

Enrolment Application Form In Zone • 2021



In-zone students are entitled to enrol at the College 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.

All form fields must be filled in completely. If not applicable, please write N/A.

Only completed applications with the enclosed documents below will be accepted. All incomplete forms will be returned to you for completion.

A copy of..

- Evidence of usual place of residence (3 items of proof are required)
e.g. Tenancy Agreement (showing 12-month fixed term in a council approved rateable dwelling); current electricity bill showing the previous usage; current telephone bill; or bank statement.
- Latest school report (2020).
- For New Zealand Citizens – Birth Certificate or Passport or New Zealand Citizenship Certificate.
- 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
- Immunisation record (available from your GP)

Once your application has been processed, you and your child will be required to attend an enrolment interview. We will contact you to arrange an interview time during Term 3 or Term 4. Lastly, to complete the enrolment process, the College will send confirmation.

Note: 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.

Please return your completed application to:

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

Enrolment Application Form In Zone • 2021



ADMIN USE ONLY

Date Received		Enrolled By	
Entered in Kamar		Interview Date	
Data File Entered		Start Date	
Scanned			

Year Level (circle)				
9	10	11	12	13

If you have any enquiries,
contact our Enrolment Officer
Miss Melanie Smith
on 09 273 2310 ext. 359
enrolments@bdsc.school.nz

A: Particulars of Student

Gender: Male Female

Legal Surname:

Legal First Name:

Middle Name(s): Preferred First Name:

Address:

POSTCODE

Student Email Address:

Student Mobile Phone: Date of Birth:

Country of Birth: Current School:

Previous Schools Attended in NZ (at any stage):

NEW ZEALAND CITIZEN (COLUMN 1)

NZ Birth Certificate Number:

OR NZ Passport Number:

If Not New Zealand Born:

Date of Entry into NZ:

OR NZ Citizenship Number:

OR Passport Number:

NON-NEW ZEALAND CITIZEN (COLUMN 2)

Date of Entry into NZ:

Student Passport Number:

Residence Permit Number:

OR Student Visa Number:

Parent Passport Number:

Parent Visa Number:

OR Refugee Status: Yes No

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

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

Other:

*If you selected NZ Māori, please state your Iwi:

B: Caregivers - Residence A

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.

CAREGIVER 1 - RESIDENCE A

Surname:

First Name:

Relationship to Student: <input type="text"/>	Home Number: <input type="text"/>
Mobile Number: <input type="text"/>	Business Number: <input type="text"/>

Email Address:

Occupation:

Employer/Workplace:

CAREGIVER 2 - RESIDENCE A

Surname:

First Name:

Relationship to Student: <input type="text"/>	Home Number: <input type="text"/>
Mobile Number: <input type="text"/>	Business Number: <input type="text"/>

Email Address:

Occupation:

Employer/Workplace:

C: Caregivers - Residence B

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

CAREGIVER 1 - RESIDENCE B

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Relationship to Student:	<input type="text"/>	Occupation:	<input type="text"/>
Home Number:	<input type="text"/>	Mobile Number:	<input type="text"/>
Email Address:	<input type="text"/>		
Home Address:	<input type="text"/>		

Do you wish Secondary Caregiver 1 to receive copies of:

Student Reports?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Financial Requests?	<input type="checkbox"/> YES <input type="checkbox"/> NO	College Newsletters?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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CAREGIVER 2 - RESIDENCE B

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Relationship to Student:	<input type="text"/>	Occupation:	<input type="text"/>
Home Number:	<input type="text"/>	Mobile Number:	<input type="text"/>
Email Address:	<input type="text"/>		

Do you wish Secondary Caregiver 2 to receive copies of:

Student Reports?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Financial Requests?	<input type="checkbox"/> YES <input type="checkbox"/> NO	College Newsletters?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Are there any specific custody orders that the College should be made aware of?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If yes, please describe:

<input type="text"/>
<input type="text"/>
<input type="text"/>

D: Emergency Contact

An adult living in Auckland that can take responsibility for the student, but does NOT live at the same address.
Must be an alternative to Caregivers A and B.

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Phone Number:	<input type="text"/>	Relationship to Student:	<input type="text"/>

E: Sibling Information

Please complete if applicable.

