

# Wesley College

## APPLICATION FOR ADMISSION

### PROPOSED STUDENT

SURNAME

GIVEN NAMES (in full)

#### Checklist

#### Please enclose:

a) The original or a colour copy of Applicant's most recent report from present school

b) Copy of Birth Certificate.

c) Copy of Applicants Passport.

d) Copy of Parents Residency (Applicable to Parents who were not born in New Zealand).

e) Copy of Immunisation Certificate Required

f) A copy of your most recent electricity account to confirm address details.

Address to which application must be sent:

**Wesley College**  
**Enrolment Administration**  
**P.O. Box 58**  
**Pukekohe 2340**

Phone: (09) 2370224, Email: [admin@wesley.school.nz](mailto:admin@wesley.school.nz), Website: [www.wesley.school.nz](http://www.wesley.school.nz)

# APPLICATION FOR ADMISSION

Student's Name: \_\_\_\_\_

**Surname** **Given Names**

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Student's Preferred Name: \_\_\_\_\_ (the name student is known by)

Circle: Male / Female      Date of Birth:    /    /      Current Age \_\_\_\_\_ yrs \_\_\_\_\_ mths

Ethnic Background: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Church affiliation: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Present School \_\_\_\_\_ NSN No: \_\_\_\_\_

**For NZ Māori:**      Language(s)  
Iwi/Hapuu Affiliation \_\_\_\_\_ Spoken at Home: \_\_\_\_\_

**For Non Māori:**      Language(s)  
Parents Country of Birth: \_\_\_\_\_ Spoken at Home: \_\_\_\_\_

### SPECIAL CHARACTER INFORMATION

Please state your association with Te Hahi Weteriana/The Methodist Church of NZ or another Methodist Church.

Please state your previous association with Wesley College, eg. the applicant is the son/daughter of a former student? **House affiliation:**

<b>School</b>	<b>Simmonds</b>
<b>Stanton</b>	<b>Winstone</b>

Year of Enrolment: 20 \_\_\_\_\_ Day Student

9                                  10                                  11                                  12                                  13

(circle appropriate Year level)

### COURTS/JUSTICE/FAMILY SUPPORT NOTIFICATION/ YOUTH JUSTICE SERVICE

Please indicate if there has been any involvement with the following:

- Child, Youth and Family Service [CYFs]
- Youth Justice Service
- Youth Worker / Youth Development Schemes

YES	NO

If you have indicated 'Yes' please explain what that involvement is: **Please use a separate sheet of paper if necessary**

**NON-DISCLOSURE:** Any non-disclosure of relevant information relating to the above may lead to your son/daughters place withdrawn.

### LEARNING SUPPORT/RTL/MOE INTERVENTION

Please indicate if your child is receiving or has received Learning Support, RTL and/or MOE Intervention.

- Learning Support
- RTL/MOE Intervention

YES	NO

**MOTHER/GUARDIAN**

Relationship to Student: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Name of Work: \_\_\_\_\_  
Phone (Work.): \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mobile Phone No: \_\_\_\_\_

**FATHER/GUARDIAN**

Relationship to Student: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Name of Work: \_\_\_\_\_  
Phone (Work.): \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mobile Phone No: \_\_\_\_\_

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**NEXT OF KIN (To be notified in case of emergency)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to Student: \_\_\_\_\_  
Phone (Home) \_\_\_\_\_  
Mobile \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to Student: \_\_\_\_\_  
Phone (Home) \_\_\_\_\_  
Mobile \_\_\_\_\_

Last Country of Residence \_\_\_\_\_ Date of Arrival \_\_\_\_\_

**Previous education in your country**

Name of School	Location	Length of Time	Age	Language Used

Can your child read in his/her own language

Not at all  A little  Fluently

Can your child write in his/her own language?

Not at all  A little  Fluently

Has your child learnt English before arrival to New Zealand?

Yes  No

If yes, where has he/she learnt English?

School  Home  Private Tutor  Language School

How long has he/she learnt English?

Years \_\_\_\_\_ Months \_\_\_\_\_ Hours per week \_\_\_\_\_

**PARENTAL INFORMATION**

Ethnicity Mother \_\_\_\_\_ Father \_\_\_\_\_  
 Country of Birth Mother \_\_\_\_\_ Father \_\_\_\_\_  
 Occupation in your country Mother \_\_\_\_\_ Father \_\_\_\_\_

Do you live in New Zealand?

