



# SOUTHERN CROSS CAMPUS

Te Kura o Te Taki o Autahi

RESPECT | RELATIONSHIPS | RESILIENCE | RESPONSIBILITY



## Y1-13 PRE-ENROLMENT CHECKLIST

**Please check if you are in-zone: [www.educationcounts.govt.nz/find-school](http://www.educationcounts.govt.nz/find-school)**

Southern Cross Campus has 3 separate Enrolment Zones which applies to Years 1-6, Years 7-8 and Years 9-13.

**Due to our current roll capacity, we are only accepting the following enrolments:**

- Years 1-13 enrolments that are In-Zone
- Years 1-8 enrolments who have siblings currently enrolled in Years 9-13 (the greater of the 3 enrolment zones)

### **PARENT CHECKLIST:**

**1. FULL SCHOOL ENROLMENT FORMS MUST BE COMPLETED AND SIGNED. THESE INCLUDE:**

**Complete from pages 3-8**

- Application of Enrolment (Sections 1 to 7 + Declaration)
- SCC Health Information
- Wide Pastoral Care & Health Services / Ka Ora Ako Free Health School Lunch
- ICT Digital Citizenship Agreement
- Contract of Enrolment
- Supplementary Forms:
  - Years 1-8 ( Buckland Rd Dental Clinic Enrolment  Turuki Health Services)
  - Years 1-13 Guardian Living Declaration Form – to complete only if the child does not live with either parent

**2. ENROLMENT ELIGIBILITY CRITERIA - DOCUMENTATION TO PROVIDE / ORIGINALS SIGHTED:**

**2a - NZ Citizens | NZ Residents:**

- NZ Birth Certificate
- NZ Passport
- NZ Citizenship Certificate  
*(Confirming NZ citizenship)*
- Foreign Passport *with NZ Residency status*

OR

**2b - Domestic student Time-Bound:**

- Birth Certificate **AND** Passport
- PLUS**
- MOE Domestic Student Approval Letter **or**
- Valid Student Visa (+ **parent work permit if applicable**)
- NZ Immigration Interim Visa (**Visitors Visa not accepted**)
- Eligibility under Domestic Time Bound Students - Appendix C

**3. SUPPORTING DOCUMENTS**

- Current proof of address (dated less than 1 month addressed to Caregiver1) **AND**
- Last school report
- NCEA Record of Learning (**for Y10-13**)
- 5 year Immunisation Certificate (**for new entrants only**)
- Guardian Living Declaration Form (**if child is not residing with their legal guardian**)

**OFFICE USE ONLY:**

- Background Check
- Documents completed - *originals sighted prior to appointment*
- Appointment confirmed with family
- Pre-enrolment complete: Admin initial* \_\_\_\_\_

Year level: \_\_\_\_\_ Proposed class: \_\_\_\_\_

Comments: \_\_\_\_\_

Interview Date:

Interview Time:

Interviewer:



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## Years 1-13 Enrolment Interview

*(School Office use only)*

**Student writing sample – to complete prior to the interview**

**Student Name:** \_\_\_\_\_  
Legal Surname, Legal First Name

**Gender:** Male / Female / Gender Diverse    **Year Level:** \_\_\_\_\_    **Tutor:** \_\_\_\_\_

**Interview Date:** \_\_\_\_\_    **Interview Time:** \_\_\_\_\_

Extra-curricular / Interests

Comments

Concerns

Support

Deputy Director/Director conducting interview: \_\_\_\_\_ Sign: \_\_\_\_\_



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## School Enrolment Form

Confidential Information for school computerized records  
Please print clearly and complete all sections

### SCHOOL OFFICE USE ONLY:

Date Enrolled: \_\_\_\_\_

Year Level: \_\_\_\_\_ Tutor: \_\_\_\_\_

House: \_\_\_\_\_

FDA: \_\_\_\_\_

NSI: \_\_\_\_\_

ID#: \_\_\_\_\_

### SECTION 1: STUDENT INFORMATION

Legal Surname: \_\_\_\_\_

Legal Forenames: \_\_\_\_\_

*NB: State the name/s recorded on the applicant's birth certificate/passport. This is the name that will be used in all school correspondence.*

