Board Employee	Name of Employee:	
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Priority 5 <input type="checkbox"/>	None of the above applies		
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2018 OUT OF ZONE ENROLMENTS – IMPORTANT NOTE

Please be aware that Monday 31 July 2017 is the FINAL date for enrolment forms to be at the College for both in and out of zone students wishing to enrol for 2018.

SIGNATURES & DECLARATION (To be completed by all applicants)

- I/We agree to abide by the College regulations and declare that all the information stated on this enrolment form is true and correct.
- I/We confirm that the address provided to the school will be the usual place of residence of (**student name**) when the school is open for instruction in 2017. I/We will advise the school of any subsequent change of address and provide proof thereof at the commencement of the school year.
- I/We enclose proof of residential address of..... in the form of a rates demand or power bill or tenancy agreement (**for in zone students only**) (**student name**)
- I/We agree that filming or photographs taken of students engaging in school activities are able to be used for publication purposes to promote the College. **Yes/No** (please circle one)

Parent/ Guardian signature(s) (If shared custody, both parents MUST sign)

Student Signature

Date / / 20

The information on this form is collected to form part of the essential information the school holds on your child. The information collected will be used by the school for the following purposes: enrolling your child at school, assessing the education needs of your child and ensuring that education services and resources in respect of your child are provided to the school.

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.

The records made from this information may be viewed on request at the school. The information collected may be disclosed to education and health sector agencies in accordance with the principles of the Privacy Act. Except with your specific authorisation, it will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

Enrolling at Kāpiti College 2018

1. In Zone Applications:

Kāpiti College Zone:

This includes all of the following:

All houses on the South side of Kāpiti Rd from Kāpiti Lights to Paraparaumu Beach, down to Whenua Tapu cemetery south of Pukerua Bay.

All houses on the right hand side of State Highway 1, up to and including Nikau Valley.

Those houses on private land at Hongoeka Bay.

If you live within this area, you must provide a copy of a tenancy agreement or rates bill, phone bill or power bill with the application form, to show that it is your normal place of residence. This must be where you will be living in 2018.

All students living within the zone have a right of entry to Kāpiti College. We estimate that 160-170 students will come within the zone in 2018.

2. Out of Zone:

For the remaining 100-120 places, a ballot system applies. Preference is given in the following order:

1. those with siblings at the school
2. those with siblings who used to go to the school
3. those whose parents attended the school
4. those whose parents are employees of the school
5. all others

As we have a small zone, there will still be plenty of places for those who come into the 5th category.

3. Applications:

Application forms must be at the **College by Monday 31st July**. This is the closing date for all applications. **The ballot will be held on Friday 11th August.**

If you have questions about any part of the enrolment process, contact Marianne Dixon either on 9025121 ext 849 or marianne.dixon@kc.school.nz.

Forms can either be:-

- Posted to P O Box 2003, Raumati Beach 5255 – (*Attention Marianne Dixon*)
- Dropped off at the College office (*Attention Marianne Dixon*) or
- Emailed to Marianne.dixon@kc.school.nz

**Ph + 64 4 902 5121
Kāpiti College
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	KĀPITI COLLEGE ENROLMENT FORM 2018	<i>Office Use Only</i> Kamar:
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**CONSENT FOR LOW-RISK EDUCATION OUTSIDE THE CLASSROOM
(EOTC) ACTIVITIES**

Education outside the Classroom (EOTC) is the name given to all events/activities that occur outside the classroom, both on and off the school site. This includes sports, arts and cultural activities.

Kāpiti College values the concept of providing students with opportunities to learn both in and outside of the classroom. We have ready access to the beach, rivers, mountains, bush and urban environments in our area and beyond. These areas are rich learning environments for our students. This document is seeking your consent for your child/children to participate in such learning.

The Ministry of Education's EOTC guidelines have identified the following events as low risk and therefore suitable to be covered under this consent:

Description	Examples
Low-risk environments on site in the school grounds.	Designing and testing of items made in the technology curriculum Y9 Noho at the College Marae
Off-site events in the local community occurring in school time in low-risk environments	Debating competitions at local community organisations Cultural, classroom or sporting events
Off-site events finishing after school finishes in low-risk environments	Stage Challenge performance or similar in Wellington City Sporting events

All off-site residential overnight events and any activity occurring in a high-risk environment* will require separate consent and a letter will be sent/emailed home in such circumstances.

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

All EOTCH activities require staff to undertake an analysis of the risks, and identify the management strategies required to eliminate, isolate and minimise the risk. Emergency procedures will also be in place.

CONSENT FOR LOW-RISK EOTC ACTIVITIES:

I/We agree to _____ (*student name*) - participating in low-risk EOTC activities whilst a student at Kāpiti College.

I/We have provided the school with up-to-date medical, supervision and learning information through the enrolment form and will make every endeavour to keep this information current.

Name: _____ <i>Parent (Mātua) / Guardian – Print Name</i>	Signature: _____ <i>Parent (Mātua) / Guardian signature</i>	Date:
Name: _____ <i>Parent (Mātua) / Guardian – Print Name</i>	Signature: _____ <i>Parent (Mātua) / Guardian signature</i>	Date: