

2020 Application for IN ZONE Enrolment

Date received:				
Please circle Year Level for 2020 below:				
9	10	11	12	13

ADMIN USE ONLY		
Enrolled By:	Date Enrolled:	
First Day:	Checked By:	

General Information

In-zone students are entitled to enrol at the school at any time. Student(s) must reside with Parent(s) or Legal Guardian or Authorised Primary Duty of Care (See Section C) in the Botany Downs Secondary College home zone and must provide evidence of in-zone address. Refer to the checklist at the back of this form for all documents required. All fields must be filled in completely. If not applicable, please write N/A.

A: Particulars of Student

Male Female

Legal surname <input style="width: 90%; height: 20px;" type="text"/>	Legal first name <input style="width: 90%; height: 20px;" type="text"/>
Middle name(s) <input style="width: 90%; height: 20px;" type="text"/>	Preferred first name <input style="width: 90%; height: 20px;" type="text"/>
Address <input style="width: 99%; height: 20px;" type="text"/>	
<input style="width: 99%; height: 20px;" type="text"/>	Post code <input style="width: 150px; height: 20px;" type="text"/>
Student email address <input style="width: 90%; height: 20px;" type="text"/>	Student mobile phone <input style="width: 150px; height: 20px;" type="text"/>
Country of birth <input style="width: 90%; height: 20px;" type="text"/>	Date of birth <input style="width: 150px; height: 20px;" type="text"/>
Current school <input style="width: 99%; height: 20px;" type="text"/>	
Previous schools attended in NZ (at any stage) <input style="width: 99%; height: 50px;" type="text"/>	

New Zealand Citizen

Non New Zealand Citizen

NZ Birth Certificate number <input style="width: 90%; height: 20px;" type="text"/>	Date of entry into NZ: <input style="width: 90%; height: 20px;" type="text"/>		
OR NZ Passport number <input style="width: 90%; height: 20px;" type="text"/>	Student Passport number <input style="width: 90%; height: 20px;" type="text"/>		
<i>If not New Zealand born:</i>	Residence Permit number <input style="width: 90%; height: 20px;" type="text"/>		
Date of entry into New Zealand: <input style="width: 90%; height: 20px;" type="text"/>	OR Student Visa number: <input style="width: 90%; height: 20px;" type="text"/>		
OR New Zealand Citizenship number <input style="width: 90%; height: 20px;" type="text"/>	Parent Passport number <input style="width: 90%; height: 20px;" type="text"/>		
OR Passport number <input style="width: 90%; height: 20px;" type="text"/>	Parent Visa number <input style="width: 90%; height: 20px;" type="text"/>		
	OR Refugee status <table style="display: inline-table; border: 1px solid black; text-align: center;"> <tr> <td style="width: 50px; height: 20px;">YES</td> <td style="width: 50px; height: 20px;">NO</td> </tr> </table>	YES	NO
YES	NO		

Cultural Identity (please tick your cultural identity. If you have two, please place 1 and 2 by each)

<input type="checkbox"/> Australian	<input type="checkbox"/> Indian	<input type="checkbox"/> NZ Maori – Iwi required*	<input type="checkbox"/> Samoan
<input type="checkbox"/> British/ Irish	<input type="checkbox"/> Japanese	<input type="checkbox"/> Niuean	<input type="checkbox"/> South African
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Latin American
<input type="checkbox"/> Fijian	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Other European	<input type="checkbox"/> Tongan
<input type="checkbox"/> Fijian Indian	<input type="checkbox"/> NZ European	<input type="checkbox"/> Other Pacific Peoples	<input type="checkbox"/> Other.....

*If you selected NZ Maori, please state your Iwi

B: Primary Caregivers

This is the person legally responsible for the student, living at the same address as the student.

It is Botany Downs Secondary College's expectation that all students will reside permanently with their natural parent(s) or Legal Guardian for the duration of the student's attendance at Botany Downs Secondary College.

Contact with parents and recording of student progress is conducted by email. Please complete the email section clearly.

