



ENROLMENT CHECK LIST:

TALAVOU NAME: _____ START DATE: _____

INTERVIEW DATE: _____ INTERVIEW TIME: _____

LEVEL: Y9 Y10 Y11 Y12 Y13

TALAVOU DOCUMENTS REQUIRED:

Birth Certificate	Passport / Citizenship Certificate
School Reports/Pastoral Notes	Agency Details/Reports

ENROLMENT FORMS TO COMPLETE

Enrolment Form	Personal Education Plan (PEP)
Talavou/Kainga Commitment Form	Subject Selection Sheet
Talavou Computer/Internet Agreement	Special Assessment Consent Form (SAC)
Counselling Consent Form	
General Media Consent Form	FINANCIAL FORMS TO COMPLETE
Health Profile & Medical Consent Form	NZQA Financial Assist Form
Aquatic Activity Consent Form	School Fees Payment Plan
EOTC Blanket Consent Form	

FANAU INFORMATION – Handouts

Talavou Kainga Handbook	Uniform Outline
Copy of Talavou/Kainga Commitment Form	Uniform List
Newsletter (most recent copy)	

OFFICE USE ONLY

ACCEPTED	Decision Pending – 2 Weeks Induction
Enroll Date – Start Contract:	Review Date:
Allocate Village	Review with:
Village Teacher Allocate	Review reports:
Fees Paid – Allocate Uniform	
Fees not paid - Allocate Full Uniform	

DECLINED – DO NOT ENROL: please provide details below:

Office Use Only:
 Enrolment Actioned by: _____ Date: _____

Interviewed by: _____ Date: _____

TALAVOU COMMITMENT CRITERIA

1. **VALUES:** Upon acceptance to attend PASS, YOU are expected to AGREE and abide by the set **VALUES** and regulations set out according to the operations of PASS programs, attendance, and requirements.

1.1 LOVE

1.2 COMPASSION

1.3 RESPECT

1.4 FAITH

1.5 SERVICE

2. **ENTRY:** To attend Pacific Advance Senior School (PASS)

2.1 You have to complete Year 10 and are ready to enter Year 11 [Level 1 NCEA]

2.2 You have completed the interview process with the Principals (or their representatives) and have been accepted whether verbally or with written confirmation.

3. **PRESENTATION:** First Impressions make a difference. Your appearance reflects PASS as a whole. Therefore, you are required to:

3.1 **Correct Uniform:** a picture of the correct uniform is in the Talavou Handbook – you must wear the correct uniform at all times and as per PASS standards.

3.2 **Uniform:** must be clean and tidy everyday.

3.3 **School shoes:** your shoes must be clean and tidy at all times, and are worn according to the uniform requirements.

3.4 **Hair:** must be kept trimmed and tidy. **Long Hair:** must be kept tied up at all times – plaited preferably. **NO Rats Tails NO HAIR COLOUR** allowed.

3.5 **NO MAKE UP ALLOWED**

3.6 **NO BEARDS or MOUSTACHE ALLOWED**

3.7 **NO JEWELLERY** – no earrings, no necklaces or chains, no piercing. Only watches are acceptable.

4. **ATTENDANCE:** All PASS:

4.1 Talavou must arrive to school on time, no later than 8.15am.

4.2 Talavou must attend school everyday unless there is a legitimate reason for being away.

4.3 Kainga are responsible for contacting PASS reception to report any lateness and or absences.

5. **UNIFORMS:** All uniforms remain the property of PASS. You are provided with one (1) full set of uniforms. **IMPORTANT:** your uniform is for school use only and you are not permitted to wear it outside of school hours other than when there are school programs. Please ensure that you look after them. If you lose your uniform – you are required to purchase a replacement immediately. Extra uniforms can be purchased from the Office.

6. **TALAVOU RELATIONSHIPS**: As part of our Pasifika values and culture; all Talavou are discouraged from demonstrating intimate relationships on campus. We see this as a family responsibility, NOT a school responsibility and therefore do not wish to be managing this type of distraction at PASS.

7. **SAD: SMOKE, ALCOHOL, DRUGS**: PASS premises and any areas utilized by PASS for school programs and EOTC are **SAD Free Zones**.

