



Be respectful
Be responsible
Be the best you can be

Fairfield College Year 9 Enrolment Form 2020

Fairfield College aims to be a school in which students, staff and the local community share and enjoy the learning and teaching processes, while we grow a greater understanding, respect and genuine care for others.

Ko te tumanako o te kareti o Fairfield, kia noho huihui pai mai nga tauira, mahita, me nga iwi o te kainga ki te ako, a kia eke ai ki te taumata o te matauranga. Kia tupu ake ai te kura whanui i runga ano i nga manaakitanga, a kia tau ano nga rangimarie mo te katoa.

Thank you for expressing an interest in enrolling your child at Fairfield College.

We have enclosed your 2020 Year 9 Enrolment pack.

Please read through the enclosed documents, as it is important that you and your child understand the requirements of Fairfield College.

Return Checklist:

Tick ✓

➤ Year 9 Enrolment Form	
➤ List of Iwi Codes	
➤ Student Profile Form	
➤ Subject Option Choice Form	
➤ Internet Use Agreement	
➤ Health Information <i>(Please provide Immunisation Record)</i>	
➤ NCEA Special Assessment Conditions History	
➤ HEADSS Assessments	
➤ Parent Consent for EOTC Activities	
➤ Birth Certificate	
➤ Passport and Student Visa where applicable	
➤ Copy of National Standards Report for Mid-year or End-of-Year	
➤ Dental Clinic Consent Form/Enrolment for Oral Health Services	



Be Respectful
Be Responsible
Be the Best You Can Be
3Bs

FAIRFIELD COLLEGE

JUNIOR ENROLMENT 2020

Office Use:

Interviewed:

Start Date:

Entered Kamar:

STUDENT INFORMATION

Level: Please tick ✓ (The year you are coming in to) 9 <input type="checkbox"/> 10 <input type="checkbox"/>	Please tick ✓ Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse <input type="checkbox"/>	Date of Birth: / /
Surname: (Names as on birth certificate)	First Name/s:	
Preferred: (Name you wish to be known by)		
Home address: (Include postcode)	Postal address: (If different from home address)	
Student Mobile Number:	Student Email (Please write email address very clearly):	

SCHOOLING INFORMATION

The name of your current school: _____

Have you attended Fairfield College before? Yes ☐ No ☐ Number of secondary schools attended: _____

Have you ever been suspended or excluded? Yes ☐ No ☐

Brothers/Sisters previously attended Fairfield College: _____

Brothers/Sisters presently attending Fairfield College: _____

CITIZEN INFORMATION

New Zealand Citizen ☐ **Permanent Resident** ☐ **Migrant** ☐ **Refugee** ☐

A permanent resident student must also attach a copy of his/her passport and residency approval documentation.
New Zealand Citizen returning to New Zealand after 2006. ☐

Ethnic Background: (Tick in box(es) next to the ethnic group(s) you belong to):

New Zealand Maori ☐ Asian ☐ New Zealand European/Pakeha ☐ Pasifika Islander ☐

Other: _____ Country of Origin: _____

If New Zealand is not country of origin, date of arrival in New Zealand: _____

First Language: _____ Language Spoken at Home: _____

Do you require help with English? Yes ☐ No ☐

Learning Maori Language Yes ☐ No ☐ Maori Iwi Affiliations (Refer to attached sheet) _____

NOTE: Attach a copy of New Zealand birth certificate or passport. This is required for ALL New Zealand citizens.

- I/We agree to abide by the rules of Fairfield College. (See Code of Conduct in the Parent and Student Enrolment Information booklet).
- I/We agree to pay all course costs in full prior to the end of the school year.
- In accordance with the Privacy Act, 1993, I, the student, consent to the information contained in this application being available to the Ministry of Education, NZ Police, Child Youth & Family, NZ Qualifications Authority relevant any other institutions/agencies for the advancement of my education, where disclosure is required for the maintenance of law and order, and to this information being available for school use for the purpose of improving my performance as a learner and ensuring my personal safety. I agree to information regarding my school performance being transferred between educational institutions to which I am transferring or have transferred.
- I/We agree it is a requirement as a Year 9 to be a Student Runner when assigned for at least one day.
- I/We agree that as a Year 9 student, I/my student will attend the Year 9 camp.