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

Name:	<input type="text"/>	Year:	<input type="text"/>	Whānau:	<input type="text"/>
Name:	<input type="text"/>	Year:	<input type="text"/>	Whānau:	<input type="text"/>

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

Name:	<input type="text"/>	Year:	<input type="text"/>	Whānau:	<input type="text"/>
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Do you wish your son/ daughter to be in the same Whānau as the sibling?

(Once Whānau has been allocated, it cannot be changed.)

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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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?

Cultural - what is your son/daughter involved in?

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 is 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, and Epilepsy.

My son/daughter has a physical disability:

YES

NO

My son/daughter has a learning difficulty:

YES

NO

Has your son/daughter been involved with any **supported learning programmes or had Teacher Aide support** 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 and give a brief description of any of the above:

I: Counselling

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

Please indicate if any of the below agencies or services have been involved:

Child Youth and Family/Oranga Tamariki?

YES

NO

Whirinaki (or other child adolescent mental health service)?

YES

NO

Private Practitioner/Psychologist/Psychiatrist/Private Counsellor?

YES

NO

Other?

YES

NO

Or, would you prefer a confidential discussion with one of our Counsellors?

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 with 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 College office. The College 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 College 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):

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

Student Name:

Allowed Panadol
(Paracetamol)?

YES

NO

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:

Phone Number:

Family Dentist

Name:

Phone Number:

PERMISSION FOR ADMINISTERING MEDICATION

(e.g. Mylanta, topical creams, cough syrup). In some circumstances, it is necessary for medication to be given for such things as stings/bites, abrasions, cuts, indigestion and colds etc.

I give permission for the College to administer this treatment if necessary.

**Parent/Guardian
Permission
Signature:**

Date:

IN CASE OF ACCIDENT OR EMERGENCY

In case of an accident or emergency and the College cannot contact you, or if the accident is serious, **the College may:**

- Transport 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.

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.

Parent/Guardian
Permission
Signature:

Date:

HEALTH NOTES

Example: Medication required for sensory loss, factors that may affect the student's behaviour, or any other conditions that the College should be made aware of:

MEDICAL CONDITIONS (PLEASE TICK)

<input type="checkbox"/>	Allergies. Please clearly specify:	<input type="text"/>					
<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		
Other (specify):		<input type="text"/>					

REACTIONS

<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		
Other (specify):		<input type="text"/>					

VACCINATIONS

Has your child completed their childhood immunisation programme?

(If unsure, please contact your GP or Practice Nurse)

YES

NO

Please supply a copy of your child's vaccination record.

<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 (Chickenpox)	<input type="checkbox"/>	Rotavirus
<input type="checkbox"/>	Pneumococcal	<input type="checkbox"/>	Meningococcal B				
Other (specify):		<input type="text"/>					

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

YES	NO
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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
2018		
2019		
2020		

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: College Donation

The College donation helps cover shortfalls in government funding to cover such items as class materials, computer technology, library books, 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 College is very appreciative of the support from families who pay the College 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 Agreement, outlining the students' rights and responsibilities regarding the use of IT.

I have read the CyberSafety Agreement, Behavioural Expectations - Our Way, and Uniform and Presentation 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 of CyberSafety Agreement, outlining the students' rights and responsibilities regarding the use of IT. A copy of this agreement is included in the Enrolment Handbook and must be read by students/caregivers.

I/We agree to pay contributions toward activities, college trips, sports, subject consumables where appropriate, 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 give permission for you to contact previous school(s) for further information required.

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

**Mother/Caregiver
Signature:**

Date:

**Father/Caregiver
Signature:**

Date:

CHECKLIST

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

- Behavioural Expectations - Our Way
- Uniform and Presentation Standards
- BYOD - Bring Your Own Device
- CyberSafety Agreement

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

- Completed 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 the previous usage; current telephone bill; or bank statement.
- 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 (2020)**
- 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

Sports Scholarship Application 2021

**The final deadline for receipt of SPORTS SCHOLARSHIP applications is Wednesday 2 September 2020.
This application must accompany an enrolment application (In Zone or Out of Zone)**

Botany Downs Secondary College offers quality education to young sports people who have proven themselves in their chosen sport(s). This scholarship is aimed at developing the whole athlete. The understanding is that talent, hard work and character development are all important elements of reaching sporting excellence. Preference will be given to Year 9 and 10 students, developing future sport leaders in our community.

A maximum of six (6) Sports Scholarships will be awarded each year.