Father Yes  No   
 Mother Yes  No

What Language does your child use when speaking to:

Father \_\_\_\_\_  
 Mother \_\_\_\_\_  
 Brothers/Sisters \_\_\_\_\_  
 Grandparents \_\_\_\_\_  
 Other Family \_\_\_\_\_

**DECLARATION:**

1. I am the Natural Parent/Adoptive Parent/Legal Guardian.
2. I agree that if he/she is so admitted:-  
He/she shall be subject to the rules and regulations of the College.
  - (a) To pay such agreed fees as may from time to time be charged by the School Board
    - i) in advance at the beginning of each term; or
    - ii) by weekly/fortnightly automatic payment to start the first week of January and to continue whilst (s)he is enrolled at Wesley College
  - (b) To his/her receiving such instruction as the School Board may from time to time decide to allow in terms of Section 3 of the Contraception Sterilization and Abortion Act 1977.
  - (c) To his/her taking part in religious observances and religious instruction as determined by the Principal, subject to Section 32 of the Private Schools Conditional Integration Act.
    - (i) the provisions for disciplinary matters in the school are contained in the Education Act 1989]
  - (d) I agree to my son/daughter being drug and/or alcohol tested at the request of the Principal and/or appropriate SLT member should he/she be found using, in possession of and/or dealing in illegal substances. The results will be reported to the Principal and/or appropriate SLT member, parents/caregivers and/or the police if required.
  - (e) The Principal is given the authority to act "in locum parentis" in the event of an accident or other circumstance resulting in my / our child requiring emergency medical treatment and all prior reasonable steps have been taken to contact me / us.
3. I agree to images of my son/daughter being published in the Collegian, on the College Website and / or in any other publications for the purpose of recognizing my/our child's achievements and promoting/advertising Wesley College. An image may also be taken for the purpose of identifying a student.
4. Accounts should be sent to those listed below who are directly responsible for the payment of the accounts.
5. I/We understand that if payment is not received by the due date and if referred to a collection agency then all collection, legal costs and any expenses associated with the Collection Agency action will be borne by the person/organisation responsible for payments of Wesley College accounts.

(The signature indicates that the person /s and/or organization agrees and accepts the terms of the Declaration and responsibility for the payment of Wesley College accounts)

Student name: \_\_\_\_\_

Print name: \_\_\_\_\_  
**Mother/Guardian**

Signed: \_\_\_\_\_

Street Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

**(If different from above)**

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

Print name: \_\_\_\_\_  
**Father/Guardian**

Signed: \_\_\_\_\_

Street Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

**(If different from above)**

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

2.(g) Under the Education Act 1989, I understand that my son/daughter will be asked to undertake a drug and/or breathalyzer test if the Principal and/or appropriate SLT member has reasonable grounds to believe that he/she may be under the influence of alcohol or an illegal substance, or is in possession of illegal substances. The results will be reported to the Principal and/or appropriate SLT member who may contact the family. The police may also be notified if required. Refusal to produce, reveal or surrender may result in disciplinary action being undertaken by the school.

Signature: \_\_\_\_\_  
**Parent**

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

## PRIVACY ACT 1993

1. The information you are requested to provide in completing this application form is personal information to which the Privacy Act 1993 applies.
2. Failure to provide the personal information requested in the form will mean that Wesley College is unable to consider the application.
3. All the personal information provided will be kept by Wesley College and used only for the following purposes, namely:
  - (a) assessing the proposed student's application for admission to Wesley College; and
  - (b) if the application is approved;
    - (i) the applicant's schooling at Wesley College; and
    - (ii) at the conclusion of the applicant's schooling, is retained indefinitely for record purposes.
    - (iii) Address and phone number details are collected at the time of enrolment and during the students' time at school so that the school can contact the parent or student as necessary. 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 organisations contracted by MSD to help re-engage young people in education or training when they leave school.
4. Under the Privacy Act you have rights of access to and correction of all personal information provided in the Application for Admission form.

I understand that this information is being collected under the terms of the Privacy Act 1993.

### INTERNET CONNECTIVITY/PERSONAL LAPTOP

Do you have home internet connectivity?	No Internet	Limited Internet	Fast Internet (Fibre)	Unlimited Fibre
<b>(Please circle)</b>				
Does your son/daughter have access to an internet connected laptop at home?			Yes	No

### DECLARATION STUDENT ICT DIGITAL CYBER SAFETY RESPONSIBLE USE AGREEMENT [Appendix 1]

#### STUDENT DECLARATION

I am aware of the expectations, behaviours and values required of me when I use digital technologies at school, any online tools and platforms, and the school's systems and network. I understand these apply to all devices used at school whether they are owned by school or if it is my personal device.