Preferred Name(s): \_\_\_\_\_

*Surname,*

*Forenames*

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*DD*

*MM*

*YYYY*

Male / Female / Gender Diverse

Ethnicities: \_\_\_\_\_

*(Up to three will be recorded on our SMS)*

Iwi Affiliations: \_\_\_\_\_

*(APPLICABLE TO MAORI STUDENTS ONLY - Up to three will be recorded on our SMS)*

Main language spoken at home: \_\_\_\_\_

Other spoken languages: \_\_\_\_\_

Home Address: \_\_\_\_\_

*Must be residing at the same address as Caregiver 1*

Home Ph: \_\_\_\_\_

*Post Code*

### SECTION 2: STUDENT ENROLMENT ELIGIBILITY

*\*Please check your child's eligibility criteria & complete either 2A OR 2B of this section*

**(2A) NZ CITIZENSHIP / PERMANENT RESIDENCE - Please complete this section if the applicant holds NZ Citizenship or NZ Permanent Residence**

Country of Birth: \_\_\_\_\_

Birth Certificate No: \_\_\_\_\_

Passport/Citizenship: \_\_\_\_\_

*NZ Passport No. or NZ Citizenship Certificate No.*

Date of Arrival in NZ: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NZ Permanent Residence: \_\_\_\_\_

*\* Must complete if not born in NZ*

*Passport Number*

*Client Number*

**(2B) DOMESTIC TIME BOUND – Please complete this section if the applicant holds a student visa or MOE Approval**

Country of Birth: \_\_\_\_\_

Birth Cert No: \_\_\_\_\_

Most Recent Date of Arrival in NZ: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**VISITORS VISA NOT ACCEPTED**

STUDENT/Interim Visa Number: \_\_\_\_\_

Parent Work Visa Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*NB: Student visas applied under a work permit must provide Parent's work visa at time of enrolment to enable study to the end of the academic year of the visa expiring.*

MOE Approval Ref Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### SECTION 3: SCHOOL HISTORY (Must supply most recent NZ/Overseas school report)

Previous NZ School: \_\_\_\_\_

Last Year attended

Leaving Year level

Overseas School: \_\_\_\_\_

Last Year attended

Leaving Year level

\*Reason for leaving the previous school: .....

**We need the parent/guardian permission to contact the previous school to confirm the applicant's pastoral and academic records in order to progress the pre-enrolment application – Do you give consent for the school to contact on your behalf? YES / NO**

**If No - please provide the information directly from the previous school.**

\*Has the student previously been stood down, suspended or excluded? YES / NO If yes, please give details

\*Has the student been on any special education programmes? Yes / No .....

\*Are there any special learning requirements your child may need?.....

\*Has the student been involved with other external support agencies i.e. Oranga Tamariki / SWIS / Attendance **Yes / No**

## SECTION 4: PARENT / GUARDIAN DETAILS

If the child does not live with either parent, you will also need to complete the: **GUARDIAN LIVING DECLARATION FORM** (please obtain this from the school office)

Child lives with:  Mother  Father  Both Parents  Neither Parent  
Access Restriction:  Yes  No **if yes please attach supporting documentation**

**Guardian 1 (Mother):** *If you are not the Mother*-please state your relationship to the child: \_\_\_\_\_

Title: Miss, Ms, Mrs First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
*Please circle one*

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ (to determine if your child is eligible for ESOL funding)

**Guardian 2 (Father):** *If you are not the Father*-please state your relationship to the child: \_\_\_\_\_

Title: Mr, Rev, Sir First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
*Please circle one*

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ (to determine if your child is eligible for ESOL funding)

## SECTION 5: EMERGENCY CONTACT DETAILS *(contacted if Guardian 1 or 2 is unavailable)*

**Emergency 1:** State the contacts relationship to the child i.e. Friend, Neighbour, Grandparent: \_\_\_\_\_

Title: Miss, Mrs, Ms, Mr, Rev. First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile No: \_\_\_\_\_