Surname	<input type="text"/>	Surname	<input type="text"/>
First name	<input type="text"/>	First name	<input type="text"/>
Relationship to student	<input type="text"/>	Relationship to student	<input type="text"/>
Home number	<input type="text"/>	Home number	<input type="text"/>
Mobile number	<input type="text"/>	Mobile number	<input type="text"/>
Email address	<input type="text"/>	Email address	<input type="text"/>
Occupation	<input type="text"/>	Occupation	<input type="text"/>
Employer or work place	<input type="text"/>	Employer or work place	<input type="text"/>
Business number	<input type="text"/>	Business number	<input type="text"/>

C: Secondary Caregivers

Parents or other adults that have responsibility for the student, but do not live at the same address

Surname	<input type="text"/>	Surname	<input type="text"/>
First name	<input type="text"/>	First name	<input type="text"/>
Relationship to student	<input type="text"/>	Relationship to student	<input type="text"/>
Home number	<input type="text"/>	Home number	<input type="text"/>
Mobile number	<input type="text"/>	Mobile number	<input type="text"/>
Email address	<input type="text"/>	Email address	<input type="text"/>
Home address	<input type="text"/>	Home address	<input type="text"/>
Occupation	<input type="text"/>	Occupation	<input type="text"/>

Do you wish the secondary caregiver to receive copies of: -

- Student reports? Yes/No
- Financial requests? Yes/No
- School newsletters? Yes/No

Are there any specific custody orders that the College should be made aware of? Yes No

If yes, please describe

D: Emergency Contact

An adult living in Auckland that can take responsibility for the student, but **does not live at the same address;**

Surname

Phone number

First Name

Relationship to Student
(e.g. uncle, family friend)

E: Sibling Information

Please complete if applicable:

Brother(s)/ sister(s) **CURRENTLY** attending Botany Downs Secondary College:

Name Year Whanau

Name Year Whanau

Brother(s)/ sister(s) who were **FORMER** students at Botany Downs Secondary College:

Name Year Whanau

Do you wish your son/ daughter to be in the same Whanau as the sibling? Yes No
(Once Whanau has been allocated, it cannot be changed.)

F: Background Information/ Interests

Hobbies and leisure activities:

Community involvement:

Music, drama, dance (please indicate any performing art that your son/ daughter participates in)

Sports – what does your son/ daughter play, and what would he/ she like to participate in, at Botany Downs Secondary College?

Other personal interests and aspirations

Any awards? Please list awards or certificates and other achievements that your son or daughter has received

G: Language Ability

Only complete this section if English not your first language;

Is English your second language?

Yes No

What is your first language?

How long have you lived in New Zealand?

Has your child participated in an English as a Second Language (ESOL) programme in their current school?

Yes No

H: Special Circumstances

*Please be assured that any information you provide is treated as strictly private and confidential.

Does the student have a medical or physical disability, or a learning difficulty that may affect his/ her classroom learning?
Examples would be, but are not limited to, Autism, Asperger, Dyslexia, Dyspraxia, Epilepsy?

My son or daughter has a physical disability

Yes No

My son or daughter has a learning difficulty

Yes No

Has your son or daughter been involved with any additional learning programmes at previous schools such as the Leap Centre at Somerville?

Yes No

Do you have something you would like to discuss with us as a separate issue at the time of enrolment, with our SENCO (Special Education Needs Coordinator)?

Yes No

If yes, please provide an Educational Psychologist, Medical or Occupational Therapy Assessment Report(s) with this application. Please give a brief description of any of the above:

I: Guidance

*Please be assured that any information you provide is treated as strictly private and confidential.

Has your child received support from Counsellors at his/ her previous school?

Yes No

Have any other agencies or services been involved:

Child Youth and Family/ Oranga Tamariki?

Yes No

Whirinaki (or other child adolescent mental health service)

Yes No

Private Practitioner

Yes No

Other

Yes No

Or, if you would prefer a confidential discussion with one of our Counsellors, please indicate here:

Yes No

J: Medical Details

To assist us in providing the best possible care for your child in any illness or emergency situation, please complete the following questionnaire in as much detail as possible.

While this information is strictly confidential, it may be necessary for the safety of your child and others, to inform relevant staff of medical conditions. This medical form will be filed in the school office. The school realises that family circumstances and a student's health may change during the course of their schooling. It would be very much appreciated if the school is notified as soon as possible by contacting the College on 09 273 2310.

PLEASE NOTE IF YOU HAVE NOT ADVISED BOTANY DOWNS SECONDARY COLLEGE OF A CONDITION OR ILLNESS FOR WHICH YOUR SON/ DAUGHTER MAY REQUIRE MEDICAL TREATMENT, WE MAY NOT BE ABLE TO PROVIDE APPROPRIATE MEDICAL SUPPORT OR ASSISTANCE.

FOR ASTHMA SUFFERERS ONLY

Does your child have an ASTHMA ACTION PLAN?