The sports scholarship covers:

- For the First Year of Enrolment - School Uniform, Sports Uniform, Whānau Shirt - maximum \$650.00
- Annually - \$550.00 towards Sports Fees, Stationery, High Performance Programme. Sport scholarships can not be used to cover parent donations.

Expectations of successful candidates:

- College attendance at or greater than 95%
- Active participation in all team trainings and games
- Active participation in the High Performance Programme
- Meet with the Director of Sport each term to discuss progress and future goals
- Model our College Values as outlined in 'Our Way'
- Submit all assessments and maintain positive 'Key Competency' grades
- Maintain a positive pastoral and behavioural record
- If a student ceases to represent the school in school sport, the scholarship will be terminated
- If a student leaves Botany Downs Secondary College all scholarship fees will be required to be repaid

Required documentation at time of application:

- Cover Letter outlining what attributes the applicant has to offer at BDSC, why the applicant believes they should be awarded a Sport Scholarship at BDSC
- Current representative status in chosen sport (national, regional, provincial)
- Sporting achievements must be evidence-based
- Last two school reports (Key competencies, subject grades and comments)
- Sporting achievements over the past 12 months
- Sporting goals for 2021
- Reference from current coach(s)

The Scholarship will be reviewed if any of the above conditions are not met.

The Director of Sport and the Principal will meet to short-list, and then interview potential scholarship candidates. Families and scholarship applicants will be required to attend an interview.

Sports Scholarship Application 2021



ADMIN USE ONLY

Date Received		Data File Entered	
Year Level in 2021 (circle)	9 10	Scanned	

If you have any enquiries,
contact our Director of Sport
Mr Karl McLennan
on 09 273 2310 ext. 475,
sport@bdsc.school.nz

Particulars of Student

Gender: Male Female

Legal Surname:

Legal First Name:

Middle Name(s): Preferred First Name:

Address:

POSTCODE

Student Email Address:

Home Phone:

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.

CAREGIVER 1

Surname:

First Name:

Relationship to Student:

Home Number: Mobile Number:

Email Address:

CAREGIVER 2

Surname:

First Name:

Relationship to Student:

Home Number: Mobile Number:

Email Address:

Achievements/Goals

Current Representative Status in Chosen Sport (National, Regional or Provincial):

Sporting Achievements: (Provide evidence)

Sporting Achievements over the past 12 months:

Sporting Goals for 2021:

Student Undertaking

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

I **undertake** and will always ensure:

- College attendance at or greater than 95%
- My active participation in all team training and games
- My active participation in the High Performance Programme
- To meet with the Director of Sport each term to discuss progress and future goals
- To model the College Values as outlined in 'Our Way'
- I submit all assessments and maintain positive 'Key Competency' grades
- I maintain a positive pastoral and behavioural record
- An understanding that if I cease to represent the school in my chosen scholarship field that the scholarship will be terminated.

I **understand** that by accepting this scholarship, I will meet all of these conditions, and that the scholarship will be reviewed if any of these conditions are not met.

Student Signature:		Date:	
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Parent/Guardian Undertaking

I/**We agree** to pay contributions towards activities, college trips, sports, subject consumables where appropriate, and co-curricular activities and events that are required by Botany Downs Secondary College but not covered by this Sports Scholarship.

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

I/**We agree** to repay the scholarship fees in case the student leaves Botany Downs Secondary College.

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

Mother/Caregiver Signature:		Date:	
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Father/Caregiver Signature:		Date:	
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CHECKLIST

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

- Completed Sports Scholarship Application
- Completed In Zone or Out of Zone Enrolment Application
- Cover letter
- Last two school reports (please ensure they include key competencies, subject grades and comments)

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

Itinerant Music Programme Application • 2021

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 instruments will be on offer:

- Flute
- Trumpet
- Violin/Viola
- Singing
- Trombone
- French Horn
- Bass Guitar
- Clarinet/Saxophone
- Drums
- Guitar
- Cello/Double Bass

We are very fortunate to have a selection of instruments with a high calibre of Itinerant Teachers working at Botany Downs Secondary College.

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

KBB Music Epsom

377 Manukau Rd, Epsom
Phone: 0800 775 226
email: hires@kbbmusic.co.nz

KBB Music Botany

Shop 42 Botany Town Centre
Phone: 09 271 2642
email: botany@kbbmusic.co.nz

Musicworks

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

Please contact one of these stores directly, for information regarding their 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.

