



Enrolment Application Form

Domestic Student Enrolment Procedure

Domestic Students are NZ Citizens or Students from the Cook Islands, Niue or Tokelau.

1. Complete and return this Enrolment Form. *
2. School completes Preference Enrolment process and notifies families of decisions made.
3. Once accepted, you will receive an 'acceptance letter' and a 'commitment to pay attendance dues' form.

***PLEASE NOTE: Only completed applications with the enclosed documents below, will be processed.**

- * Included documentation (if applicable) for Legal Guardianship Order/Authorised Primary Duty of Care (see section D). **Legal Guardianship Order/Authorised Primary Duty of Care must be a long-standing arrangement and not created solely for the purpose of gaining entry to the school. If Authorised Primary Duty of Care, written evidence from a NZ Lawyer must be provided and attached, substantiating the legality and existing long-term nature of this relationship.**
- * **For New Zealand Citizens – Birth Certificate or Passport or New Zealand Citizenship Certificate.** Please make colour copies of these and hand them in with your Enrolment Form.
- * **For Non-New Zealand Citizens – Copies of Student's Passport with Residence Permit or Student Passport with Student Visa and Parent Passport with Work Permit.**
- * **A copy of your son/daughter's latest school report**
- * **A copy of your son/daughter's immunisation record** (available from your GP).

Please tick if all documents are included

Provide explanation for any documents still outstanding:

Note: Students from a non-English speaking background who have lived in New Zealand for less than four years may be required to take an ESOL (English for Speakers of Other Languages) test.

All documentation is to be returned to: Longburn Adventist College,
PO Box 14001, Longburn, 4866, NZ

Or email: pa@lac.school.nz

What is Preferred Enrolment?

As a state-integrated school, Longburn Adventist College has a 'Preference of Enrolment'. The College, in its Integration Agreement with the Government, has two categories of enrolment: Preferred and Non-Preferred.

Preferential status is assessed by the school chaplain using the proprietor's preference determination process.

Preferred enrolment is given to those students whose parents have established a particular or general connection with the Special Character of the school.

LAC has a limited number of places for non-preferred students. Non-preferred places are allocated in line with the school's enrolment policy.



Domestic Enrolment Application Form 2022

Year Level and Enrolment type (circle)						
7	8	9	10	11	12	13
Day Student		5 Day Boarder		7 Day Boarder		

This enrolment application is for the student to commence at LAC

in Term _____, year 20_____

If commencement is not to be at the beginning of the school year, state

alternative date: _____

A: Particulars of Student

Gender

Male

Female

Legal Surname:

Legal First Name:

Middle Name(s):

Preferred First Name:

Address:

POSTCODE

Student Email Address:

Student Mobile Phone:

Date of Birth:

Country of Birth:

Current School:

Previous Schools Attended in NZ

New Zealand Citizen (Column 1)

NZ Birth Certificate Number

OR NZ Passport Number:

If Not New Zealand Born:

Date of Entry into NZ:

OR NZ Citizenship Number:

OR Passport Number:

Non-New Zealand Citizen (Column 2)

Date of Entry into NZ:

Student Passport Number:

Residence Permit Number:

OR Student Visa Number:

Parent Passport Number:

Parent Visa Number:

OR Refugee Status:

Yes

No



CULTURAL IDENTITY (please tick your cultural identity. If you have two, please place 1 and 2 by each)

<input type="checkbox"/> NZ European	<input type="checkbox"/> Korean	<input type="checkbox"/> Fijian	<input type="checkbox"/> Indian
<input type="checkbox"/> NZ Māori*	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> Australian	<input type="checkbox"/> British/Irish	<input type="checkbox"/> Tongan	<input type="checkbox"/> Sri Lankan
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other European	<input type="checkbox"/> Niuean	<input type="checkbox"/> South African
<input type="checkbox"/> Japanese	<input type="checkbox"/> Fijian Indian	<input type="checkbox"/> Other Pacific Peoples	<input type="checkbox"/> Latin American

Other:

If you selected NZ Māori, please state your Iwi:

B: Caregivers – Residence A

This is the person legally responsible for the student, living at the same address as the student.

Contact with parents and recording of student progress is conducted by email. Please complete the email section clearly.

CAREGIVER 1 – RESIDENCE A

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Relationship to Student:	<input type="text"/>	Home Number:	<input type="text"/>
Mobile Number:	<input type="text"/>	Business Number:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	P O S T C O D E	
Email Address:	<input type="text"/>		
Occupation:	<input type="text"/>		
Employer/Workplace:	<input type="text"/>		

CAREGIVER 2 – RESIDENCE A

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Relationship to Student:	<input type="text"/>	Home Number:	<input type="text"/>
Mobile Number:	<input type="text"/>	Business Number:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	P O S T C O D E	
Email Address:	<input type="text"/>		
Occupation:	<input type="text"/>		



Employer/Workplace:

C: Caregivers – Residence B

Parents or other adults that have responsibility for the student, but do not live at the same address.

CAREGIVER 1 – RESIDENCE B

Surname:

First Name:

Relationship to Student:

Occupation:

Home Number:

Mobile Number:

Email Address:

Home Address:

P O S T C O D E

CAREGIVER 2 – RESIDENCE B

Surname:

First Name:

Relationship to Student:

Occupation:

Home Number:

Mobile Number:

Email Address:

Are there any specific custody orders that the College should be made aware of?

YES

NO

D: Legal Guardian/*Authorised Primary Duty of Care

Legal Guardian

Authorised Primary Duty of Care

Surname:

First Name:

Relationship to Student:

Occupation:

Home Number:

Mobile Number:

Email Address:

Home Address:

P O S T C O D E

If your son/daughter is in a shared custody situation, the secondary address is as follows:



Address:		
		POSTCODE

E: Emergency Contact

Contact person (***not a parent or caregiver***) in event of an emergency if Parent/Legal Guardian/Authorised Primary Duty of Care are not available.

The contact person in the event of an emergency should be a relative or neighbour who can be contacted during the day by the school should some medical or other unforeseen emergency arise. The contact person will be contacted only if neither parent/Legal Guardian/Authorised Primary Duty of Care can be contacted.

Surname:		First Name:	
Home Number:		Mobile Number:	
Relationship to Student:			

F: Sibling Information

Please complete if applicable

Brother(s)/ sister(s) CURRENTLY attending Longburn Adventist College:

Name:		Year:		Whanau:	
Name:		Year:		Whanau:	

Brother(s) / sister(s) who were FORMER students attending Longburn Adventist College

Name:		Year:		House:	
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Do you wish your son/daughter to be in the same House as the sibling?
(Once the House has been allocated, it cannot be changed.)

YES

NO

G: Background Information / Interests

Hobbies and leisure activities:

Community involvement:

Music, Drama, Dance (please indicate any performing arts that your son/daughter participates in):

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Sports – what does your son/daughter play?
Cultural – what is your son/daughter involved in?
Other personal interests and aspirations:
Any awards? (Please list awards or certificates and other achievements that your son or daughter has received):

H: Language Ability

Only complete this section if English is NOT your first language.

Is English your second language?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	What is your first language?		
How long have you lived in New Zealand?					
Has your child participated in an English as a Second Language (ESOL) programme in their current school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

I: Special Circumstances

*Please be assured that any information you provide is treated as strictly private and confidential.
Does the student have a medical or physical disability or a learning difficulty that may affect his/her classroom learning?
Examples would be but are not limited to, Autism, ASD (Autism Spectrum Disorder), Dyslexia, Dyspraxia, and ADHD.

My son/daughter has a physical disability:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
My son/daughter has a learning difficulty:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has your son/daughter been involved with any supported learning programmes or had Teacher Aide support at previous schools?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
My son/daughter has currently or previously received funding for their learning or behaviour e.g. ORS, HHN, ICS (in-class support), IRF (interim response funding)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, please provide a brief description of any of the above:

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Do you have something you would like to discuss with us as a separate issue at the time of enrolment, with our SENCO (Special Educational Needs Coordinator)?	YES	NO
If yes, please provide an Educational Psychologist, Medical or Occupational Therapy Assessment Report(s) with this application and give a brief description of any of the above:		

J. Church Information

Denomination (Religion):

(Circle one)

Dedicated	Baptised	Christened	Confirmed
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Church of membership:

Pastor/minister Phone:

K: Counselling

Please be assured that any information you provide is treated as strictly private and confidential.

Has your child received support from Counsellors at his/her previous school?	YES	NO
Please indicate if any of the below agencies or services have been involved:		
Child Youth and Family/Oranga Tamariki?	YES	NO
Whirinaki (or other child adolescents mental health service)?	YES	NO
Private Practitioner/Psychologist/Psychiatrist/Private Counsellor?	YES	NO
Other?	YES	NO
Or, would you prefer a confidential discussion with one of our Counsellors?	YES	NO

L: Medical Details

To assist us in providing the best possible care for your child in any illness or emergency, please complete the following questionnaire with as much detail as possible.

While this information is strictly confidential, it may be necessary for the safety of your child and others, to inform relevant staff of medical conditions. This medical form will be filed in the School office. The School realises that family circumstances and a student's health may change during their schooling. It would be very much appreciated if the School is notified as soon as possible by contacting the School on **06 354 1059**.