Yes

No

If YES, please hand a copy to the College Nurse. If using preventers, the Asthma Society recommends having an Action Plan which requires updating every 6 to 12 months. See your Doctor or Practice Nurse.

MEDICATIONS

For those students who have a medical condition and require regular medication, it is advisable to leave a supply of their labelled medication with the College Nurse e.g. Epi-Pen, antihistamines for allergies, medication for migraines, insulin for diabetes or an inhaler for asthma etc. Furthermore, please contact the College Nurse to discuss these requirements, and to obtain a copy of the Parental Consent form which will allow the College Nurse to administer the prescribed medication.

Regular medication(s):

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HEARING

Does your child have any hearing loss?	Yes/No	
Is the hearing loss significant enough to affect their learning?	Yes/No	
Does your child wear a hearing aid?	Yes/No	

EYESIGHT

Does your child have any vision impairment or concern?	Yes/No	
Is the vision impairment significant enough to affect their learning?	Yes/No	
Does your child wear glasses?	Yes/No	
Does your child wear contact lenses?	Yes/No	

K. Medical Form

PRINT STUDENT NAME:			HEALTH NOTES	MEDICAL CONDITIONS (Please Tick)
Allowed Panadol (Paracetamol)	YES	NO	Example: Medication required for sensory loss, factors that may affect the student's behaviour, or any other conditions that the school should be made aware of?	<input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Back/ Neck Problems <input type="checkbox"/> Coeliac disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Headaches/ Migraines <input type="checkbox"/> Heart Condition <input type="checkbox"/> Lactose intolerance <input type="checkbox"/> Nut allergy <input type="checkbox"/> Other (Specify)
Allowed Ibuprofen	YES	NO		
Do you consent to your child seeing the onsite appointed dental service provider e.g. Smilecare Mobile?	YES	NO		
FAMILY DOCTOR: NAME				
FAMILY DOCTOR: PHONE NUMBER				
FAMILY DENTIST: NAME				
FAMILY DENTIST: PHONE NUMBER				
<p>PERMISSION FOR ADMINISTERING MEDICATION (e.g. Panadol, Mylanta, topical creams, cough syrup). In some circumstances it is necessary for medication to be given for such things as headaches, period cramps, and colds etc. I give permission for the college to administer this treatment if necessary.</p> <p>IN CASE OF ACCIDENT OR EMERGENCY In case of an accident or emergency and the school cannot contact you, or if the accident is serious, the College may:</p> <ul style="list-style-type: none"> • Transport of my son/ daughter to an Accident and Emergency Clinic for treatment • Call an ambulance if hospitalisation is required • Administer Epi-Pen, Antihistamine or any prescription medication you have labelled and supplied as the Caregiver/ Guardian for your student (together with the Consent form) • Use our Ventolin Inhaler in an asthma emergency, if own medicine is unavailable • Use our Defibrillator in the event of a student suffering cardiac arrest. <p>I give permission for Botany Downs Secondary College to make such arrangements as are necessary, including those listed, in the case of an accident or emergency, for the treatment of my son/daughter and agree to meet any costs incurred.</p> <p>Parent/ Guardian Permission</p> <p>_____ Signature</p> <p>_____ Date</p>			<p>REACTIONS</p> <input type="checkbox"/> Bee or Wasp Stings <input type="checkbox"/> Hay fever <input type="checkbox"/> Insect Bites <input type="checkbox"/> Latex/plasters <input type="checkbox"/> Medications <input type="checkbox"/> Sulfa <input type="checkbox"/> Sunlight <input type="checkbox"/> Other (Specify)	
			<p>VACCINATIONS</p> <p>Has your child completed their childhood immunisation programme? (If unsure, please contact your GP or Practice Nurse)</p> <p>Yes or No</p> <p>Please supply a copy of your child's vaccination record.</p> <input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis B <input type="checkbox"/> HIB <input type="checkbox"/> HPV <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Pertussis (Whooping cough) <input type="checkbox"/> Polio <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella (Chicken pox) <input type="checkbox"/> Other (Specify)	

In case of a serious accident or emergency, an Ambulance will be called. A parent/ guardian will also be called so please always ensure that the College has your current contact details.

L: Declaration of Usual Place of Residence

For the purpose of enrolment, the home address given on this form **MUST** be the student's usual place of residence when the college is open for instruction. In-zone students must reside in the college zone.