SIGNATURES:

Student: _____ Date: _____

Parent/Caregiver: _____ Date: _____

PRIMARY CAREGIVERS(Parent/Caregiver with whom the student lives)

CAREGIVER 1	CAREGIVER 2
Name:	Name:
Relationship to student:	Relationship to student:
Legal Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>	Legal Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	Address:
Home Phone:	Home Phone:
Cell/Mobile Phone:	Cell/Mobile Phone:
Email: (Please write email address very clearly)	Email: (Please write email address very clearly)
Work Phone:	Work Phone:
Occupation:	Occupation:
Place of Employment:	Place of Employment:
NOTE: Please tick if you require Primary Caregiver 2 to receive correspondence from the school: Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECONDARY CAREGIVERS

SECONDARY CAREGIVER 1	SECONDARY CAREGIVER 2
Name:	Name:
Relationship to student:	Relationship to student:
Legal Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>	Legal Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	Address:
Home Phone:	Home Phone:
Cell/Mobile Phone:	Cell/Mobile Phone:
Email: (Please write email address very clearly)	Email: (Please write email address very clearly)
Work Phone:	Work Phone:
Occupation:	Occupation:
Place of Employment:	Place of Employment:

EMERGENCY CONTACT DETAILS

Name:	Relationship to Student:	
Home Phone:	Work Phone:	Cell/Mobile Phone:
Address:		
Relationship:		

Are there any special access/custody orders that the school should be aware of?
 If 'Yes' please explain and provide documentary proof for our file:

Yes ☐ No ☐

List of Iwi Codes

(for Ministry of Education statistical purposes only)

✓ Tick

Northland / Auckland : Te Tai Tokerau / Tamaki Makau Rau Region	
	Te Aupouiri
	Ngaati Kahu
	Ngaa Kuri
	Ngaapuhi
	Ngaapuhi ki Whaangaroa-Ngaat Kahu ki Whaangaroa
	Te Rarawa
	Ngaai Takoto
	Ngaati Wai
	Ngaati Whaatua
	Te Kawerau
	Te Uri-o Hau
	Te Roroa
	Te Tai Tokerau / Tamaki Makau Rau (Northland / Auckland) Region, not further defined

Coromandel : Hauraki Region

	Ngaati Hako
	Ngaati Hei
	Ngaati Maru (Manutuahu)
	Ng' ti Paoa
	Patukirikiri
	Ngaati Porou ki Harataunga ki Mataora
	Ngaati Puukenga ki Waiau
	Ngaati Raahiri Tumutumu
	Ngaati Tai
	Ngaati Tamatera
	Ngaati Tara Tokanui
	Ngaati Whanaunga
	Hauraki (Coromandel) Region, not further defined

Waikato / King Country : Waikato / Te Rohe Pootae Region

	Ngaati Haua (Waikato)
	Ngaati Maniapoto
	Ngaati Raukawa (Waikato)
	Waikato
	Waikato / Te Rohe Pootae (Waikato / King country) Region, not further defined

Rotorua / Taupoo : Te Arawa / Taupoo Region

	Ngaati Pikiao (Te Arawa)
	Ngaati Rangiteorere (Te Arawa)
	Ngaati Rangitiki (Te Arawa)
	Ngaati Rangiwewehi (Te Arawa)
	Tapuika (Te Arawa)
	Taraawhai (Te Arawa)
	Tuuhourangi (Te Arawa)
	Uenuku-Koopako (Te Arawa)
	Waitaha (Te Arawa)
	Ngaati Whakaue (Te Arawa)
	Ngaati Tuuwharetoa
	Ngaati Tahu (Te Arawa)
	Te Arawa / Taupoo (Rotorua / Taupoo) Region, not further defined

Bay of Plenty : Tauranga Moana / Maataatua Region

	Ngaati Puukenga
	Ngaterangi
	Ngaati Ranginui
	Ngaati Awa
	Ngaati Manawa
	Ng' Tai
	Tuuhoe
	Whakatohea
	Whaanui-A-Apanui
	Ngaati Whare
	Tauranga Moana / Maataatua (Bay of Plenty) Region, not further defined

✓ Tick

East Coast : Te Tairāwhiti Region	
	Ngaati Porou
	Te Aitanga-A-Maahaki
	Rongowhakaata
	Ngaai Taamanuhiri
	Te Tai Tairāwhiti (East Coast) Region, not further defined