Students will be notified of their lesson day once all details with the Itinerant teachers have been completed. Where possible we will try to rotate the student's lesson so they do not miss the same subject each week. It is the responsibility of the student 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 Programme, the student is committing themselves to a whole year's tuition and an expectation that they attend 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 son or daughter taking advantage of this programme please return the attached form to the school office with your enrolment application. This will enable the programme to get under way early in the new school year.

If you have any queries regarding the programme, contact our Head of Music.

Ms Louise Treneman
on 09 273 2310 ext. 385
l.treneman@bdsc.school.nz

Itinerant Music Programme Application • 2021



Student Name:

Year level in 2021:

 9 10 11 12 13

Please tick the instrument of choice:

<input type="checkbox"/> Bass Guitar	<input type="checkbox"/> Bassoon	<input type="checkbox"/> Cello	<input type="checkbox"/> Clarinet
<input type="checkbox"/> Double Bass	<input type="checkbox"/> Flute	<input type="checkbox"/> French Horn	<input type="checkbox"/> Guitar
<input type="checkbox"/> Oboe	<input type="checkbox"/> Saxophone	<input type="checkbox"/> Trumpet	<input type="checkbox"/> Trombone
<input type="checkbox"/> Violin	<input type="checkbox"/> Viola	<input type="checkbox"/> Drums	<input type="checkbox"/> Singing

Please tick the level of instruction you have had?

<input type="checkbox"/> Beginner	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years
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Other (specify):

Confirmation

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.

Parent/Guardian Signature:	<input type="text"/>
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Parent/Guardian Name:	<input type="text"/>	Date:	<input type="text"/>
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I understand the conditions of learning and that the commitment is for the full school year.

Student Signature:	<input type="text"/>
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Student Name:	<input type="text"/>	Date:	<input type="text"/>
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Please return your completed application to the College office with your enrolment application.

Botany Downs Secondary College
575 Chapel Road
East Tamaki
Auckland 2016

BDSC Community Expressions of Interest • 2021

We are calling on parents and caregivers to provide support to staff and students for various events. We appreciate people lead very full and busy lives but this is an opportunity for our college community to actively participate in making our vision 'Knowledge with Character' a reality.

Student Name:

Parent/Caregiver Name:

Parent/Caregiver Email:

Parent/Caregiver Mobile:

Preferred method of contact: Email Mobile Phone

CO-CURRICULAR ACTIVITIES

Please indicate which areas hold an interest or where you may be able to offer some support for the college.

<input type="checkbox"/> VISUAL ARTS <ul style="list-style-type: none"> • Supervision • Transport (vehicle supplied) • Events • Production of costumes • Stage set up • SLT building • Art galleries • Music/Dance/Drama mentoring 	<input type="checkbox"/> INTERNATIONAL STUDENTS <ul style="list-style-type: none"> • Host families • Environmental volunteering opportunities • International relationships with prominent people - sports, business,cultural • Educational Agents • International Societies based in New Zealand 	<input type="checkbox"/> SPORT <ul style="list-style-type: none"> • Coaching • Team managers • Transport (vehicle supplied) • Sponsorship • Officiating referee/umpire • Nutrition • Sport injury management • First aid
<input type="checkbox"/> MAORI & PASIFIKA <ul style="list-style-type: none"> • Polyfest • Transport • Production of costumes • Supervision • Events • Kapa Haka Tutors • Mentoring 	<input type="checkbox"/> CAREER & PAHTWAYS <ul style="list-style-type: none"> • Work placements • Site inductions • Mentors • Careers expo stands 	<input type="checkbox"/> ALUMNI <ul style="list-style-type: none"> • Events • Networking • Promotional • Resources • Fundraising
<input type="checkbox"/> CULTURAL <ul style="list-style-type: none"> • Events support • Costume design & production • Supervision 	<input type="checkbox"/> PROPERTY <ul style="list-style-type: none"> • Trades Specialists • Recycling • Equipment hire • Maintenance 	<input type="checkbox"/> FAMILY & FRIENDS <ul style="list-style-type: none"> • Parent representatives
<input type="checkbox"/> ENVIRO-SCHOOLS <ul style="list-style-type: none"> • Pest management • Recycling • Care and planting of trees • Other 	<input type="checkbox"/> OTHER (PLEASE LIST) <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>	

Signature: **Date:**

Thank you for taking the time to complete this form.