## SECTION 6: SIBLING INFORMATION *Siblings residing at the same address currently attending Southern Cross Campus:*

Name:	Year Level	D.O.B.
_____	_____	_____
_____	_____	_____
_____	_____	_____

## SECTION 7: EARLY CHILDHOOD EDUCATION (5 YEAR OLDS ONLY) Please tick which of the following apply to your child in the 6months prior to starting school:

- EKR – Kohanga Reo  EKE – Kindergarten, or Education Care Centre  ENA – Did not attend  
 EPC – Play Centre  EOS – Attended, but only outside NZ  EUN – Unable to establish attendance  
 EPG – Pacific Island EC / Playgroup Please indicate how many hours attended each week: \_\_\_\_\_

Please also indicate how long the child attended:  \_\_\_\_\_ months  \_\_\_\_\_ years OR  only occasionally

## SOUTHERN CROSS CAMPUS DECLARATIONS:

### (1A) STUDENT INFORMATION:

#### Area Wide Achievement Data

- Southern Cross Campus is part of several initiatives to raise education standards through professional analysis of achievement data across schools. This initiative whilst providing significant benefits through effective sharing of data will not allow individual identification of your child.

#### Southern Cross Campus

- The Southern Cross Campus Administration will respect the confidentiality of information collected including the information on this form.
- Information may be shared with other professionals where it is considered to be in the best interests of the individual concerned.
- Information may also be used for statistical purposes in a way which will not identify the individual.
- Access to any information stored about your child can be requested from the school's Senior Management Team.
- We regularly acknowledge via school newsletters, panui, school apps, Facebook and school website the student's school performance and achievement in a number of areas including academic results, sporting, music, cultural, attendance and general behaviour. These may include individual, group or class photo, prize winners and team photographs.

I approve the use of the data in the ways described above and understand the concepts involved in the sharing of assessment data with other professionals for the purpose of raising achievement standards. I also understand this will be done in a manner which does not identify the individual.

YES / NO Parent/Guardian Initial: \_\_\_\_\_

### (1B) SECONDARY SCHOOL LEAVERS (INFORMATION SHARING)

- Southern Cross Campus is sometimes obliged by law to give information to Government Departments otherwise your information will not be disclosed without your authorisation. These contact details may also be passed on to the Ministry of Education and the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment; training or further education can be identified and offered support by organisation contracted by MSD to help re-engage young people in education or training when they leave school.

#### 2. DECLARATION:

- I apply to enrol my child at Southern Cross Campus, agree to abide by the rules and regulation of the School, and the conditions of the Contract of Enrolment.
- If I cannot be immediately contacted, I authorize the obtaining, on my child's behalf, any medical assistance or treatment, if in the opinion of staff, such treatment is necessary.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## In-Zone Declaration:

Southern Cross Campus has 3 separate enrolment zones; Y1-6, Y7-8, Y9-13.

The Education Act gives a guarantee of enrolment to students who live within the home zone specified in the School's Enrolment Scheme.

The Board of Trustees needs to ensure that an In-Zone address is genuine at the time of enrolment because the Board is required to manage the enrolments for the benefit of local students.

For In-Zone enrolments, the address must be your usual place of residence. If the school finds that you have given false information, the school reserves the right to cancel your child's enrolment.

# SOUTHERN CROSS CAMPUS STUDENT HEALTH INFORMATION

TO BE COMPLETED BY PARENT / GUARDIAN

STUDENT SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ Year \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER: M / F

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

### CONTACT FOR EMERGENCIES:

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

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) DOCTOR'S DETAILS DOCTOR'S MEDICAL PRACTICE \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

### 2) MEDICAL CONDITIONS

Has your child ever had any of the following? Provide details where applicable.

