

BAY OF ISLANDS COLLEGE

Student Enrolment Pack

For Year 9 2012

Please note that the information in this pack is subject to change and we will endeavour to inform you of these changes if/when they occur

NOTE: An enrolment to Bay of Islands College can be accepted via interview by signature from anyone of the following: Principal; Deputy Principals and Deans. If you are unsure whether to enrol a student refer to the Principal for advice

| No. | Checklist | √ | Follow Up By |
|-----|--------------------------------------------------------------|---|--------------|
| 1 | Main enrolment form signed and dated (sides 1 & 2) | | |
| 2 | Birth Certificate handed in | | |
| 3 | Dental forms filled in and returned to Main Office | | |
| 4 | Uniform collected and paid for | | |
| 5 | Previous School records received | | |
| 6 | Options Form properly filled in | | |
| 7 | Student Health Records received | | |
| 8 | Computer Use contract signed by all parties | | |
| 9 | General Enrolment Discussion | | |
| 10 | Electronic Devices Policy signed | | |
| 11 | Forms Handed in to Main Office for Entry onto Kamar | | |
| 12 | Forms passed onto Dean for creation of student timetable | | |
| 13 | Forms passed on to Student Centre for filing in Student File | | |



APPLICATION FOR ENROLMENT AT BAY OF ISLANDS COLLEGE 2012



COLLEGE OFFICE USE ONLY

FORM CLASS.....

YEAR LEVEL.....

Register No:.....

Date of this application.....

SURNAME (Legal)..... FIRST NAME(S) (Legal).....

PREFERRED NAME..... 1st DAY OF ATTENDANCE.....

Last school attended..... Prev.School Yr Level..... Gender Male / Female

NSI NUMBER: Previous School Report Sited: Yes No

| Caregivers (1) (eg. Mother, Aunt etc) | Caregivers (2) (e.g. Father, Uncle etc) |
|---------------------------------------|-----------------------------------------|
| Name | Name |
| Relationship to Student | Relationship to Student |
| Address | Address..... |
|Postcode..... |Postcode..... |
| Home PhoneWork | Home PhoneWork |
| Mobile | Mobile |
| Email address | Email address..... |

Emergency Contact Details

Name Relationship to Student

Address.....

Home PhoneWork..... Mobile

Email Address

SIGNATURES:

Mother / Caregiver..... Father / Caregiver.....

Approved by..... Enrolled (Date).....

Date of birth.....
Birth Certificate received Yes No
To be brought in on

Overseas Student:
residency/documentation

Ethnicity (Maori / European / Other)
.....
Is English your first language? Y OR N

Iwi Affiliations.....
Family members attending Bay of Islands College
Name.....Form.....
Name.....Form.....

Notes – List Health, Social or Family problems that could affect school progress.

.....
.....

Legalities e.g. Legal access denied
Evidence sighted: Yes No

Details:
.....
.....

Other parent to receive:
Reports.....

DOCTOR.....
DENTIST.....
BUS ROUTE.....

APPLICATION FOR ENROLMENT AT BAY OF ISLANDS COLLEGE 2012

PARENT / CAREGIVER / STUDENT UNDERTAKING:

I hereby undertake to observe the following conditions as far as they affect me and to do my best to see that the pupil named above observes them:

1. *That the pupil will attend school regularly and punctually and will not be absent except in cases of illness or emergency. I undertake to notify the College Student Centre of any absences.*
2. *That the pupil will wear the College uniform as prescribed.*
3. *That part or full payment will be made when damage to College property is caused by the pupil.*
4. *I undertake to inform the College of any change of address, telephone number or family circumstances within one week of it occurring.*
5. *I undertake to pay all fees, exam entries, subject costs etc. as required to the College.*
6. *I give permission for the College to administer any prescribed medication as needed (Dispirin/Panadol etc)*
7. *I authorise the College to make any such enquiries as are necessary to assist in this enrolment.*
8. *That the pupil will follow the school rules and observe computer and internet guidelines and the school policy on use of Electronic Devices.*
9. *That if the College requests, I will agree to the pupil getting a drug test.*
10. *I agree should the above student be required to be kept at home while awaiting a Te Hui Awhina or Disciplinary meeting; I will be responsible for their care during any absence from school. The school will be responsible for sending work home. I understand that I can discuss urgency with the Principal re: an earlier meeting.*
11. *I agree to the College contacting relevant external agencies such as Resource Teacher of Learning Behaviour and Group Services Education (Special Education) if they deem them necessary to assist the Pupils' learning and behaviour.*
12. *I understand that the college's kaupapa Whakanui is "PROJECT RESPECT" and that the pupil enrolling will follow the Respect Code including, Respect for Self, Respect for Achievement, Respect for others, Respect for Responsibility and Respect for Environment.*