The Ministry of Education has advised that parents should also be informed of the possible consequences of deliberately attempting to gain unfair priority in enrolment by knowingly giving a false address or making an in-zone living arrangement which they intend to be only temporary. For example:

- Renting or residing in-zone on a short-term basis (any rental agreement must be for a minimum of one year)
- Arranging a temporary board in-zone with a relative or friend
- Using the in-zone address of a relative or friend as an "address of convenience" with no intention of living there on an ongoing basis.

If the Board of Trustees has reasonable grounds for believing that the given in-zone address will not be a genuine, on-going living arrangement, the Board may decline the application for enrolment.

After attendance has begun, if the college learns that the student no longer resides at the in-zone address which was given at the time of application, and we have reasonable grounds to believe that the in-zone address has been used for the purpose of unfairly gaining priority of enrolment, then the Board may annul the enrolment. This course of action is under Section 110A of the Education Act 1989.

If the student moves out of zone, an application must be made IN WRITING TO THE BOARD OF TRUSTEES for permission for the student to remain at Botany Downs Secondary College.

I confirm that I will advise the College of any subsequent change of address

Yes No

I confirm that this is the student's only residential address

Yes No

Please state other address if the student resides there too:

--

Please list below your son/daughter's place of residence and schools attended in the last three years:

	Home address	School attended
2017		
2018		
2019		

M: The purpose of the Privacy Act, 1993

I hereby acknowledge:

- The information in this enrolment application has been provided voluntarily
- The Board of Trustees of Botany Downs Secondary College is collecting the information for the purpose of providing a database of information relating to the future education, guidance, monitoring and reporting of students' progress and pastoral care. In an emergency, at the discretion of the Principal, information from the file could possibly be given to an agency such as the police or a doctor.
- The information collected may be used for a variety of statistical and research purposes, while ensuring that no individual can be identified.

N: School Donation

The College donation helps cover shortfalls in government funding to cover such items as class materials, computer technology, library books, the school magazine, sports and cultural equipment, or any such purpose as may be approved by the Board of Trustees.

Donation tax credits can be claimed from the Inland Revenue Department. You can find out more about this, and apply, by visiting the page about donations on the IRD's website.

The school is very appreciative of the support from families who pay the school donation.

O: Student Undertaking

I request that I be admitted to Botany Downs Secondary College.

I agree to abide by the Botany Downs Secondary College's responsible use Cybersafety Policy Document, outlining the students' rights and responsibilities regarding the use of IT.

I have read the Cybersafety Agreement, "Our Way" – behavioural expectations, and Uniform and Grooming Standards as set out in the enrolment documentation and I will always abide by these.

STUDENT SIGNATURE

DATE

P: Parent/ Guardian/ Student Undertaking:

I/We agree to abide by the Botany Downs Secondary College's responsible use Cybersafety Policy Document, outlining the students' rights and responsibilities regarding the use of IT. A copy of this policy is included in the enrolment pack and must be read by students/ caregivers.

I/We agree to pay for activities, college trips, sports, subject consumables where appropriate, workbooks and co-curricular activities and events that are identified in the option booklet, or by correspondence at home.

I/We hereby undertake with the Botany Downs Secondary College Board of Trustees to observe the conditions and expectations as outlined in the enrolment documentation, so far as they affect me, and the student enrolled.

I/We consent to my son/daughter's photograph or college work being used for publicity material (e.g. on our prospectus, or website, or in displays).

I/We agree to the use (including disclosure) of the above information by the staff of the college for any purpose related to the education and well-being of the student concerned.

I/We declare and understand that students accepted under the in-zone criteria are expected to remain resident in-zone for the duration of their enrolment. I/we will advise the college of any changes or moves from in-zone to out-of-zone, and I/we will apply to the Board of Trustees for permission to remain at Botany Downs Secondary College.

I/We declare that the information provided on this enrolment application is true and correct.

SIGNATURE OF MOTHER / CAREGIVER

DATE

SIGNATURE OF FATHER / CAREGIVER

DATE

Checklist

Please confirm that you have read the following sections in the enrolment information booklet, and will keep these for your records/information:

- Our Way – behavioural expectations
- Straight-Line Discipline Process
- Uniform and Grooming Standards
- Bring Your Own Device
- Cybersafety Agreement

I confirm the following information will be provided with the return of my forms:

- Completed Student Enrolment Application form
- **3 items required for Proof of Residence** for the evidence of usual place of residence e.g. Tenancy Agreement (showing 12 month fixed term in a council approved rateable dwelling) Current Electricity bill showing previous usage, current Spark or Vodafone bill or Bank Statement. We do NOT accept Council rates or water rates.
- For New Zealand Citizens – Birth Certificate or Passport or New Zealand Citizenship Certificate. Please make colour copies of these and hand in with your Enrolment Form
- For Non New Zealand Citizens – Copies of Student’s Passport with Residence Permit or Student Passport with Student Visa and Parent Passport with Work Permit
- A copy of your son/daughter’s latest school report (2019)
- A copy of your son/daughter’s immunisation record (available from your GP)

Please note that all incomplete forms will be returned to you for completion.