I understand I have the right to use and experience online environments and digital technologies in positive ways and that others do. With these rights, come responsibilities.

I understand and agree to support and uphold these expectations and responsibilities outlined in this agreement.

I know that if my actions or behaviours do not align with the User Agreement there may be consequences. This may include the loss of access to the internet on school owned devices or personally owned device used at school.

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

#### PARENT/GUARDIAN DECLARATION

I know that if my child behaves or acts in ways that do not align with those detailed in the User Agreement there may be consequences, which the school will talk to me about.

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

**EDUCATION OUTSIDE THE CLASSROOM [EOTC]  
BLANKET CONSENT FORM [Appendix 2]**

I/we give blanket consent for \_\_\_\_\_ to participate in low-risk category A and B. EOTC events as attached while enrolled as a student at Wesley College.

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

**HEALTH HISTORY FORM**

Please answer the following questions about the student that you are enrolling at school so that we can take care of them if they get sick or hurt. The form will be kept in the Nurse's office and the nurses will only share this information with others who need to know.

<b>Students Name:</b> _____	<b>Date of birth:</b> _____
<b>Year Level:</b> _____	<b>Hospital Number (NHI):</b> _____
<b>Name of person filling out this form?</b>	
<b>Name:</b> _____	<b>Relationship to Student</b> _____
<b>Doctor/Medical Clinic:</b> _____	<b>Phone No:</b> _____
<b>Dentist:</b> _____	<b>Date of last visit:</b> _____

1. **MEDICAL CONDITIONS:** Has the student ever had any of the following things?

**Medical Conditions**

Have they ever been a patient in a hospital overnight?	YES	NO	If Yes, why?
<b>Asthma (trouble breathing)</b>	YES	NO	If Yes, what medication do they take?
Do they have an inhaler?	YES	NO	
Do they have an "Asthma Action Plan"?	YES	NO	
<b>Diabetes (sugar in the blood)</b>	YES	NO	If Yes, what medication do they take?
Do they take any medicines or injections?			
<b>Epilepsy (fits or seizures)</b>	YES	NO	If Yes, what medication do they take?
Do they take any medicines?			
<b>Rheumatic Fever (heart problems) or any other heart problems</b>	YES	NO	If Yes, what medication do they take?
Do they take any medicines or injections?			
<b>Meningitis</b>	YES	NO	
Is the student seeing a counsellor?	YES	NO	If Yes, why?
Is there anything else you think we should know About?	YES	NO	
(For example: <b>OPERATION OR SERIOUS INJURY</b> )			
Are there any other medicines that you haven't already mentioned?	YES	NO	If Yes, what medication do they take?

2. **ALLERGIES:** Is there anything that makes the student unwell if they eat it, breathe it or touch it?

<b>Reaction to:</b> _____	<b>What happens?</b> _____
Have they ever been told that they require an EpiPen?	If yes, have you supplied the school with the appropriate medication that may be required?
YES                  NO	YES                  NO

### 3. MEDICINES

Please send any medicines that the student may need to take at school regularly or for emergencies (e.g. antihistamines for bee stings) to the School Nurse to keep locked in the cupboard. They will need to have their medicine in the original bottle or box from the chemist or doctor, with their name on and how much they need to take. You can tell us more about the medicine here:

What is its name? \_\_\_\_\_

What is it for? \_\_\_\_\_

### 4. IMMUNISATION

Has the student ever had a tetanus immunisation/injection? YES NO

If YES, list date of last tetanus injection

Has the student ever had a MMR (Mumps, measles and Rubella) immunisation/injection? YES NO

### 6. VISION AND HEARING

Does the student have trouble hearing? YES NO

Does the student wear a hearing aid? YES NO

Does the student have trouble with their vision or seeing? YES NO

Does the student wear glasses or contacts? YES NO

Does student have any bed wetting problems? YES NO

### 7. PERMISSION FOR GIVING MEDICATION AT SCHOOL

Sometimes it may be necessary for the nurse to consider giving students medicine at school

Please sign below if you agree to the nurse giving the student the following:

I give permission for the School Nurse to give Paracetamol/ Panadol YES NO

I give permission for the School Nurse to give Ibrufen YES NO

I give permission for the School Nurse to give Loratadine (allergy) YES NO

### 8. MENTAL HEALTH CONDITION / COUNSELLING / INTERVENTION / MEDICATION

Has the student in the past had any Mental Health issues that required counselling and/or medication YES NO

Does the student currently have any Mental Health issues that require counselling and/or medication YES NO

**If you have recorded 'yes' please use a separate piece of paper to explain what the mental health condition is and what the level of education/counselling/intervention was/is required.**

**Parent/Guardian Signature**

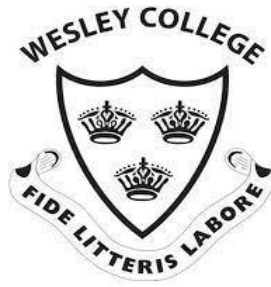
Please print your name \_\_\_\_\_

In case of a serious illness or accident students will be taken to a doctor for care. An ambulance may be called if necessary. A parent/guardian will also be called, so please ensure that the school has your most current contact details.