Hawkes Bay / Wairarapa : Te Matau a Maui / Wairarapa Region

	Rongomaiwahine (Te Maahia)
	Ngaati Kahungunu ki Te Wairoa
	Ngaati Kahungunu Ki Heretaunga
	Ngaati Kahungunu Ki Wairarapa
	Ngaati Kahungunu, region unspecified
	Rangitaane (Te Matau a Maui/Hawkes Bay/Wairarapa)
	Ngaati Kahungunu ki Whanganui a Orotu
	Ngaati Kahungunu Ki Tamatea
	Ngaati Kahungunu ki Tamakinui a Rua
	Te Matau a Maui / Wairapa (Hawkes Bay / Wairarapa) Region, not further defined

Taranaki Region

	Te Atiawa (Taranaki)
	Ngaati Maru (Taranaki)
	Ngaati Mutunga (Taranaki)
	Ngaa Rauru
	Ngaa Ruahine
	Ngaati Ruanui
	Ngaati Tama (Taranaki)
	Taranaki
	Tangaahoe
	Pakakohi
	Taranaki (Taranaki) Region, not further defined

Whanganui / Rangitikei Region

	Ngaati Apa (Rangitikei)
	Te Ati Hau Nui-A-Paapaarangi
	Ngaati Haua (Taumarunui)
	Ngaati Hauiti
	Whanganui / Rangitikei (Wanganui / Rangitikei) Region, not further defined

Manawatu / Horowhenua / Wellington : Manawatu / Horowhenua / Te Whananui a Tara Region

	Te Atiawa (Te Whanganui a Tara / Wellington)
	Muaupoko
	Rangitaane (Manawatu)
	Ngaati Raukawa (Horowhenua/Manawatu)
	Ngaati Toarangatira (Te Whanganui a Tara/Wellington)
	Te Atiawa ki Whakarangotai
	Manawatu / Horowhenua / Te Whanganui a Tara (Manawatu / Horowhenua / Wellington) Region not further defined

✓ Tick

South Island / Chatham Islands : Te Waipounamu / Wharekauri Region	
	Te Atiawa (Te Waipounamu / South Island)
	Ngaati Koata
	Ngaati Kuia
	Kaati Mamoe
	Moriori
	Ngaati Mutunga (Wharekauri / Chatham Islands)
	Rangitaane (Te Waipounamu / South Island)
	Ngaati Raarua
	Ngaai Tahu / Ki Tahu
	Ngaati Tama (Te Waipounamu / South Island)
	Ngaati Toarangatira (Te Waipounamu / South Island)
	Waitaha (Te Waipounamu / South Island)
	Ngaati Apa ki te Waipounamu
	Te Waipounamu / Wharekauri (South Island / Chatham Islands) Region, not further defined

Iwi known, but region unspecified

	Te Atiawa, region unspecified
	Ngaati Haua, region unspecified
	Ngaati Maru, region unspecified
	Ngaati Mutunga, region unspecified
	Rangitaane, region unspecified
	Ngaati Raukawa, region unspecified
	Ngaati Tama, region unspecified
	Ngaati Toa, region unspecified
	Waitaha, region unspecified
	Ngaati Apa, area unspecified
	Hapuu affiliated to more than one iwi

Iwi unknown, but waka or iwi confederation known

	Taainui
	Te Arawa
	Takitimu
	Aotea
	Maataatua
	Mahuru
	Maamari
	Ngaatokimatawhaorua
	Nukutere
	Tokomaru
	Kurahaupo
	Muriwhenua
	Hauraki / Pare Hauraki
	Turanganui a Kiwa
	Te Taihū o Te Waka a Maui
	Tauranga Moana
	Horouta

Iwi information not provided

	Don't know
	Refused to answer
	Response unidentifiable
	Response outside scope
	Not stated

Source: Statistics New Zealand, New Zealand Standard Classification of Iwi

If you are of NZ Maaori descent the Ministry of Education require us to record your iwi

This is because iwi authorities are interested in the educational achievement of their children.

YOU MAY TICK UP TO THREE IWI ABOVE.