Please return your completed application to:

Miss Melanie Smith
Enrolment Officer
Botany Downs Secondary College
575 Chapel Road
East Tamaki
Auckland 2016

To complete the enrolment process, you and your child will be required to attend an interview. We will contact you to arrange an interview time during term 3 or term 4.

Students with a non-English speaking background who have lived in New Zealand for less than four years may be required to take an ESOL test.

Any queries, please contact Miss Melanie Smith on 273 2310 ext 359.



BOTANY DOWNS Secondary College

575 Chapel Road
Howick
Auckland
New Zealand
Ph: + 649 273 2310
Fax: +649 273 8551
www.bdsc.school.nz

Dear Parents/Guardians

Itinerant Music Programme

The Ministry of Education fund a small number of hours for the tuition of instrumental music. This involves specialist teachers coming to the school to give small group tuition to selected students. **The students are timetabled to have their lesson during school hours. This means that they will be out of their normal classes for half an hour and it will be their responsibility to catch up on the class work that they miss during their absence.**

At this stage the following tutors have been employed:

Agnes Harmath-Parkin	Flute	Donald Nicholls	Clarinet/Saxophone
Hamish Arthur	Brass	Tala 'Ofamo'oni	Drums
Yid-Ee Goh	Violin/Viola	Jim Nana	Guitar
Carol Gilfillan	Singing	Vigdis Relph	Cello/Double Bass

We are very fortunate to have teachers of such a high calibre working at the school.

Students are to supply their own instrument or they can hire them from

KBB Music Phone: 0800 775 226 email: [hires@kbbmusic.co.nz](mailto: hires@kbbmusic.co.nz)

Street Address: 377 Manukau Rd, Epsom

Botany Store: Shop 42 Botany Town Centre email: [botany@kbbmusic.co.nz](mailto: botany@kbbmusic.co.nz) Phone: 09 2712642

or

Musicworks <http://www.musicworks.co.nz/instruments-to-hire/#>

Please contact these stores for information regarding the conditions of hire.

Places in the itinerant programme are limited. The intention of the programme is to provide an opportunity for students to learn an instrument rather than providing additional lessons to students who already receive tuition in the instrument from either private lessons or other institutions.

Your child will be notified of their lesson day once all details with the Itinerant teachers have been completed. Where possible we will try to rotate your child's lesson so they do not miss the same subject each week. It is the responsibility of your child to check each week for their new lesson time, remember to attend the music lesson and to be prompt. Any absences from a lesson must be excused. It may be possible for a lesson time to be re-scheduled to avoid clashing with assessments or class trips.

By accepting a place in this Itinerant Music class your child is committing themselves to a whole year's tuition and an expectation of regular practice. All students involved in this programme are expected to make themselves available to participate in the co-curricular groups if required.

If you are interested in your child taking advantage of this programme, please return the attached form to the school office by **Tuesday 12 November 2019**. This will enable the programme to get under way early in the new school year.

If you have any queries regarding the programme, you are welcome to contact me at school.

Yours sincerely
Louise Treneman
HOD Music



BOTANY DOWNS
Secondary College

575 Chapel Road
Howick
Auckland
New Zealand
Ph: + 649 273 2310
Fax: +649 273 8551
www.bdsc.school.nz

Itinerant Music Programme Application for 2020

Student Name: _____ Whanau Class: _____

Year Level in **2020**: 9 10 11 12 13

Instrument selected: (please circle)

Flute	French Horn	Trumpet	Trombone	
Bassoon	Violin	Viola	Cello	Oboe
Double Bass	Clarinet	Saxophone	Singing	Drums
Guitar	Bass Guitar			

How long have you learnt this instrument?

Beginner 1 year 2 years 3 years Other _____

I understand the conditions of learning, as outlined in the attached letter, and that the commitment is for the full school year.

I confirm that my child is not receiving regular lessons in this instrument from any other teacher.

Signed (Parent/Guardian): _____

I understand the conditions of learning and that the commitment is for the full school year.

Signed (Student): _____