**NON-DISCLOSURE:** Any non-disclosure of any relevant information relating to Medical and Mental Health Conditions may lead to your son/daughters place in the being withdrawn.

**Note** This information is for Health Clinic, Guidance and Pastoral Care purposes.

The information will be treated as confidential.



Wesley College is a school that doesn't just talk about following a Christian life or about being kind and showing compassion and living to the Kairangi values of Family.

***Wesley College is a school that together, with you, as a Family lives out the Christian values of kindness and compassion.***

Therefore, any form of **bullying** is **unacceptable** in our school.

With that as our pledge, we ask all our families and students to sign the following memorandum of understanding:

- *I commit to supporting Wesley College, **AGAINST BULLYING***
- *I commit to treating others with **RESPECT and KINDNESS***
- *I commit to not being a **BULLY** and accept that being a **BYSTANDER** is the same thing.*
- It is our **RESPONSIBILITY** to help others being bullied and to **REPORT BULLYING**, either in person or by the stymie app.
- We commit to being '**UPSTANDERS**'.

I understand that my son/daughters place in the Wesley College is based on our signed agreement to this memorandum.

Signed on behalf of Whanau: \_\_\_\_\_

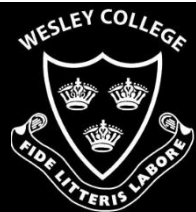
Parent/Caregivers Name: \_\_\_\_\_

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

Signed by student: \_\_\_\_\_

Students Name: \_\_\_\_\_

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



## RATIONALE:

Digital technology continues to create opportunities to learn and connect our school community. [Insert school] believes in using a digital citizenship model to support safe, responsible and ethical use of digital technology and online spaces as it helps our online environment to be a positive place for everyone.

This agreement outlines [insert school] role in promoting the use of digital technology and online spaces for learning, and supporting online safety approaches. It also outlines expectations and responsibilities of students as a member of our online community. It will also be used to support discipline processes when necessary.

Wesley College recognises a student's right to receive a high-quality education in a safe online and offline environment.

We will do this by:

- providing information and support to ensure you are aware of, and able to meet, your responsibilities
- teaching a curriculum that promotes positive online safety behaviours
- overseeing students' use of the school's/kura digital devices and platforms
- offering access to the internet and online services that is not unreasonably restricted
- using filtering software to minimise access to inappropriate online content
- allowing the use of technology for personal reasons during break times as long as it does not negatively impact on self and others
- supporting students who need help dealing with online incidents
- taking action when a negative online experience occurs between students even if it takes place outside of school hours
- securing the personal information the school collects about you
- protecting your freedom of expression under New Zealand's Bill of Rights
- having a plan in place to support students when something serious or illegal happens. This might include getting in touch with the Police or Netsafe.

## STUDENT GUIDELINE

*This section outlines what your school considers appropriate behaviour when using digital technologies and online spaces in school and as a member of the school community*

As a student of Wesley College and a member of our community, it is expected that you will positively contribute towards making our school or kura a place that is safe, respectful, and fair online and offline. This means enacting our school Kairangi values in online spaces, and helping to shape a positive online culture. This is being a 'digital citizen'.

As a digital citizen, you will:

- **Keep it positive.** Always respect others online and communicate in a constructive way. Do not create or publish content that is indecent, threatening or offensive.
- **Protect privacy.** Do not disclose sensitive personal information about yourself or another person in any digital communication. This includes sharing passwords, accessing devices or online sites belonging to others without consent and taking screenshots and sharing this content without consent.
- **Act cautiously.** Anything you post or do online can influence what people think of you. Likewise, always think carefully about whether the information you see online is true. If you are unsure of something talk to a teacher.
- **Avoid online bullying.** Creating or forwarding content that is harmful, inappropriate or hurtful is never okay at any time, and may breach legislation (The Harmful Digital Communications Act). If you are harassing people by sending multiple messages this is also considered online bullying and is unacceptable.