8. **PAVA: PHYSICAL ABUSE & VERBAL ABUSE**: PASS premises and any activities or trips organized by PASS are **PAVA Free Zones**

9. **TALAVOU DISCIPLINE**: PASS Talavou are required to abide by the following values:

9.1 **LOVE** - Love God, Love People, Love your neighbours as yourself.

9.2 **COMPASSION** – Love through showing kindness and caring for one another.

9.3 **RESPECT** – Respect God, Respect others respect yourself.

9.4 **FAITH** – Have faith in God, Faith in each other, faith in yourself

9.5 **SERVICE** – Serve God, Serve each other, Serve your community

10. **AT PASS**:

10.1 We are committed to our Pasifika values of **LOVE, COMPASSION, RESPECT, FAITH and SERVICE**.

10.2 We are committed to growing talavou self-confidence in their cultural and spiritual identity.

10.3 We aim to grow confidence, competence and resilience. To foster a culture of leadership by building on strengths, passion, values and character. We recognize that learning happens best when you are well, healthy and engaged in body, mind and spirit.

TALAVOU INTERNET & COMPUTER AGREEMENT (SICA)

As a safe and responsible user of Information and Communication Technologies (ICT), I will help to keep myself and other people safe by following the following rules:

- I cannot use school ICT equipment until my Kainga and I have read and signed my **USER AGREEMENT FORM (SICA)**
- If I have my own user name, I will only log on with that user name. I **will not allow** anyone else to use my user name.
- I **will not tell** anyone else my password.
- While at school or at a school related activity, I **will not** have any involvement with any ICT material or activity which might put myself or anyone else at risk (e.g. bullying/harassing)
- I understand that I **must not** at any time use ICT to upset, offend, harass, threaten or in any way harm anyone connected to the school or the school itself, even if it is meant as a joke.
- I understand that the **rules** in this agreement also **apply to mobile phones**. I will only use my mobile phone at the times that I am permitted to during the school day.
- I understand that I can **only use the Internet** at school when a teacher gives **permission** and there is **staff supervision**.

While at school, I will not:

- Access, or attempt to access, inappropriate age restricted, or objectionable material.
- Download, save or distribute such material by copying, storing, printing, or showing it to other people/Talavous.
- Make any attempt to get around or bypass security, monitoring and filtering that is in place at school.
- If I accidentally access inappropriate material, I will:
 - Not show others
 - Turn off the screen or minimise the window and
 - Report the incident to a teacher immediately.
- I understand that I **must not** download any files such as music, videos, games, or programmes without the permission of a teacher. This makes sure that the school complies with the Copyright Act 1994. I also understand that anyone who infringes copyright may be **personally liable under this law**.
- I understand that these rules apply to any privately owned ICT equipment/device I bring to school or a school related activity. Any images or material on such equipment/devices must be appropriate to the school environment.
- I **will not connect** any device such as a USB drive, camera or phone to, or attempt to run any software on, school ICT **without a teachers' permission**. This includes all wireless technologies.
- I will **ask a teacher's permission** before giving out any personal information, including photos online about myself or any other person. I will also seek permission from any other person involved. Personal information includes, name, address, email address, phone numbers, and photos.
- I **will respect all ICT systems** in use at school and treat all ICT equipment/devices with care. This includes:
 - Not intentionally disrupting the smooth running of any school ICT systems
 - Not attempting to hack or gain unauthorized access to any system
 - Following all school cyber safety rules, and not joining in if other Talavous choose to be irresponsible with ICT.
 - Reporting any breakages/damage to a staff member.
- I understand that the **school may monitor traffic and material** sent and received using the school's ICT network. The school may use filtering and/or monitoring software to restrict access

to certain sites and data, including email.

- I understand that the **school may audit** its computer network, internet access facilities, computers and other school ICT equipment/devices or commission an independent forensic audit. Auditing of the above items may include any stored content, and all aspects of their use, including email.
- I understand that **if I break these rules**, the school may **inform my parent(s)**. In serious cases the school may take disciplinary action against me. I also understand that **my family** may be **charged** for repair costs. If illegal material or activities are involved, it may be necessary for the school to **inform the police**.

I understand that Pacific Advance Senior School will:

- Do its best to keep the school cyber safe, by maintaining an effective cyber safety programme. This includes working to restrict access to inappropriate, harmful, or illegal material on the Internet or school ICT equipment/devices at school or at school related activities, and enforcing the cyber safety rules and requirement detailed in **USER AGREEMENT (SICA)**
- Keep a copy of this signed **USER AGREEMENT** on file.
- Respond appropriately to any breaches of the **USER AGREEMENT**.
- Provide members of the school community with cyber safety education designed to complement and support the **USER AGREEMENT** initiative.
- Welcome enquiries from Talavou or parents about cyber safety issues.

I have read and understood my responsibilities and agree to abide by this Talavou Computer and Internet User Agreement. I know that if I breach this User Agreement, there may be serious consequences.

TALAVOU COUNSELLING CONSENT FORM

PASS is committed to providing counselling support to our talavou, where appropriate. Talavou require such support and PASS needs permission for a Counsellor or support agencies to become involved in the process. At times our Counsellor may need to share information with the Co-Principals to ensure the correct support is sought. Talavou and whanau have the right to withdraw participation at any time.

The privacy Act 1993 requires us to tell you that:

- All personal information you share with PASS Counsellor, coordinators will be held by PASS, and dealt with according to the Privacy Act 1993. Your records will be kept securely.
- This information is being collected to provide PASS counselling services to you and your family/whanau.
- Your personal information will only be shared with agencies involved in your case, unless we are required by law to release that information.
- Under the Privacy Act 1993, you have the right to ask to see all the information PASS holds about you and to ask us to correct that information.

GIVING YOUR CONSENT: This consent form sets out the choices you have when you take part in a PASS Counselling process. It also explains how your personal information will be used. If you DO CONSENT to your information being shared, you have the right to change your mind at any time.

I understand and agree that:

- The PASS Counselling process has been explained to me and its possible benefits to me.
- The information collected may be shared with the Co-Principals,
- The Co Principals, at their discretion, are authorised to involve relevant agencies should the need arise to support me whilst at PASS.
- I can decide to no longer take part in PASS Counselling at any time.
- By signing this form; I consent to the PASS Counsellor, to provide support for me.
- I can choose to bring a support person – a family member to the meeting.
- I have read the privacy statement (see above) and I understand how my whanau/family's and my personal information may be used.
- I am entitled to a copy of this consent.

GENERAL MEDIA RELEASE/CONSENT FORM

I/We the undersigned, hereby authorise **PACIFIC ADVANCE SENIOR SCHOOL**, to

Photograph, Take video footage Take motion pictures, and/or
 Make electronic sound recordings (herein referred to as photographic or electronic reproductions) of our son/daughter

I/We authorise the use of any such photographic or electronic reproductions of our son/daughter for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by **PACIFIC ADVANCE SENIOR SCHOOL**.

I/We understand that our son/daughter may be identifiable from such photographic or electronic reproductions.

HEALTH PROFILE & MEDICAL CONSENT

Medic Alert Number: _____

1. Please tick if you have/suffer from any of the following:

Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Travel Sickness	<input type="checkbox"/>	Fits of any type	<input type="checkbox"/>
Chronic nose bleeds	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>	Dizzy spells	<input type="checkbox"/>
Colour blindness	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Other – please specify below	<input type="checkbox"/>

Other: _____

For overnight events:

Sleepwalking	<input type="checkbox"/>	Bed wetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2. **Are you/your child currently taking medication?** YES NO

If YES, please state Health Condition/s _____

Name of medication/s: _____

Dosage and time/s to be taken: _____

Other treatment: _____

3. **Is a health plan required:** YES NO

Have you had any major injuries (breaks or strains) or illness (glandular fever, etc.) in the last six months that may affect or limit full participation in any activities? YES NO

If YES, please state the injury/illness: _____

4. **Are you allergic to any of the following?** YES NO

Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insect bites/stings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What treatment is required: _____

5. When was your child's last tetanus injection? _____

6. Outline any dietary requirements? _____

7. What pain/flu medication may your child be given if necessary? _____

8. To the best of your knowledge, have you/your child been in contact with any contagious or infectious diseases in the last four weeks? YES NO

If YES, please give brief details: _____

9. Is there any information the staff should know to ensure the physical and emotional safety of you/your child? E.g. Cultural practices, Disability, Anxiety, about heights/darkness/small spaces, pregnancy, behavior or emotional problems. YES NO

If YES, please state or attach the information: _____

NOTE: The following statements must be read and ticked by parent/guardian of student.