SIGNATURES:

Student Mother / Caregiver Father / Caregiver

Year 9 Course Choices 2012



NAME: _____; Year 8 School: _____

Students must take:

- English/Drama, Mathematics, Science, Social Studies and PE/Health;
- Students can select whether they choose to learn their core curriculum through the medium of **either English or Te Reo**.

Please tick this box if you choose to learn your core curriculum through Te Reo:

If this box remains UNTICKED you will learn your core curriculum through English.

- Students will also all study Music for one term at some point during their Year 9.

Streamed Classes

All students will have Individual Education Plans (IEP). This will be based on their ability in a particular subject.

Subjects such as Maths, Science, Social Studies, Physical Education, English and Te Reo will be streamed (cross ability grouped) to place students in the most appropriate class to challenge and support their learning needs.

Technology Pre-Option Pathways

During their Year 9 students will take 5 periods per week for 6 weeks of each of the following “Pre-option pathways” as introductory courses leading to possible specialisation via Year 10 options choices and future NCEA courses.

6 week Pre-Option Pathways:

| Class Group | Path 1 | Path 2 | Path 3 | Path 4 | Path 5 | Path 6 |
|-------------|---------------------------------------------|--------|--------|--------|--------|--------|
| I | Information Communications Technology [ICT] | ART | TXT | HEC | GEN | MTY |
| II | Materials Technology Wood (MTY) | ICT | ART | TXT | HEC | GEN |
| III | General Engineering (GEN) | MTY | ICT | ART | TXT | HEC |
| IV | Food Technology (HEC) | GEN | MTY | ICT | ART | TXT |
| V | Fabric Technology [TXT] | HEC | GEN | MTY | ICT | ART |
| VI | Art [ART] | TXT | HEC | GEN | MTY | ICT |

This needs to be filled in and returned to Bay of Islands College as soon as possible!

SCHOOL HEALTH INFORMATION

Student's NameForm

Address Date of Birth.....

..... Phone Number.....

.....

ALTERNATIVE CONTACT FOR EMERGENCIES:

Name Phone Number

Relationship

In order to maintain our records and help us care for your child in an illness/emergency situation, could you please answer the following questions. For the safety of your child, parts of this information may need to be shared with other school staff.

1) DOCTORS NAME

2) Phone Number

3) MEDICAL CONDITIONS

Has your child ever had any of the following?

Details

Asthma yes/no

Diabetes yes/no

Epilepsy yes/no

Rheumatic Fever yes/no

Hepatitis/HIV yes/no

Migraines/Headaches yes/no

Heart Conditions yes/no

Recurring abdominal pain yes/no

Back/Neck problems yes/no

Ear infections yes/no

Eye problems yes/no

Other illness/operations yes/no

Bleeding disorder yes/no

Other yes/no

4) ALLERGIC REACTION

Details

Nil yes/no

Bee/wasp stings yes/no

Medication yes/no

Food yes/no

Other yes/no

5) MEDICATIONS

Please give details of any regular medication your child is on.

Medication What for?

Dose How often?

I give permission for the Nurse to give my child paracetamol if she considers it appropriate YES/NO

Please send labelled medication to the school nurse if it is required for regular use or for emergencies such as antihistamines for bee stings

Please send a copy of your child's asthma plan if they are on one.