Be Respectful
Be Responsible
Be the Best You Can Be
3Bs

FAIRFIELD COLLEGE

STUDENT PROFILE FORM

We are looking forward to teaching your child next year. To ensure that we have the most suitable programmes in place we seek as much information as possible about individual students and their abilities, interests and areas of special need. Please assist us by completing this form.

Student's Name: _____ Birth Date: _____
Country of Birth: _____ Ethnic Group: _____
Language/s spoken at home: _____
Current School: _____ Gender: _____

Identify those areas in which you consider your child to have unusually high ability:

Reading	<input type="checkbox"/>	Computer Skills	<input type="checkbox"/>
Writing	<input type="checkbox"/>	Oral Language	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	Art	<input type="checkbox"/>
Dance and/or Drama	<input type="checkbox"/>	Cultural Knowledge	<input type="checkbox"/>
Social Skills/Leadership	<input type="checkbox"/>	Languages	<input type="checkbox"/>
Science	<input type="checkbox"/>	Physical Sporting	<input type="checkbox"/>
Music	Please specify: _____		
Other (please describe): _____			

Tick any learning support programmes from which you believe your child would benefit:

Reading Assistance	<input type="checkbox"/>	Spelling Assistance	<input type="checkbox"/>
Mathematics Assistance	<input type="checkbox"/>	ESOL	<input type="checkbox"/>
Writing Assistance	<input type="checkbox"/>		<input type="checkbox"/>

Tick any specialist service/s with which your child has been involved:

Reading Recovery	<input type="checkbox"/>	Educational Psychologist	<input type="checkbox"/>
Speech/Language Therapist	<input type="checkbox"/>	SPELD	<input type="checkbox"/>
Number Works	<input type="checkbox"/>	RTLb	<input type="checkbox"/>
MOE/ORS Funded	<input type="checkbox"/>	Community Health	<input type="checkbox"/>

Other: _____

Please describe any educational concerns you have about your child:

All information collected will be used for enrolment and internal use and Ministry of Education requirements only.



Be Respectful
Be Responsible
Be the Best You Can Be

3Bs

FAIRFIELD COLLEGE

YEAR 9 SUBJECT OPTION CHOICE FORM 2020

Students name:

LEARNING AREAS

These subjects run for the whole year:

- English
- Physical Education & Health
- Mathematics
- Science
- Social Studies
- Maaori (one 90-minute block per week)

These subjects run twice a week for one term:

- Health Education
- Digital Technology

OPTION CHOICES

All subjects in the following learning areas run for two Terms

PREFERRED CHOICES

Students will take 3 options in total

The Arts:

- Art (ARC)
- Drama (DRA)
- Music (MUS)
- Toi Whakairo/Maaori Carving (TOI)

Technology:

- Electronics (ELE)
- Food Technology (FOT)
- Graphics (GRA)
- Materials Metal (DEM)
- Materials Wood (DEW)
- Textiles Technology (TET)

Languages:

- Mandarin (MAN)

Please select 4 other subjects from the Option Choices list. Rank in order of preference.

Note: Student numbers, classrooms, and teacher availability, could result in some students not getting their first choices. The 4th choice is a backup subject.

1. _____

2. _____

3. _____

4. _____

Please refer to back page for further information on Option Choices ↩

JUNIOR OPTION DESCRIPTIONS

Art (ARC)

This is an introductory course over two terms, designed to instil confidence in making art works. Students learn the foundation skills of drawing to support three art disciplines. Painting and printmaking are the main focus, with a choice of photography or sculpture, if time allows. Students will be prepared for art in Year 10 and NCEA Senior courses. Visual diaries are retained by the students.

Drama (DRA)

The junior drama course involves performing drama from a script, improvising and devising. It also involves learning about the drama elements, conventions and techniques. The course is focussed on performance, but some written work is required.

Music (MUS)

A half year course that concentrates on performance as a class on either guitar, keyboard or singing. We cover the basics of these instruments and we try to perform together regularly, once we have learnt a song. We also cover song writing, so that students can know how to write their own song, together with a bit of theory and history of music.

Toi Whakairo/Maaori Carving (TOI)

This is chance for students to explore Maaori patterns and carvings. Looking at mythical origins, Toi Whakairo explores the evolution of different styles and techniques of Maaori art and culture.

Electronics (ELE)

In this course, students will learn to identify and use basic electronic components in circuits and systems. This course has a strong practical focus where students will learn and apply electronic concepts.

Food Technology (FOT)

Food Technology involves students learning to prepare basic food items. Students will investigate, design and make their own scone based product which is a highlight. This subject is an opportunity for all students to develop confidence in the kitchen and learn valuable life skills.

Graphics (GRA)

The focus will be on spatial and product design, incorporating a broad range of drawing and media. Both freehand instrumental and computer drawing skills will be developed. Students will participate in a variety of design and drawing experiences which will be challenging and creative, as well as enjoyable and useful.

Materials Metal (DEM)

This is a chance to look if Engineering or Metal work is something that you may consider to study further at year10 and onwards. We have a full workshop where you will use hand tools and some power tools to make a project. You will be taken through the process of manufacturing and shown career areas that this course will lead to.

Materials Wood (DEW)

This is a chance to look if Wood work is something that you may consider to study further at year10 and onwards. We have a full workshop where you will use hand tools and some power tools to make a project. You will be taken through the process of manufacturing and shown career areas that this course will lead to.

Textiles Technology (TET)

This is a half year course that has a strong focus on learning how to sew, tie dye and screen print. Students will follow the design process through to the completion of constructing the final product. This is a hands on course that will give students the opportunity to learn a broad range of textiles skills that will successfully take them through to the next year. Students who complete this course will walk away with two finished products.

Mandarin (MAN)

The focus of this course is to experience the fun and challenge of learning to communicate in a new language. You will learn how to communicate in simple Chinese, to read simple passages and to write basic Chinese characters. You will also develop an understanding of Chinese culture and a respect for cultural diversity. You will participate in activities such as dialogues, games, songs and role-playing. By the end of Year 9 you will be able to talk and write about yourself, your family, friends and pets, your daily routine, where you live, what facilities our school and Chinese classrooms have, and the weather.

Maaori (MAO)

Year 9 Maaori is aimed at building the students' confidence to use basic sentence structures which will explore kaupapa such as kai, whanau, waiata, marae, te kura and tikanga Maaori. Selected this course gives the students an opportunity to learn more about the Maaori culture and have a better understand of Te Reo Maaori.

INTERNET USE AGREEMENT

Dear Parent/Caregiver

Fairfield College makes the Internet available to students for use in their subject areas. We also allow students their own email account. Before being allowed to use the Web, all students must obtain the permission of their parent/caregiver and they must agree to abide by the school's Acceptable Use Guidelines.

Both you and your child must sign below as evidence of your acceptance of the school's Internet Use Guidelines.

We would be grateful if you would read through the following requirements and discuss them with your child, and then complete the permission section below.

Please note that:

- Access to the Internet is filtered by software that helps to ensure only suitable content can be viewed and that attempts to bypass these measures will have consequences.
- Fairfield College staff reserve the right to access all student files on the Network to ensure that students are using the system responsibly.
- All logins are logged and all Internet sites visited are logged against the user's login name.
- Fairfield College is not responsible for privately owned technology brought to school that is damaged, lost, or stolen.

The following are not permitted on the Fairfield College Network:

- Sending or displaying offensive messages through email or any other social media sites, including Facebook, Twitter and Instagram.
- Live streaming of classroom learning without the permission of the teacher.
- Downloading, sending or displaying obscene pictures.
- Using obscene language.
- Harassing, insulting or attacking others.
- Intentionally damaging, or attempting to damage computer, computer systems, or the Network. Costs of damages will be recovered from students if found to be malicious.
- Breaking copyright laws.
- Installing and playing games on the Network.
- Using other students' passwords or giving other students their password.

If a student's internet behaviour contravenes this agreement they will have their:

1. School network rights withdrawn for a period of time.
2. Device confiscated for a period of time.

If the behaviour continues a student could be stood down from school for continual disobedience.

From time to time, the school takes photographs of students to record activities within the school for publication in the school newsletter, magazine, the website and Facebook. Please tick the following box if you **DO NOT** want your child's photo in any of the school publications.

☐

Please tick ✓

Student Name: _____

I agree to comply with the school rules on computer use and internet access. I will use the Network in a responsible way and observe all restrictions set out in this letter.

Student Signature: _____ **Date:** _____

As the parent/caregiver of this student, I grant my permission for him/her to use the Fairfield College Network. I understand that students will be held accountable for their own actions and any activity undertaken using their Network login.

Parent/Caregiver Signature: _____ **Date:** _____



Be Respectful
Be Responsible
Be the Best You Can Be

FAIRFIELD COLLEGE

STUDENT HEALTH INFORMATION 2020

Year Level:	Year 9	Year 10	Year 11	Year 12	Year 13	Previous enrolments at FFC: Yes/No	
Surname:						First Name:	
No. & Street:						Post Code:	
Date of Birth:			Ethnicity:		Male / Female (circle)		
Parent/Caregiver contact No: Home:			Mobile:		Work:		
Family Doctor:							

CONSENT: Please tick ✓

☐

Permission for the school nurse or designated first aider to administer routine shelf medication as required e.g. paracetamol, antihistamine cream / tablets, arnicas and throat lozenges

DENTAL CARE:

At FFC students have the option of seeing a free mobile dental facility which visits yearly OR enrolling with a local contracted dentist who provides free treatment up to 18 years of age. If enrolled with a local contracted dentist please indicate below or if you would like your child to see the mobile dentist please tick designated box below:

Mobile dentist: ☐ You will need to fill in the Dental Enrolment available from the SSC or the Nurse.
OR

Your dentist: ☐ Name _____ Phone _____

PAST HISTORY OF OPERATIONS, ILLNESS, INJURIES, DISABILITIES: (Please give details):

--

MEDICAL CONDITIONS: (If your child suffers from the following conditions, please tick ✓ the box where applicable)

Asthma	<input type="checkbox"/>	(Inhalers e.g. Ventolin/flixotide)	Diabetes	<input type="checkbox"/>	(Insulins/Units)
Epilepsy	<input type="checkbox"/>	(Medication)	Heart Condition	<input type="checkbox"/>	(Medication)
Triggers?	<input type="checkbox"/>				
Has your child ever needed emergency treatment for Hypoglycaemia?				<input type="checkbox"/>	If yes please provide a copy of care plan
Any other serious illness _____					

OTHER:

Migraines	<input type="checkbox"/>	Fainting	<input type="checkbox"/>	Anxiety problems	<input type="checkbox"/>	Depression	<input type="checkbox"/>
ADHD	<input type="checkbox"/>	Hay fever	<input type="checkbox"/>	Skin condition	<input type="checkbox"/>	Menstrual problems	<input type="checkbox"/>
Other: _____							

ALLERGIES:

Any serious allergies: _____					
Severity and treatment: _____					
Has your child ever had Anaphylactic Reaction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do they have an EpiPen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

MEDICATIONS:

Current medications:	_____	Dose:	_____
If regular/daily medication needs to be given at school, please contact the Nurse to arrange this.			
Please contact the School Nurse if any medical conditions of your student should change.			

IMMUNISATIONS:

Is your child fully immunised?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(Please provide proof of your child's Immunisation)
--------------------------------	------------------------------	-----------------------------	---

Please Note: Information provided on this form is available to staff. Any concerns please contact the School Nurse, Dean or Guidance Counsellor	
Parent / Caregiver's Name: _____	Parent / Caregiver signature: _____
Relationship: _____	Date: _____



Be Respectful
Be Responsible
Be the Best You Can Be

FAIRFIELD COLLEGE

3Bs NCEA Special Assessment Conditions History

First name:	Last Name:
Date of Birth:	Last school:

Please tick any of the conditions that apply. For "Other", write what it is.

Sensory	Medical	Physical	Learning
Vision	Attention deficit	Arm / Hand	Reading
Hearing	Autism Spectrum	Back / Leg	Writing
	Depression	Head injury	Slow processing
	Anxiety	Dyspraxia	Diagnosed Specific
	Diabetes	Muscular / Neurological	Learning Disorder:
	Epilepsy	Cerebral palsy	Dyslexia
	Tourette syndrome	Pregnancy / Baby care	Dysgraphia
	Other:	Other:	Dyspraxia
			Dyscalculia
			Other:

Fill in this timeline of what has happened, been diagnosed, treated, provided, etc. Consider events or contributions by medical specialists, doctors and hospitals, physiotherapists, occupational therapists, psychologists, Level C assessors, Reading Recovery, Private tutors, Teacher aide time, Speech/language therapy, RTLB, RTLit, BLENZ resource teachers, Reader, Writer, Computer, extra time etc.