- I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
- I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.
- I agree to receiving any emergency medical, dental, or surgical treatment, including anesthetic or blood transfusion for my child/myself, as considered necessary by the medical authorities present.
- I agree to pay all medical costs that are not covered by ACC or a community service card.
- If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will be sent home at my expense.

TALAVOU AQUATIC ACTIVITY CONSENT (TAAC)

FOR:

DATE:

(Talavou Name)

Swimming Ability:

	YES	NO	Don't Know
Is your child able to swim 50 meters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child water confident in a pool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child confident in deep water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child able to tread water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child able to survival float?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child confident in the sea/open inland water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child safety conscious in and around water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: The following statements must be read, ticked and signed by parent/guardian of Talavou.

	YES	NO
I would like my son/daughter named above to take part in the PASS swimming lesson programme.	<input type="checkbox"/>	<input type="checkbox"/>
I have received sufficient information about the event and agree to my child taking part in the activities.	<input type="checkbox"/>	<input type="checkbox"/>
I consent to any emergency treatment required by my child during the course of the event.	<input type="checkbox"/>	<input type="checkbox"/>
I confirm that my child is in good health and I consider him/her fit to Participate.	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION OUTSIDE THE CLASSROOM

BLANKET CONSENT

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.

Pacific Advance Senior School [PASS] believes in using a range of environments and experiences to enhance our Talavou learning. We believe that EOTC can make a substantial contribution to a Talavou well-being by affirming the physical, social, spiritual, mental, and emotional needs of the student. EOTC offers opportunities to enhance learning not available within the normal classroom situations.

In Auckland, we are fortunate to have a ready access to a wide range of natural and manmade environments including beaches, rivers, mountains, cities, suburbs and the bush. These environments provide rich backgrounds for our Talavou to experience and learn from both in and out of school. Well managed activities also teach Talavou to experience and learn from both in and out of school. Well managed activities also teach Talavou how to be safe. PASS also values the idea of providing Talavou with a variety of education experiences. Therefore, we work to ensure that a portion of our Talavou learning occurs away from the school site.

The Ministry of Educations' EOTC Guidelines identify four EOTC activity types, each with recommended parental/caregiver consent requirements. In brief, they are:

Type of Event	Description	Type of Consent
A	On site-in the school grounds i. Lower risk environments ii. Higher risk environments *	i. No consent or blanket consent ii. Separate consent for each event or programme
B	Off site events in the local community occurring in school time. i. Lower risk environments ii. Higher risk environments *	i. Blanket consent at Enrolment ii. Separate consent for each event or programme
C	Off site events – finishing after school ends i. Lower risk environments ii. Higher risk environments *	i. Blanket consent at Enrolment ii. Separate consent for each event or programme
D	Off site residential overnight events i. Lower risk environments ii. Higher risk environments *	i. Separate consent ii. Separate consent for each event or programme

- Involves risk assessed to be greater than that associated with the average family activity. Management strategies required to eliminate, isolate and minimise the risk. Emergency procedures are also in place.

I have read and understood the following enclosed forms. I agree to abide by this commitment as a PASS Student/Parent.

<input type="checkbox"/> Enrolment Form
<input type="checkbox"/> Talavou/Kainga Commitment Form
<input type="checkbox"/> Talavou Computer/Internet Agreement
<input type="checkbox"/> Counselling Consent Form
<input type="checkbox"/> General Media Consent Form
<input type="checkbox"/> Health Profile & Medical Consent Form
<input type="checkbox"/> Aquatic Activity Consent Form
<input type="checkbox"/> EOTC Blanket Consent Form

I know that I am able to ask any questions of the school about the activities I/my child will be involved in, to gain a better understanding. I understand that the school does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.

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

I / We, the parents/guardians agree to his/her participation, in lower risk category A, B, and C events explained on page 11 while at PASS.