PLEASE NOTE IF YOU HAVE NOT ADVISED LONGBURN ADVENTIST COLLEGE OF A CONDITION OR ILLNESS FOR WHICH YOUR SON/DAUGHTER MAY REQUIRE MEDICAL TREATMENT, WE MAY NOT BE ABLE TO PROVIDE APPROPRIATE MEDICAL SUPPORT OR ASSISTANCE.



FOR ASTHMA SUFFERERS ONLY

Does your child have an ASTHMA ACTION PLAN?

YES	NO
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If YES, please hand a copy to the School Nurse. If using preventers, the Asthma Society recommends having an Action Plan which requires updating 6 to 12 months. See your Doctor or Practice Nurse.

MEDICATIONS

For those students who have a medical condition and require regular medication, it is advisable to leave a supply of their labelled medication with the School Nurse e.g. Epi-Pen, antihistamines for allergies, medication for migraines, insulin for diabetes or an inhaler for asthma etc. Furthermore, please contact the School Nurse to discuss these requirements, and to obtain a copy of the Parental Consent Form which will allow the School Nurse to administer the prescribed medication.

Regular medication(s):

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HEARING

Does your child have any hearing loss?

YES	NO
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Is the hearing loss significant enough to affect their learning?

YES	NO
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Does your child wear a hearing aid?

YES	NO
-----	----

EYESIGHT

Does your child have any vision impairment or concern?

YES	NO
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Is the vision impairment significant enough to affect their learning?

YES	NO
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Does your child wear glasses?

YES	NO
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Does your child wear contact lenses?

YES	NO
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M. Medical Form

Student Name:

Allowed Panadol (Paracetamol)?

YES	NO
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Allowed Ibuprofen?

YES	NO
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Do you consent to your child seeing the onsite appointed dental service provider?

YES	NO
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Family Doctor Name:

Phone Number:

Family Dentist Name:

Phone Number:

PERMISSION FOR ADMINISTERING MEDICATION

(e.g. Mylanta, topical creams, cough syrup). In some circumstances, medication must be given for such things as stings/bites, abrasions, cuts, indigestion, and colds etc.

I give permission for the School to administer this treatment if necessary.



Parent/Guardian/Authorised
Primary Duty of Care
Signature:

Date:

IN CASE OF ACCIDENT OR EMERGENCY

In case of an accident or emergency and the School cannot contact you, or if the accident is serious, the School may:

- Transport my son/daughter to an Accident and Emergency Clinic for treatment
- Call an ambulance if hospitalisation is required
- Administer Epi-Pen, Antihistamine, or any prescription medication you have labelled and supplied as the Caregiver/Guardian for your student (together with the Consent Form). Clinic Epi-Pen/antihistamine may be administered if own medication is unavailable.
- Use our Ventolin Inhaler in an asthma emergency if own medicine is unavailable
- Use our Defibrillator in the event of a student suffering cardiac arrest.

I give permission for Longburn Adventist College to make such arrangements as are necessary, including those listed, in the case of an accident or emergency, for the treatment of my son/daughter and agree to meet any costs incurred.

Parent/Guardian/Authorised
Primary Duty of Care
Signature:

Date:

HEALTH NOTES

Example: Medication required for sensory loss, factors that may affect the student's behaviour, or any other conditions that the School should be made aware of:

MEDICAL CONDITIONS (PLEASE TICK)

<input type="checkbox"/>	Allergies. Please clearly specify:	<input type="text"/>					
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Back/Neck Problems	<input type="checkbox"/>	Coeliac disease	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Headaches/Migraines	<input type="checkbox"/>	Heart Condition		
Other (specify):		<input type="text"/>					

REACTIONS

<input type="checkbox"/>	Bee or wasp stings	<input type="checkbox"/>	Hay fever	<input type="checkbox"/>	Insect bites	<input type="checkbox"/>	Latex/plasters
<input type="checkbox"/>	Medications	<input type="checkbox"/>	Sulfa	<input type="checkbox"/>	Sunlight		
Other (specify):		<input type="text"/>					

VACCINATIONS

Has your child completed their childhood immunisation programme?
(If unsure, please contact your GP or Practice Nurse)

YES

NO

Please supply a copy of your child's vaccination record.



<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	HIB	<input type="checkbox"/>	HPV
<input type="checkbox"/>	Measles	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Pertussis (Whooping cough)	<input type="checkbox"/>	Polio
<input type="checkbox"/>	Rubella	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>	Varicella (Chickenpox)	<input type="checkbox"/>	Rotavirus
<input type="checkbox"/>	Pneumococcal	<input type="checkbox"/>	Meningococcal B	<input type="checkbox"/>	COVID		

Other (specify):

In case of a serious accident or emergency, an ambulance will be called. A parent/guardian will also be called so please always ensure that the School has your current contact details.