Age	Event / Action / Comment as appropriate
Continue on the back of this page if necessary.	

Provide recent reports from the list of people above to the school.

Fill in details from these reports below.

Report 1 (write NA if not available)	Report 2 (write NA if not available)
Written by:	Written by:
Qualifications:	Qualifications:
Date:	Date:

If you have further documentation, you may wish to also provide this to the school.



Re: HEADSS Assessments

Dear Parents/Guardians/Caregivers of Year 9 students,

Pinnacle Midlands Health Network has an agreement with Fairfield College Board of Trustees to subsidise nursing services at Fairfield College. As part of the school's agreement with Pinnacle Midlands Health Network, Fairfield College will be undertaking a comprehensive health and social assessment of all **consenting** year 9 students. The health assessment will be undertaken by the School Registered Nurse.

We expect the health assessment to take about one [1] hour. This initial assessment provides an opportunity for our students to discuss their health, social concerns, medical history and emotional strengths. Also included are vision and hearing tests, height and weight and, information on nutrition and physical activity. A referral to other services is available where needed.

Please complete the permission for below, supporting your child's involvement in this health assessment. If the student is unable to take part in the assessment, please indicate on the form below. Please note if we do not receive notification of non consent it will be considered that approval has been given. This letter shall be returned, and signed at the time of your enrolment.

If you have any concerns or queries please contact our School Nurse: Shelley Bowe 07 853 5660 ext 811 or email nurse@faircol.school.nz

Yours sincerely,

Richard Crawford
PRINCIPAL

PERMISSION

_____ **will be / will not be** (please circle that which applies) able to take part in
(Student name)
the health and social assessment.

Parent/Caregiver Signature

Date



PARENT CONSENT FOR EOTC ACTIVITIES

To be completed upon enrolment and/or annually at the start of the school year.

Education outside the classroom (EOTC) is the name given to all events and activities that occur outside the classroom, both on the school grounds and off-site.

Our students participate in a wide range of learning opportunities within and outside the school grounds. Students, especially senior students, may participate in a wide range of sporting events outside the school throughout the year. All class teachers are encouraged to provide extension and enrichment opportunities for their students. These learning opportunities sometimes require travel outside the school, and may extend outside school hours.

Our school uses a process, which is monitored by the Principal and Board of Trustees, to identify and manage risk for all activity types. The Ministry of Education EOTC Guidelines identify four activity types, each with recommended parent/caregiver consent (as outlined below).

Event Type	Description	Type of consent required (Ministry Guidelines)
A	On-site – in the school grounds	
	Lower risk – e.g. sports day, horticulture, adventure-based learning (ABL) activities, painting murals, measuring for mathematics	No consent required
	Higher risk – e.g. school pool or climbing wall	Blanket consent
B	Off-site – short visits in the local community within school hours	
		No consent or blanket consent
	Higher risk – e.g. aquatic environments (river, beach), cross-country training	Blanket consent or separate consent for each event
C	Off-site – day trips, which extend out of school hours	
	Lower risk – e.g. farm visit; day hike in a local park or in local bush; city visit; train, bus or ferry trip; swimming	No consent or blanket consent
	Higher risk – e.g. skiing, waka ama, rock climbing, swimming in natural environments (beach, river), field trip involving chemicals or heavy machinery	Separate consent for each event and risk disclosure
D	Off-site – multi-day trips further afield	
	Lower risk – e.g. trip to another region; sports tournaments; field trips to urban environments, historic sites, and "front country" (having well-formed tracks)	Separate consent for each event
	Higher risk – e.g. overseas trips; field trips into natural water, bush, or alpine environments, or other hazardous environments (for example, where chemicals, heavy machinery, or other hazards are present); outdoor education camps; outdoor pursuit journeys in the "back country" (for example, biking, tramping, canoeing)	Separate consent and risk disclosure

Staff analyse the risk associated with all EOTC activities, and identify strategies eliminate, isolate, and/or minimise the risks. You can read more about our school's **EOTC policies and procedures** at the School Office.