Agreed and Accepted by PASS talavou:

Name: _____

Signature: _____

Date: _____

Agreed and Accepted by Parents/Guardians of:

Talavou's Name: _____

Parents/Guardian Name: _____

Signature(s) _____

Date: _____

Pacific Advance Secondary School

Enrolment Form



Student Information

Last name (as per birth certificate): _____

First name(s) (as per birth certificate): _____

First name (preferred): _____

Birth date: _____ / _____ / _____

Gender: Male Female

Current year level: _____

Year level at entry: _____

Student's mobile: _____

Home phone: _____

Student email: _____

Physical address: _____

Postcode: _____

Postal address: _____

Postcode: _____

Ethnicity

Ethnicity(s): 1. _____ 2. _____ 3. _____

Iwi(s): 1. _____ 2. _____ 3. _____

Residency/Citizenship: Yes No

If no, date of entry to NZ: ____ / ____ / ____

If no, country of birth: _____

Language at home: _____

School Information

NSN number: _____

Are you currently attending school: Yes No

If yes, what school: _____ When did you enroll: _____

If no, what school did you last attend: _____

Have you ever been stood down or suspended: Yes No

Medical and Other Information

Doctor's name: _____ Phone: _____

Additional information: _____

Siblings Information

Siblings likely to be attending this school in the future:

- | | |
|----------|-----------------------------------|
| 1. _____ | Birth date: _____ / _____ / _____ |
| 2. _____ | Birth date: _____ / _____ / _____ |
| 3. _____ | Birth date: _____ / _____ / _____ |
| 4. _____ | Birth date: _____ / _____ / _____ |

Parent / Caregiver Information

Name of legal guardian(s): _____

Caregiver 1 Details

Last name: _____ First name(s): _____
Relationship to student: _____
Address: _____ Postcode: _____
Mobile: _____ Home Phone: _____
Work Phone: _____ Email: _____

Caregiver 2 Details

Last name: _____ First name(s): _____
Relationship to student: _____
Address: _____ Postcode: _____
Mobile: _____ Home Phone: _____
Work Phone: _____ Email: _____

Caregiver 3 Details

Last name: _____ First name(s): _____
Relationship to student: _____
Address: _____ Postcode: _____
Mobile: _____ Home Phone: _____
Work Phone: _____ Email: _____

Emergency Contact Details (must be someone different from caregivers above)

Last name: _____ First name(s): _____
Relationship to student: _____
Address: _____ Postcode: _____
Mobile: _____ Home Phone: _____
Work Phone: _____ Email: _____

Please give any information that we should be aware of regarding caregiver/custody arrangements or other information that may affect this student's learning: _____

Declaration

I / We request that the above named student be enrolled at PASS.

I / We agree that the above named student will wear the correct school uniform and abide by the rules, regulations and discipline procedures of PASS.

I / We give permission for PASS to use any images / publications showing my son's / daughter's work or self.

I / We agree that we have read and will abide by the Cyber Safety Policy and Cyber Safety Student Use Agreement.

I / We give permission for the school to obtain school records and any other information relevant to my child's welfare from previous schools. Students may request to view and correct any errors to their records.

In an emergency I / we give permission for medication to be administered.

I / We agree that non uniform items or inappropriate articles can be confiscated and that PASS takes no responsibility for confiscated items that may subsequently be lost or misplaced.

I / We agree that PASS will not be responsible for costs associated with any accident or injury sustained during a school related activity.

I / We agree that mobile phones are not to be switched on in classrooms without permission and maybe confiscated for 24 hours, students using them during lessons and during school time do so at their own risk.

I confirm that the information given in this application is correct and complete and I understand and accept that PASS may actively seek to verify this information.

Name of student: _____

Signature of student: _____ Date: ____ / ____ / ____

Name of parent / guardian / caregiver: _____

Signature of parent / guardian / caregiver: _____ Date: ____ / ____ / ____

Checklist

A copy of the student's Birth Certificate or Passport is attached:

A copy of the student's latest full school report / learning record is attached:

You have read and agree with the enclosed Cyber Safety Use Agreement:

Office Use Only

Birth date verification: Birth certificate number Passport number

Record / information requested: ____ / ____ / ____ Received: ____ / ____ / ____

NSN: _____ Data entered: ____ / ____ / ____

Additional information: _____

Date of entry: ____ / ____ / ____