- |   |   |
|---|---|
| <input type="checkbox"/> Asthma _____             | <input type="checkbox"/> Heart conditions _____         |
| <input type="checkbox"/> Back/Neck problems _____ | <input type="checkbox"/> Hepatitis/HIV _____            |
| <input type="checkbox"/> Diabetes _____           | <input type="checkbox"/> Migraines/Headaches _____      |
| <input type="checkbox"/> Ear infections _____     | <input type="checkbox"/> Other illness/operations _____ |
| <input type="checkbox"/> Epilepsy _____           | <input type="checkbox"/> Recurring abdominal pain _____ |
| <input type="checkbox"/> Eye problems _____       | <input type="checkbox"/> Rheumatic fever _____          |
| <input type="checkbox"/> Heart condition _____    |   |

### 3) ALLERGIC REACTION

- Nil
- Bee/wasp sting \_\_\_\_\_
- Medication \_\_\_\_\_
- Food \_\_\_\_\_
- Other \_\_\_\_\_

### 4) MEDICATIONS

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

Medication \_\_\_\_\_ What for? \_\_\_\_\_

Dose \_\_\_\_\_ How often? \_\_\_\_\_

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.**

**Do you give permission for the Campus Nurse to give your child paracetamol if it is considered appropriate: YES / NO**

### 5) HEALTH CHECK

- I give permission for the campus nurse to give my child a health check – this will include measuring height and weight, checking hearing, vision and blood pressure, plus a discussion on nutrition, exercise, physical / emotional health and hygiene. *(Parents will be notified if necessary and are welcome to contact the nurse with any queries)*

**YES / NO**

### 6) OTHER RELEVANT INFORMATION

Please provide any other information that would help us meet your child's health needs at this school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT / GUARDIAN NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



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## Wider Pastoral Care and Health Services

All students under 16 years old require parental consent in order to access wider pastoral and health care services available at school.

We reflect the new changes to the law so that we can provide your child with holistic care through the following services.

- Health Nurses (health assessments and first aid)
- Doctor (health assessments, prescriptions, medical referrals)
- Physiotherapist
- **Dental services Years 1-8 only**
  - *There are currently no dental services available onsite for Y9-13 / families will need to source this externally.*
- Social Workers
- Counsellors

### Parent/Guardian Consent:

I give permission for my child \_\_\_\_\_ to access the services listed above. I understand that if the school is unable to contact me in the case of an accident or emergency where my child requires to be transported by ambulance to the hospital, I agree to meet any costs incurred.

Yes     No

Parent/Guardian Name: \_\_\_\_\_

## Ka Ora Ako – Free Healthy School Lunches Programme

Student Name: \_\_\_\_\_ Year: \_\_\_\_\_

All students will receive a healthy lunch each school day as part of the Ministry of Education's Lunch in Schools Programme.

Lunches will cater for the diet, health and cultural needs of all students. The lunches provided are healthy, nutritious and meet the New Zealand food safety standards.

Please note: Lunches are not compulsory - You can continue to provide your child's own lunch if you wish. Students will still need to bring to school a morning tea/snack and water bottle.

**Please tick(✓) one of the following dietary requirements for your child's school lunches.**

Regular	Ethical		Religious			No Lunch
Regular <small>(no allergies or special dietary requirements)</small>	Vegetarian	Vegan	Halal	No Pork	No Beef	No thank you - I opt to provide my own lunch

**List any allergies:**  
*(e.g. nuts, dairy, gluten)*

**List any intolerances:**  
*(e.g. lactose, gluten)*



# Southern Cross Campus

## ICT Digital Citizenship Agreement

*To be signed by both parent/guardian and student*

Southern Cross Campus Students will be able to learn via use of the internet and school ICT at Southern Cross Campus provided that the School Digital Citizenship Agreement is read and signed by both the student and their parent/guardian. In signing this document, both parties acknowledge the rules and regulations outlined in this document.

The use of the word ICT in this document refers to any use of Information and Communication Technologies. This includes computers, internet, digital cameras, video cameras, and other educational specific hardware and software.

### 1. INTERNET

- 1.1. The internet is an essential tool for the education of students and the improved delivery of curriculum material(s).
- 1.2. Students are encouraged to make use of the services to this end.
- 1.3. The school leadership team reserves the right to make random audits of the history files that record which websites students have visited.

### 2. USE OF EQUIPMENT/HARDWARE

- 2.1. Computer and ICT equipment is provided for the education of students and the improved delivery of curriculum material(s). This equipment is a privilege not a right.
- 2.2. Care and sensible handling of all computer and ICT equipment is expected at all times.

