



PO Box 12-228, Hamilton 3248, New Zealand
Phone: +64 7 853 5660
Email: enrolments@faircol.school.nz

FAIRFIELD COLLEGE

OFFICE USE:

Interviewed

Start Date

Entered KAMAR

STUDENT ENROLMENT 2024

How did you find out about Fairfield College? (Please tick ✓) Website ☐ FB ☐ Current school ☐ Other ☐

Student Information

Level (The year you will enter FFC into ✓)

9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐

Please tick ✓

Male ☐

Female ☐

Gender Diverse ☐

Date of Birth

____/____/20____

Student Legal Surname (Name as on birth certificate)

Student Legal First & Middle Names (Names as on birth certificate)

Preferred (Name you wish to be known by)

Home Address

Postal Address (If different from Home Address)

Postcode:

Student Mobile Number

Postcode:

Student Email (Please print email address clearly)

Please note there is **NO SCHOOL ZONING** for Fairfield College

Schooling Information

Name of your current school

Have you previously attended FFC?

Yes ☐ or No ☐

Have you ever been: (Please tick ✓ if applicable)

Stood down ☐ Suspended ☐ Excluded ☐

Brother/Sisters previously attended FFC:

Brother/Sisters presently attending FFC:

Citizen Information

COUNTRY OF ORIGIN

RESIDENCY STATUS

CULTURAL IDENTITY

(You may tick ✓ more than one)

If not born in New Zealand
what year did you arrive?

New Zealand Citizen Yes ☐ or No ☐

Māori Yes ☐ or No ☐

Do you have Refugee status?

Yes ☐ or No ☐

Are you a Permanent Resident?

Yes ☐ or No ☐

Please list Iwi Affiliations (Refer overleaf)

What language/s do you speak at home?

English ☐

Māori ☐

Other ☐

Do you have a Student Visa/Permit?

Yes ☐ or No ☐

Expiry date:

NZ European / Pakeha

Yes ☐ or No ☐

Please specify if 'Other':

Are you an Exchange Student?

Yes ☐ or No ☐

European

Yes ☐ or No ☐

Or International Fee Payer?

Yes ☐ or No ☐

Pacific Islander

Yes ☐ or No ☐

Passport Number:

Please specify

Other

NOTE

Please attach a copy of New Zealand birth certificate or passport.
This is required for ALL New Zealand applicants.



FAIRFIELD COLLEGE
REMEMBER THE 3B'S

"BE respectful BE responsible BE the best you can be"



Parent/Caregiver Information

Residence A / Primary Caregivers *(This is the residence with whom the student lives with most of the time)*

NB: All communication and correspondence from the school will be with the Primary Caregivers, mainly via email

RESIDENCE A / PRIMARY CAREGIVER 1		RESIDENCE A / PRIMARY CAREGIVER 2	
Full name of Caregiver 1		Full name of Caregiver 2	
Relationship to student <i>(e.g. mother, father)</i>		Relationship to student <i>(e.g. mother, father)</i>	
Legal Guardian Yes <input type="radio"/> or No <input type="radio"/>		Legal Guardian Yes <input type="radio"/> or No <input type="radio"/>	
Home Address		Home Address	
Postcode:		Postcode:	
Email Caregiver 1 <i>(Please print email address very clearly)</i>		Email Caregiver 2 <i>(Please print email address very clearly)</i>	
Home Phone	Mobile Cell Phone	Home Phone	Mobile Cell Phone
Work Phone	Occupation	Work Phone	Occupation
Place of employment		Place of employment	

NOTE:

Please tick if you require Primary Caregiver 2 to receive correspondence from the school: Yes ☐ or No ☐

Residence B / Alternative or Secondary Contact Details *(NOT the primary residence for the student)*

RESIDENCE B / Alternative or Secondary Contact		RESIDENCE B / Alternative or Secondary Contact	
Full name of Caregiver 1		Full name of Caregiver 2	
Relationship to student <i>(e.g. mother, father, grandparent)</i>		Relationship to student <i>(e.g. mother, father, grandparent)</i>	
Legal Guardian Yes <input type="radio"/> or No <input type="radio"/>		Legal Guardian Yes <input type="radio"/> or No <input type="radio"/>	
Home Address		Home Address	
Postcode:		Postcode:	
Email <i>(Please print email address very clearly)</i>		Email <i>(Please print email address very clearly)</i>	
Home Phone	Mobile Cell Phone	Home Phone	Mobile Phone
Work Phone		Work Phone	

Emergency Contact Details *(This must be someone that lives in Hamilton that the school can contact with if a parent/caregiver is unable to be contacted)*

Emergency Contact Person	Home Phone	Mobile Phone
Relationship to student <i>(e.g. uncle, aunty, grandparent)</i>	Work Phone	

Extra Family Information

The school does not automatically send information to the alternative/secondary caregiver (if applicable)	Yes <input type="radio"/> or No <input type="radio"/>
Do you wish that reports be sent to the alternative/secondary caregiver (if applicable)?	Yes <input type="radio"/> or No <input type="radio"/>
Do you wish that emails be sent to the alternative/secondary caregiver (if applicable)?	Yes <input type="radio"/> or No <input type="radio"/>
Are there any special access / custody orders / parenting orders / financial arrangements the school should be aware of?	
If 'Yes' please explain and provide documentary proof for our file:	Yes <input type="radio"/> or No <input type="radio"/>



Consent & Declaration Form

This document must be read, completed, signed and uploaded as part of the online enrolment application

Student Name

Parent/Caregiver Name

PARENT/CAREGIVER and STUDENT AGREEMENT

3B's

We acknowledge and support the 3 B's – Be Responsible, Be Respectful, Be the Best You Can Be.

Yes No

☐ ☐

Yes No

☐ ☐

Student Runner (Year 9's only)

All Year 9 students are required to be a Student Runner for at least one day of the year. Please tick box to indicate your consent.

Yes No

☐ ☐

Yes No

☐ ☐

Year 9 Camp (Year 9's only)

It is a requirement for all Year 9 students to attend the annual Year 9 Camp, I agree that I/my student will attend the camp. Please tick box to indicate your consent.

Yes No

☐ ☐

Yes No

☐ ☐

Attendance

Fairfield College places significant importance on regular attendance. We monitor the daily attendance of students to:

- ☐ Account for them in an emergency;
- ☐ Identify students with achievement, engagement, or other issues;
- ☐ Meet our legal responsibilities.

We therefore remind parents of their legal obligations to ensure their children attend school. We ask that you:

- ☐ Notify the school if your student is going to be absent (by text, email or phone call);
- ☐ Try to arrange appointments etc outside school hours or in holidays;
- ☐ Work with the school to manage any attendance issues.

Yes No

☐ ☐

Yes No

☐ ☐

I, the student, will attend regularly and on time. If I have to leave during school hours I will bring a note from home and get a pass at the Student Services Centre. Please tick box to indicate your agreement.

Course Costs

I agree to pay all course costs in full prior to the end of the school year. Please tick box to indicate your agreement.

Yes No

☐ ☐

Privacy Act

In accordance with the Privacy Act, 1993, I consent to the information contained in this application being available to the Ministry of Education, NZ Police, Oranga Tamariki, NZ Qualifications Authority or any other relevant 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 student's performance as a learner and ensuring their personal safety. I agree to information regarding my student's school performance being transferred between educational institutions to which they are transferring or have transferred. Please tick box to indicate your consent.

Yes No

☐ ☐

Contact details

I understand that should my contact details change, it is my responsibility to ensure this information has been updated by making the changes myself via the School KAMAR portal or by contacting the Student Services Centre. Please tick box to indicate your agreement.

Yes No

☐ ☐

EOTC Permission

I agree to the participation of my student in Category A and B and C (1) EOTC (Education Outside the Classroom) events while attending Fairfield College. (Refer Appendix A) Please tick box to indicate your consent.

Yes No

☐ ☐

Photo/Video Consent

Occasionally the school takes photographs of students to record activities within the school for the students' learning journals, the school newsletter, FFC Facebook, the school magazine and school website. It is the school's policy that any photos for publication are either positive depictions of the students or the photographs are taken in such a way as to avoid identification. Please tick box to indicate your consent.

Yes No

☐ ☐

CCTV Footage

As a school promoting a safe learning environment, we wish to protect our students, staff and property. CCTV will, when necessary, be used to identify both issues and people to ensure everyone's safety. Please tick box to indicate your consent.

Yes No

☐ ☐

Internet Use

PARENT: 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.

Yes No

☐ ☐

STUDENT: 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 Appendix C.

Yes No

☐ ☐

(Refer Appendix C) Please tick box to indicate your consent.

I/we confirm that we have read and understand this Consent and Declaration form (and associated Appendices)

Students Signature

Date

Parent/Caregiver Signature

Date



Health Information

To help us care for your student please answer the following questions about their health:
Please contact the school nurse if you wish to discuss any health or disability matter in private.

Student First Name

Student Surname

Level (The year you will enter FFC into ✓)

9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐

Date of Birth

____/____/20____

Doctor

Dentist

MEDICAL CONDITIONS

Are there any medical conditions (including mental health) or disability that the school should be aware of? If 'Yes', please provide details. If you are unsure/confidential, please indicate when returning the enrolment form.

Yes ☐ or No ☐

Does the student take regular medication? If 'Yes' please provide details:

Yes ☐ or No ☐

Does the student have any allergies? If so, please provide details (including severity and treatment).

Yes ☐ or No ☐

Has the student ever had anaphylactic reaction?

Yes ☐ or No ☐

Do they have an EpiPen?

Yes ☐ or No ☐

Do you give permission for the school nurse or a designated first aider to administer routine shelf medication as required (e.g., paracetamol, antihistamine cream/tablets, arnica, throat lozenges)?

Yes ☐ or No ☐

Does the student have full immunisation? If Yes, please provide proof.

Yes ☐ or No ☐

Has the student had their COVID-19 vaccination? If Yes, please provide proof.

Yes ☐ or No ☐

I consent to the School Nurse accessing my student's NHI records.

Yes ☐ or No ☐

YEAR 9 ONLY

Fairfield College has an agreement with Pinnacle Midlands Health Network regarding provision of nursing services. As part of this agreement, the school's Registered Nurse undertakes a comprehensive health and social assessment of all consented Year 9 students. The assessment (referred to as HEADSS) normally takes approximately one hour and this initial assessment provides an opportunity for our students to discuss their health, social concerns, medical history and emotional strengths. Also recorded or discussed is height, weight and information on nutrition and physical activity.

I give consent for the student to take part in the HEADSS assessment as detailed above.

Yes ☐ or No ☐

I give consent for the student to participate in the Waikids Year 9 Vision and Hearing checks.

Yes ☐ or No ☐

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 (please print)

Parent / Caregiver Signature

Relationship

Date



Learning Information

Please fill out this form to help us identify any support the student has had or may need

Student First Name

Student Surname

LEARNING NEEDS

Are there any additional learning needs the school should be aware of?

Yes ☐ or No ☐

Special Education (ORS) funded

Yes ☐ or No ☐

RTLB / RTV / RTD

Yes ☐ or No ☐

ICS

Yes ☐ or No ☐

Educational Psychologist report

Yes ☐ or No ☐

BEH

Yes ☐ or No ☐

ESOL support given previously

Yes ☐ or No ☐

Other external agency (please provide further information, and supporting documents)

If the student is ORS funded, or if there has ever been any assessment/s by an agency outside school (such as counselling, Hauora Waikato, ICAMHS, Ngaa Ringa Awhina, Oranga Tamariki, or other private provider), a copy of the report and/or supporting documents MUST be provided when submitting this enrolment form.

Does the student qualify for special assessment conditions? If 'Yes' please indicate below:

Yes ☐ or No ☐

Please note that if the student does have special assessment conditions, our SENCO and/or the Principal's Nominee will be in contact to discuss further. If you are unsure whether the student qualifies please contact Syreeta Ah Mu (SENCO) Ph 07 853 5660 ext 849 to discuss.

MEDICAL	PHYSICAL/SENSORY	LEARNING	Diagnosed Specific Learning Disorder:
Attention deficit <input type="radio"/>	Arm / Hand <input type="radio"/>	Reading <input type="radio"/>	Dyslexia <input type="radio"/>
Autism spectrum <input type="radio"/>	Back / Leg <input type="radio"/>	Writing <input type="radio"/>	Dysgraphia <input type="radio"/>
Depression <input type="radio"/>	Head Injury <input type="radio"/>	Slow processing <input type="radio"/>	Dyspraxia <input type="radio"/>
Anxiety <input type="radio"/>	Muscular/Neurological <input type="radio"/>		Dyscalculia <input type="radio"/>
	Vision <input type="radio"/>		
	Hearing <input type="radio"/>		Other <input type="radio"/>

Please provide copies of the medical diagnosis – a report from the relevant agency must be included.

Please provide any information which would support our understanding of the student, such as social, emotional, and personal circumstances, and other family information (use a separate sheet if necessary).

Is there current (or recent) involvement or support by external agencies (e.g. counselling, Hauora Waikato, ICAMHS, Ngaa Ringa Awhina, or Oranga Tamariki)?

Activities and achievements – include any special awards, talents, selections, representative teams etc.

Do you have a computer/device available for your student to use at home?

Yes ☐ or No ☐

Do you have reliable internet access available at home?