6) OTHER RELEVANT INFORMATION

Any other information that would help us to meet your child's health needs at this school:

.....
.....
.....
.....

6) HEALTH CHECK

- I give permission for the Nurse (Rural Beat or Public Health Nurse) to give my child a health check – this will include measuring height and weights, checking hearing, vision and blood pressure, plus a discussion on nutrition, exercise, physical, emotional, sexual health and hygiene.

(Parents will be notified if necessary and are welcome to contact the nurse with any queries)

YES/NO (Circle your answer)

PARENT / GUARDIAN SIGNATURE

DATE

Thank you for taking the time to fill in this form

Computer Use

STUDENT CONTRACT

- I understand and will abide by the provisions and conditions of this contract and realize that the network and internet/email access is designed for educational purposes only.
- I understand that any violation of the above provisions may result in disciplinary action, the revoking of my use and appropriate legal action.
- I will not use the school network for any purposes other than that instructed by my teacher.
- I also agree to report any misuse of computers, network, internet or email to the teacher, system administrators (BJN) or principal.

Signature: _____ Date: _____

PARENT/GUARDIAN

- I have read this contract and understand that computer network, internet and email access is designed for educational purposes only. I also understand that it is impossible for Bay of Islands College to block access to all controversial materials and have discussed appropriate uses and expected behaviour with my child.
- I also agree to report any misuse (as described in the preceding pages) of the school network or internet/email to the teacher, system administrators or principal.
- I understand that should my child not follow the rules and guidelines of using the school network, internet or email, that they may be denied access and/or disciplinary action may be taken.
- I give permission for my child to have access to the computer networks at Bay of Islands College.

Signature: _____ Date: _____

Enrolment – General

Name of student.....Date.....

Previous school..... Birth Certificate Copy.....

What do you like about school e.g. subjects / events / cultural / sport / what are you good at?

.....
.....
.....

What are your personal strengths? e.g. reliability, responsibility, honesty, hard working.

.....
.....
.....

What do you hope to achieve at college? Do you have any concerns we can assist you with.

.....
.....
.....

Parents / Caregivers: queries to be sent information on:

.....
.....
.....

Parents / Caregivers details

Name.....

Address.....

.....

Phone / Cellphone.....

Interviewer.....

BAY OF ISLANDS COLLEGE
PROCEDURE

Use of electronic devices by students

Issued: 2010

DEFINITION:

Electronic devices include the following: cell phones, MP3 players, ipods, and any other electronic device not listed above. Scientific calculators are not included.

1.0 OBJECTIVES

- 1.1 This policy is intended to set out guidelines and expectations regarding the use of electronic devices at school, as well as consequences for misuse.
- 1.2 Electronic devices have the potential to cause disruption in the classroom, by interruption of the lesson and by promoting off-task behaviour by individual students.

2.0 PROCEDURE

- 2.1 The school accepts no responsibility for any loss or damage of electronic devices at school. - The school will work with students to minimise theft. - Students may hand their cell phone into the school office for safe keeping during school hours.
- 2.2 In the event that students bring electronic devices to school they must be switched off and stored during class time. They may be used during interval and lunchtime only.
- 2.3 During assessments ie test or exams
 - Electronic devices are not permitted to be in the direct possession of students during an assessment.
 - In the event of a breach of procedure (2.3). The student's test or exam result may be nullified.
- 2.4 Students carrying electronic devices are required to turn them off and leave them in their bags at the front of the classroom. In the event that this is not possible the device is to be left with the supervisor. Electronic devices must not be used in any way which is disruptive or detrimental to the welfare of the school, staff, or other students.
- 2.5 The teacher may require the use of the electronic device for learning purposes.
- 2.6 Recording of images or sound during school time may not be uploaded to the web without permission.
- 2.7 In the event of a breach of these procedures by a student
 - The device may be confiscated and stored in the school office and Parents asked to pick up the device.
 - The student may be banned from carrying any device to school.
 - In the event of a breach of procedure (2.3). The student's test or exam result may be nullified.

Other disciplinary action may be actioned depending on the circumstances.

I agree to abide by this school procedure Signature:

Date: