



# Application for Enrolment

## ZAYED COLLEGE FOR GIRLS

STUDENT DETAILS													
Family Name							Given Name						
Middle Name							Preferred Name (if different to given name)						
Date of Birth	/	/	day/month/year										
Level enrolling for		Year 7		Year 8		Year 9		Year 10		Year 11		Year 12	Year 13
Date of Application (day/month/year)							Intended start date (Year only)						
Current school attending in New Zealand (if applicable)													
Last school attended overseas (if applicable)													

STUDENT'S PHONE CONTACT DETAILS				
Student Home Phone			Student Cell Phone	

ADDRESS DETAILS				
Street			Postal: Street (if different)	
Suburb			Suburb	
Town			Town	
Postcode			Postcode	

OTHER INFORMATION					
Ethnic group(s) (list in priority order)					
Iwi			Madhab		
Home Language			Country where born		
If born in New Zealand <i>Note: Since 1 January 2006, a child born in New Zealand is not automatically considered a New Zealand citizen if the parents are not New Zealand citizens</i>			(New Zealand Birth Certificate Number / Passport Number)		
<b>OR if born outside of New Zealand and is NOT a citizen</b>			Country of citizenship:	Passport Number:	Expiry date:
Current Visa Status	Residency Permit		Student Visas (Expiry date)		Serial Number: Expiry date:
	Permanent NZ Resident		Parent Work Permit		Other
	Refugee - Certificate of Identity		Date of arrival in NZ		

**FAMILY – PRIMARY PARENTS/GUARDIANS/CAREGIVERS**

Mother/Guardian/Caregiver (circle as appropriate)		Father/Guardian/Caregiver (circle as appropriate)	
Title		Title	
Name		Name	
Address		Address	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
email address		email address	
Occupation		Occupation	
Work Phone		Work Phone	

**SIBLINGS WHO ARE (OR HAVE BEEN) AT ZAYED COLLEGE FOR GIRLS**

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**GUARDIANSHIP/PARENTING/ SHARED CARE ORDERS (if applicable)**

Custodial Parent/s	Both Parents		Mother Only	Father Only	
	Other (specify name and relationship)				
During the school week the student lives with	Both Parents		Mother Only	Father Only	
	Other (specify name and relationship)				

Please provide details below of guardianship arrangements (if not parents), parenting order, court orders or any current support agency involvement. Is there any further information the school should be aware of to support the physical and emotional safety of the student?

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**EMERGENCY CONTACTS – must not reside at the same address as primary parents/guardians**

Name(s)		email	
Relationship		Cell phone	
Home Phone		Occupation	

**DIRECTIONS FOR CORRESPONDENCE / COMMUNICATION (please tick)**

*IMPORTANT: The school communicates with parents through Skool Loop and emails. Skool Loop can be downloaded from the Play store. Instructions over page.*

As family structures can vary, the following information is requested to ensure that correspondences are sent to the correct family members:

Send copy of Reports to:		Both Parents		Father Only		Mother Only		Other (please specify)
Send copy of Accounts to:		Both Parents		Father Only		Mother Only		Other (please specify)
Send Copy of newsletters by email		Both Parents		Father Only		Mother Only		Other (please specify)
Does your daughter have a device to bring to school?	YES		NO					
Does your daughter have access to the Internet at home?	YES		NO					
Will the student be driving to and/or from school? If YES* - Complete form for this: available at reception	YES		NO					

**PLEASE UPLOAD THE SKOOL LOOP APP TO YOUR PHONE**

### LANGUAGES SPOKEN / ENGLISH SUPPORT

What is the student's first language/s?	
What language/s are spoken at home?	
How often is English spoken at home?	Always      Sometimes      Never <i>(circle one)</i>
Has the student had English Language Learning Support at their current school?	
Literacy - reading in what language/s	
Literacy - writing in what language/s	
Do parents/caregivers need a translator to communicate with school? If 'YES' what language?	