Yes ☐ or No ☐

APPENDIX A



Parent Consent for EOTC Activities

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

APPENDIX B

Code of Conduct

Expectations of Students

Fairfield College students will show the following behaviours:

1. Attend school everyday, arrive well prepared and on time each morning
2. Bring all required equipment for every lesson in their own school bag
3. Go to every class as scheduled
4. Cooperate with and show respect to staff
5. Cooperate with and show respect to other students
6. Follow instructions
7. Complete set work
8. Keep books in order
9. Mobile phones should only be used under teachers discretion for learning activities. Personal equipment brought to school is the students responsibility
10. BE RESPONSIBLE, BE RESPECTFUL, BE THE BEST YOU CAN BE!



Dress Code

Students are given the freedom to present themselves at school as they choose, within the following guidelines:

- Tidy, casual wear is the standard
- Hats, hoodies not to be worn indoors
- Cleanliness and tidiness
- No alcohol, drugs, or offensive images
- Extreme or extravagant fashions should be avoided
- Common sense and generally accepted standards of appropriateness
- Hair, including facial hair, must be clean and tidy
- Expensive clothing and personal items should not be brought to school
- Senior students will need dress clothes for occasions when they represent the school in public, at prizegivings and at other special events. Dark pants or skirt, shirt and tie/or blouse and tidy jacket would be appropriate
- A change of clothing is required for Physical Education
- Closed in footwear must be worn in workshops

The Principal will make the final decision as to suitability of dress. Students may be asked to go home to change. Students coming to Fairfield College from a uniformed school may need to consider the purchase of suitable clothing for school. Parents are asked to help them choose appropriate, low cost clothing. For everyday school wear, "tidy casual wear" is the standard.

APPENDIX C

Internet Use Agreement

Fairfield College makes the Internet available to students for use in their subject areas. We also allow students to have their own email account.

Please read the following requirements and discuss them with the student.

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 may be stood down from school for continual disobedience.

FREE DENTIST VISITS for students 13-17 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 13-17 year olds. To register with us please complete and sign the consent form below and the attached enrolment form and either return to school office or post/email back to us. We offer a range of dental services by New Zealand 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). Our clinic is unique in that we run a charity programme for adults (18+ years). If you have a community services card you may be eligible for free dental care. Contact us for an adult application form. We look forward to taking care of your family's dental needs.



Revive A Smile Dental Clinic Consent to dental check up, xrays and treatment

Yes ☐ **I GIVE CONSENT FOR FREE DENTAL CHECKS, XRAYS & TREATMENT**

☐ **I AGREE** to having dental checks with xrays as needed and dental treatment. I understand that I have the right to change this consent at any time. Appointments are usually during school hours. Parents/ guardians are welcome to attend.

Child's Full name

Child's date of birth

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**

☐ Allergy

☐ Asthma

☐ Diabetes

☐ Epilepsy

☐ Heart condition

☐ Hepatitis/HIV/Aids

☐ Rheumatic fever

☐ Bleeding disorder

Email

Health issues/concerns/medication

Parent / guardian (print first and last name)

Relationship to child:

☐ Mother

☐ Father

☐ Parental guardian

Signature parent/ guardian if under 16 yrs)

Today's date

Please Complete this form AND the attached enrolment form and return to School Office or post/email to Revive A Smile.

PO Box 21053, Hamilton, reviveasmile@gmail.com,
Phone 0226772301

Consent remains valid while your child attends Revive A Smile Dental. 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.



FAIRFIELD COLLEGE
REMEMBER THE 3B'S

"BE respectful BE responsible BE the best you can be"



Enrolment for Adolescent Oral Health Services

This is not a consent to treatment form.



New enrolment ☐

Change of dentist ☐

To be completed by agreement holder

Name of dentist: **Revive A Smile** Agreement number: **3 6 4 6 7 5**

We agree to provide oral health services to the patient named on this form as specified in our agreement.

Signature of dentist: _____ Date: _____ Payee number: **7 1 5 4 9 4**

Agreement holder's name: **Dr. Assil Russell** District health board: **Waikato**

Address: **608 River Road
Chartwell 3214
Hamilton**

To be completed by legal guardian or patient

If Year 9 and above, give this form to the dentist you have chosen.

NHI number (mandatory)

Patient's last name(s): _____ Patient's first name(s): _____

Date of birth: _____ Sex: ☐ Male ☐ Female School year: _____

Full residential address: _____ Telephone number (day): _____
Mobile: _____
Postcode: _____

Secondary school / educational institution to be attended: _____

I wish the person named above to be enrolled for oral health services with the agreement holder named.
Patient details and clinical information may be provided on request to the local district health board and the Ministry of Health.
If this is a transfer between dental providers, the previous dentist may be informed that this has taken place.

Full name of legal guardian or patient: _____ Signature of legal guardian or patient: _____
Date: _____

Please return to: Ministry of Health, Private Bag 3015, Whanganui Mail Centre, Whanganui 4540.

HP 5956
February 2016