- **Be security smart.** Keep personal information safe and secure by using strong passwords and not sharing them with others. This includes not accessing devices or online sites belonging to others without consent, nor taking screenshots and on-sharing their personal content without their knowledge and permission.
- **Check consent.** Before downloading software to the school network or onto devices, seek permission. Interfering with the school systems, digital technologies, equipment/network or the online security of another person is never okay at any time.
- **Recognise others work.** Follow copyright and intellectual property requirements by attributing references, images, text, audio and video appropriately.
- **Respect the rights of others.** Only record and share video, photo or audio content if the people in it know it has been taken and have provided their consent.
- **Use personal devices sensibly.** Keep your device(s) on silent during school hours and only use it outside of class time unless you have been given permission to use it during lessons.
- **Seek help.** Sometimes you or someone you know will feel unsafe or come across inappropriate or hurtful online content and behaviours. If this happens talk to a trusted teacher/adult about what can be done.

## ONLINE INCIDENTS

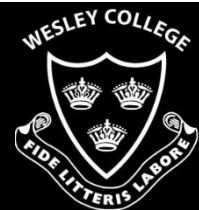
*This section outlines how students can seek support and assistance if they encounter any online concerns*

Despite the advantages technology offers and people's best intentions, sometimes there will be challenges and risks within an online community – either accidentally or on purpose. [Insert school] is committed to supporting you if something goes wrong online.

Online bullying. Incidents of online bullying or harm will not be tolerated at our school/kura or kura. If you or somebody else is being bullied or harmed online, it's never okay at any time. This type of harm doesn't usually just go away. It's important to keep the evidence of what is happening to you or someone so this can be investigated. Don't put yourself at further risk by continuing any contact with the person or people who are bullying online, or creating harmful or hurtful content. It's very important to let someone at school [insert school contact i.e. teacher, coordinator, IT person] know what's happening so you can get the right help and support you need. You should also consider talking to a trusted adult like your parent, your whānau or guardian for support.

Report a problem. You should report an online incident or if you suspect something is happening online as soon as you can to [insert school/kura contact i.e. teacher, coordinator, IT person]. Once the school is made aware of a problem, they will assess the problem and work to resolve it.

Online safety support. Netsafe is an online safety organisation that is also available to help. They provide free confidential advice seven days a week for all online safety challenges. They can be contacted on 0508 638723 or online at [netsafe.org.nz](https://www.netsafe.org.nz)



**EDUCATION OUTSIDE THE CLASSROOM [EOTC]  
BLANKET CONSENT FORM [Appendix 2]**

**RATIONALE**

The Board recognises the value of providing curriculum based learning experiences outside the classroom environment to support the intellectual, social, emotional and physical development of students. EOTC experiences give students opportunities to demonstrate the essential knowledge, skills, values, attitudes and key competencies identified in the National Curriculum (New Zealand Curriculum and Te Maratanga O Aotearoa).

The Board recognises the potential benefits to staff and students through experiencing acceptable risks whilst acknowledging that appropriate safety and risk management of all education outside the classroom is imperative.

**DEFINITION**

Education Outside the Classroom (“EOTC”) refers to those curriculum activities which require the student(s) to leave the school campus as part of their subject or course.

The Ministry of Education’s EOTC guidelines identify EOTC activity types, each with recommended types of parental/caregiver consent.

Activity Type	Description Examples are indicative and not a complete list	Parental Consent
<b>A</b>  <b>On site – in the school grounds</b>	(i) Lower risk environments eg: sports day, horticulture, adventure-based learning (ABL)* activities, painting murals, measuring for mathematics. Training courses, on-site vocational courses, data collection., filming	Blanket consent on enrolment
	(ii) Higher risk environments eg: school pool or climbing wall.	
<b>B</b>  <b>Off site – short visits in the local community within school hours</b>	(i) Lower risk environments eg: museum, art gallery, botanic gardens, sports and recreation events, community service (Salvation Army), visits to rest homes/hospital, refereeing/coaching courses	Blanket consent on enrolment
	(ii) Higher risk environments eg: aquatic environments (river, beach), cross-country-run training (Sports team training and games away)	Blanket consent on enrolment

**All EOTC activity categories require staff to be aware of the risks** and management strategies and to comply with the College Outdoor Education Policy. Emergency procedures are also in place.

Signing the form will reduce the number of permission slips required throughout the year.

Activities that carry a higher risk will require individual consents. If you choose not to sign the blanket consent, permission will be required for all activities outside the classroom.