### SERIOUS DISCIPLINE

Has the student been stood down from a previous school?	Yes	No	What year
Has the student been suspended from a previous school?	Yes	No	What year
Has the student been excluded/expelled from a previous school?	Yes	No	What year
If you answered Yes to any of the above, please give reason:			
Name of school:			

### HEALTH INFORMATION

**To help us care for your daughter, please answer the following questions about her health.**

Condition (please tick)	Mild	Moderate	Severe	Medication taken for each condition, dosage, how often etc.			
Bee / Wasp allergy							
Headaches / Migraines							
Epilepsy							
Diabetes							
Heart Condition							
Hepatitis B							
Rheumatic Fever							
Asthma							
Back/Neck problems							
Eczema							
Allergies/gluten/peanuts etc							
Lactose Intolerance							
Mental Health							
OTHER							
Vision loss				Glasses		Contact lenses	
Hearing loss				Hearing Aid (please circle)		Yes	No
If your daughter takes Saibutol (Ventolin/Samamol) for her asthma, do you give permission for this to be given as an initial first aid measure for an asthma attack?						Yes	No
Any other medical condition or disability? Has your daughter had any serious past illnesses or accidents /surgery?						Yes	No

# DECLARATIONS

## TRIP PERMISSION (EOTC) A DETAILED COPY WILL BE GIVEN TO YOU TO READ AND KEEP

**I/We have read, understood and agree to the Education Outside the Classroom document and have received a copy.**

Zayed College for Girls values the concept of providing students with a variety of learning opportunities. Some of these occur beyond the boundaries of the classroom and some come with an element of risk. I give permission for my daughter to participate in lower risk category A and B EOTC events while a student at Zayed College for Girls. 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. I go on pedestrian trips e.g. Cross Country, Public Library, etc. I understand that individual permission will be sought when transport is required.

Parent / Caregiver signature \_\_\_\_\_ Date: \_\_\_\_\_

## BEHAVIOUR MANAGEMENT. A DETAILED COPY WILL BE GIVEN TO YOU TO READ AND KEEP

**I/We have read, understood and agree to the Behaviour Management document and have received a copy.**

To encourage high standards of Akhlaq أخلاق ( manners) amongst students in line with Islamic teachings so that they can reach their full potential, within a healthy, safe, spiritual and caring environment. I will obey and respect the school rules and expectations and understand that the mentioned examples and consequences are inductive only, other consequences and actions applied will be based on the overall situation and staff discretion.

Parent / Caregiver signature \_\_\_\_\_ Date: \_\_\_\_\_

## CYBERSAFETY - STUDENT USE AGREEMENT. A DETAILED COPY WILL BE GIVEN TO YOU TO READ AND KEEP

**I/We have read, understood and agree to the Cybersafety Student Use document and have received a copy.**

- 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 also. With these rights, come responsibilities.
- I understand and agree to support and uphold these expectations and responsibilities outlined in the agreement.
- I know that if my actions or behaviours do not align with the User Agreement there may be consequences. The school behaviour Management will be followed which may include the loss of access to the internet on school owned devices or personally owned devices used at school.

## SECTION FOR STUDENT TO COMPLETE AND SIGN

My responsibilities include:

- I have read the Student Cyber Safety at **Zayed College for Girls** documentation carefully
- I will follow the cybersafety rules and instructions whenever I use the school's computer network, Internet access facilities, computers and other school ICT equipment/devices
- I will also follow the cybersafety rules whenever I am involved with privately-owned ICT devices/equipment on the school site or at any school-related activity, regardless of its location
- I will avoid any involvement with material (including that which is computer-identified as 'denied access') or activities which could put at risk my own safety, or the privacy, safety or security of the school or other members of the school community
- I will take proper care of computers and other school ICT equipment/devices. I know that if I have been involved in the damage, loss or theft of ICT equipment/devices, my family may have responsibility for the cost of repairs or replacement
- I will ask the relevant staff member if I am not sure about anything to do with this agreement.