### 3. SECURITY/ACCOUNTS

- 3.1. Usernames and passwords are not to be given out or used by anyone other than the intended recipient.
- 3.2. Keep all usernames and passwords a secret. These are intended for you only.
- 3.3. Under no circumstances are students to use, move or explore other student's or teacher's personal files.
- 3.4. At no time are students to place orders for goods or services (buy things) over the internet.

### 4. PHOTO AND VIDEO PERMISSION/ POSTING OF MATERIALS

- 4.1. Throughout the year, students will participate in school activities, events or projects in which they may be photographed or videotaped. This includes but is not limited to school sports days, interschool sports days, school portraits, student projects, field trips or special events.
- 4.2. Southern Cross Campus takes pride in the learning and progress of our students and looks to share this via our school website. [www.southerncross.school.nz](http://www.southerncross.school.nz)
- 4.3. The following guidelines will be adhered to with the posting of materials onto the school website or associated blogs/online accounts.
  - 4.3a First names only are to be attached to students work or any photos or video where staff deem appropriate.
  - 4.3b Final copies will be screened by a staff member before posting.
  - 4.3c Only staff or trained ICT monitors will be able to post information after teacher screening.
  - 4.3d From time to time Southern Cross Campus would like to use these photos, or work in local newspapers, the school website/blogs/wikis, and school display areas.
  - 4.3e Often these photos will include a caption with a student's full name and possibly age.
  - 4.3f The following guidelines will be adhered to with the posting of materials for marketing purposes:
    - 4.3.f.i. Images will show the school/child in a positive light e.g. drama, musical, performances, sports and awards ceremonies.
    - 4.3.f.ii. We will regularly review and delete any unwanted material
    - 4.3.f.iii. All photo opportunities will be approved by management.

### 5. MISUSE OF THIS AGREEMENT

- 5.1. Due to the rapidly changing nature of Information and Communication Technologies (ICT) the school reserves the right to change this agreement at any time.
- 5.2. If a change is necessary, an updated agreement will be issued to all students. It is expected that this document will be updated as required and that students and their parent/guardian will revisit this form for agreement.
- 5.3. There will be consequences for students who use the computers or ICT in unacceptable (improper) ways.
- 5.4. The consequences may include the removal of privileges and, being banned from using computer resources for a certain period.
- 5.5. In cases of deliberate damage, costs for repair of damaged resources and/or for the technician time taken to repair the damage may be charged. Parents will be contacted in all serious situations.

**6. LIABILITY** Southern Cross Campus has taken all possible precautions to maintain the safety of all users and these guidelines are written and enforced in the interest of all users' safety and effective use of the Internet and ICT.

Parent/Guardian Consent Digital Citizenship Agreement

Student Digital Citizenship Agreement

Parent Name: \_\_\_\_\_

Student Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Year: \_\_\_\_\_ Tutor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# SOUTHERN CROSS CAMPUS

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## The Southern Cross Campus Contract of Enrolment

This contract is between the student: .....

the parent/guardian:.....and the

First name

Surname

Board of Southern Cross Campus.

The board and staff of Southern Cross Campus welcome you into our unique community of learning. We undertake to ensure that your child is taught by teachers who:

- are well trained and qualified
- maintain high personal and professional standards
- will have high expectations of learning and behaviour
- will teach effectively
- will treat students with respect and courtesy
- will ensure that school is a safe place for our students
- will report your child's progress to you regularly
- will have an active concern for your child's welfare and general development

In return for these commitments and for your child's learning to be successful, we expect you as parent/guardian to ensure that your child:

- attends school every day except when ill or for very special family occasions
- is always on time for school
- is properly equipped for learning each day
- wears their uniform with pride at all times
- has had a full night's sleep
- has had breakfast and is provided with lunch
- has their health needs promptly attended to
- has sufficient time to complete homework

For your child to be a valued member of our student community, your child is expected to:

- aim for excellence in their studies
- take their school work and home work seriously
- become fully involved in all campus and school activities
- follow the Code of Conduct for students
- treat teachers and other students with courtesy and respect

Student signature: \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_

Deputy Director signature: \_\_\_\_\_ Date: \_\_\_\_\_