Be Respectful
Be Responsible
Be the Best You Can Be

3Bs

FAIRFIELD COLLEGE

FAIRFIELD COLLEGE BLANKET CONSENT FOR EOTC ACTIVITIES

Please fill in your child's name

Name: _____ Akotahi: _____ Year: _____

I/We agree to the participations of _____ in **lower risk**
(Type A, B, and C) EOTC activities while a student at **Fairfield College**.

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

Parent/caregiver name: _____

Signature: _____ Date: _____

Email: _____

Parent/caregiver name

Signature: _____ Date: _____

Email: _____

FREE DENTIST VISITS for students 13-18 years old

Dear parent/ guardian & student

Revive A Smile Dental Clinic will be at your school this year providing FREE dental check-ups and treatment to all 13-18 year olds. We are committed to improving the oral health of Hamilton's youth and would like to invite you to join us in making this happen. To register with us please fill in the consent form on the other side of this letter and the attached enrolment form and either return to your school office or post/email back to us.

Our practice offers a range of dental services by New Zealand trained and qualified dentists. At their first visit with us your child will get a complete **dental check-up** oral health education and a **FREE oral health care pack** (toothbrush, toothpaste, floss).

Once your child is 18 they will receive a **FREE gift voucher** for a further check-up. Our clinic is also unique in that we run a charity programme for adults (18+ years). If you have a community services card you are likely eligible for free dental care. Please contact us for an adult application pack. We look forward to taking care of your family's dental needs.

Need more information?

Phone or txt 022 677 2301 or email reviveasmile@gmail.com

**REVIVE A SMILE FREE DENTAL SERVICE
IS IN YOUR COMMUNITY**



Revive A Smile Dental Clinic Consent Form

Please fill in this & the attached enrolment form and return to the School Office or post/email to Revive A Smile (PO Box 21053 Hamilton, reviveasmile@gmail.com)

☐ Male

Child's last name

☐ Female

Child's first name (and preferred name)

Child's previous last name (if applicable)

Child's middle name

NHI number (if known)

Child's date of birth (dd/mm/yy)

Place/country of birth

NZ citizen/resident entitled to free health care? ☐ Yes ☐ No ☐ Don't know

Street address and suburb

Town/city

Post code

Ethnic origin:
☐ NZ European / Pakeha ☐ Other: (specify here)
☐ Māori

Current School/ School will be attending

Other children's names in family group

Parent/ Guardian details:

First and last name

last name

Street address and suburb

Town/city

Home phone

Work phone

Mobile phone

Email address

Consent remains valid while your child attends Revive A Smile Dental. Please fill this form as well as the bottom section of the attached enrolment form. Consent can be withdrawn by contacting us. For children under 16 years of age, consent must be given by parent/guardian. If you are 16 years or older you can complete and sign both forms yourself.

Revive A Smile Dental Clinic

Consent to regular dental checks

Yes ☐ I GIVE CONSENT FOR FREE REGULAR DENTAL CHECKS

I **AGREE** to having regular dental checks with xrays as needed. I understand that I have the right to change this consent at any time. I understand this consent is for dental checks only. Any other care will be by further consent.

Medical history:
Some medical conditions and medicines can affect dental care. To help us take good care of your child please tick if your child has had, or is suffering from any of the following:

☐ Nothing of note

☐ Diabetes

☐ Hepatitis

☐ Allergy

☐ Epilepsy

☐ HIV/Aids

☐ Asthma

☐ Heart condition

☐ Rheumatic fever

☐ Bleeding disorder

Family doctor's name/medical practice

Health issues/concerns/medication

Parent / guardian (print first and last name)

Relationship to child:
☐ Mother ☐ Parental guardian
☐ Father

Signature parent/ guardian if under 16 yrs))

Today's date (dd/mm/yy)

No ☐ THIS CHILD IS NOT ELIGIBLE FOR FREE DENTAL CARE
☐ I DO NOT AGREE to this child having regular dental checks. I understand that I have the right to change this consent at any time.

Parent / guardian (print first and last name)

Relationship to child:
☐ Mother ☐ Parental guardian
☐ Father

Signature

Today's date (dd/mm/yy)

Please fill in this & the attached enrolment form and return to School Office or post/email to Revive A Smile (PO Box 21053, Hamilton, reviveasmile@gmail.com)
The information you provide will be kept confidential. Use of and access to the information is covered by the Health Information Privacy Code. If you wish to see this information, or correct any details, please phone 022 677 2301.