I have read and understood my responsibilities and agree to abide by this Cybersafety - Student Use Agreement. I know that if I breach this use agreement there may be serious consequences.

Print FULL Name of student: .....

Signature: ..... Date: .....

**SECTION FOR PARENT / LEGAL GUARDIAN / CAREGIVER TO COMPLETE AND SIGN**

My responsibilities include:

- I have read the Student Cyber Safety at **Zayed College for Girls** documentation carefully and discussed it with my daughter so we both have a clear understanding of my daughter's role in the school's work to maintain a cybersafe environment
- I will encourage my daughter to follow the cybersafety rules and instructions
- I will contact the school if there is any aspect of this use agreement I would like to discuss.
- I understand and agree to the fact that, at no cost to myself, my daughter will be given internet access and an email account for educational use.

I have read this Cybersafety Use Agreement document and am aware of the school's initiatives to maintain a cybersafe learning environment, including the responsibilities involved.

**Parent/Legal Guardian/Caregiver** (Please circle which term is applicable.)

Print FULL Name of parent: .....

Print FULL Name of student: .....

FULL Parental Signature: ..... Date: .....

**BYOD AGREEMENT**

I understand that my daughter is expected to have a suitable device such as a Chromebook or a laptop to use in class. Computers and other technology at Zayed College for Girls are to be used for educational purposes. Misuse of ICT equipment will result in discipline actions and loss of privileges. Any personal devices brought into the College are subject to the same use agreements as College provided ICT and may be **confiscated** if used inappropriately. Zayed College for Girls is not responsible for any loss or damage of personal devices including phones.

Parent / Caregiver signature \_\_\_\_\_ Date: \_\_\_\_\_

**ATTENDANCE DUES**

Zayed College for Girls **attendance dues are set at \$300.00 per year for each student.** I understand and shall undertake the financial commitment to pay the \$300.00 attendance dues **every year** my daughter attends Zayed College for Girls. By Law the Proprietors collect attendance dues and the revenue is exclusively used for improving school buildings and facilities. The amount for attendance dues has been approved by the Ministry of Education.

Parent / Caregiver signature \_\_\_\_\_ Date: \_\_\_\_\_

**IMAGE/PHOTO PERMISSION**

I **DO / DO NOT** (*circle one*) give permission for a photograph including my daughter to be included in the Zayed College for Girls Prospectus, newsletter, website or other promotional material.

Parent / Caregiver signature \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY DECLARATION**

In case of an accident or emergency when the school are unable to contact the parent or guardian, or if the accident is serious, I/We agree that the school will call an ambulance at our cost.

Parent / Caregiver signature \_\_\_\_\_ Date: \_\_\_\_\_

## PRIVACY OF INFORMATION

I agree with Zayed College for Girls collecting personal information on my daughter/s. I have been advised by Zayed College for Girls that the information I provide will be used for:

- Student records
- Accounting purposes of the Zayed College for Girls Board of Trustees
- NZ Qualification Authority assessment information
- Special Education Services

I accept the fact that this information may later be used for statistical and/or research purposes and agree to its use for that purpose, provided that if the information is published in any way it will not identify me or the individual concerned.

I understand that the information that I provide will be held at the offices of Zayed College for Girls, at Westney Road, Mangere, Auckland.

Parent / Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DECLARATION

By signing the below you agree to the following:

- As a Parent/Guardian I understand that as a condition of enrolment, I will ensure that my daughter undertakes regular attendance and obeys the school's special character in regards to curriculum, uniform, communication, code of behaviour, policy and procedures.
- As a Parent/Guardian I hereby make an application to enrol my daughter and certify that the information given is correct.
- As a Parent/Guardian I undertake to meet her financial commitments as set out in the financial agreement.
- As a student I undertake to obey the school's special character, code of behaviour and rules

Parent / Caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Interviewer \_\_\_\_\_