N: The Purpose of the Privacy Act, 193

I hereby acknowledge:

- The information in this enrolment application has been provided voluntarily.
- The Board of Trustees of Longburn Adventist College is collecting the information to provide a database of information relating to the future education, guidance, monitoring and reporting of students' progress and pastoral care. In an emergency, at the discretion of the Principal, information from the file could be given to an agency such as the police or a doctor.
- The information collected may be used for a variety of statistical and research purposes, while ensuring that no individual can be identified.

O: College Donation

The College donation helps cover shortfalls in government funding to cover such items as class materials, computer technology, library books, sports, and cultural equipment, or any such purpose as may be approved by the Board of Trustees.

Donation tax credits can be claimed from the Inland Revenue Department. You can find out more about this, and apply, by visiting the page about donations on the IRD's website.

The School is very appreciative of the support from families who pay the School donation.

P: Student Undertaking

I request that I be admitted to Longburn Adventist College.

I agree to abide by the Longburn Adventist College's Digital Integrity Agreement, outlining the student's rights and responsibilities regarding the use of IT.

I have read the Digital Integrity Agreement and Behavioural Expectations as set out in the Student Handbook and I will always abide by these.

Student Signature:	<input type="text"/>	Date:	<input type="text"/>
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Q. Parent/Guardian/Authorised Primary Duty of Care Undertaking

I/We hereby undertake with the Longburn Adventist College Board of Trustees to observe the conditions and expectations as outlined in the enrolment documentation, so far as they affect me, and the student enrolled.

I/We agree to uphold and abide by the School standards and behavioural expectations as set out in the Student Handbook.

I/We agree to abide by the Longburn Adventist College's responsible use of the Digital Integrity Agreement, outlining the students' rights and responsibilities regarding the use of IT. A copy of this agreement is included in the Enrolment Information booklet and must be read by students/caregivers.

I/We agree to pay contributions towards activities, trips, sports, subject consumables where appropriate, co-curricular activities and other events.



I/We consent to my son/daughter's photograph or schoolwork being used for publicity material (e.g., on our prospectus, or website, or in displays).

I/We agree to use (including disclosure) of the above information by the staff of the college for any purpose related to the education and well-being of the student concerned.

I/We give permission for you to contact previous school(s) for further information required.

I/We declare that the information provided on this enrolment application is true and correct.

Parent/Guardian/Authorised
Primary Duty of Care
Signature:

Date:

Parent/Guardian/Authorised
Primary Duty of Care
Signature:

Date:

Digital Integrity Agreement

Students are encouraged to bring digital device/s for educational and learning purposes. All devices need to remain in silent mode or switched off, if not in use for a specific educational and learning purpose, as instructed by the classroom teacher.

- The recommended primary device is a Chromebook or better. Minimum specifications are not required; however, students will be required to bring a device with a physical keyboard.
- Students must have active antivirus software, if using a Windows computer, with all the latest operating system patches. Devices may be blocked from accessing the LAC network if this is not met (IT Manager is happy to provide some support in regard to this).
- Devices need to come to school each day fully charged.
- Students need to have their own insurance coverage for damages and loss. It is highly recommended that physical protection (bag, impact-resistant casing, etc.) is used by students.
- For support with Digital Technologies, please contact the IT manager: itmanager@lac.school.nz
- If teachers suspect breaches of policy, they may audit student activity by logging on to their accounts.
- Trying to get around the school's security, i.e., hacking, by-passing, using proxies, etc. is forbidden.
- All device internet access must be through the LAC wireless. Creating wireless hotspots using personal cellular data and sharing it is forbidden.
- Students may not use mobile phones during class time without teacher permission or in an inappropriate manner. They are to be used for educational purposes only.

Part 1: For Students

When I use Information Computer Technology (ICT), both at school and at home, I have responsibilities and rules to follow. I agree to:

- Be a safe user whenever and wherever I use that technology.
- Be responsible whenever and wherever I use technology and support others by being respectful in how I talk to and work with them and never write, or participate in, online bullying. This includes forwarding unhelpful messages or supporting others in harmful, inappropriate, or hurtful online behaviour.
- Respect LAC's cybersecurity system. This means that I will not hack, by-pass or use proxies.
- Use the LAC wireless only. I will not create wireless hotspots using personal cellular data and will not share these.

When I am online or using any device, for any purpose at school, I agree to:

- Report to an adult if I feel unsafe or uncomfortable online, or see a friend being unsafe or being made to feel uncomfortable by others.
- Behave in the way outlined in this Longburn Adventist College's eLearning and Digital Citizen Agreement.
- Keep my device switched off and in my bag during class, except for specified learning purposes agreed to by the teacher of the lesson.
- Not give out my own or others' personal details including full names, telephone numbers, addresses, images, mobile numbers and email addresses.
- Protect my password.
- Never post or send derogatory comments about someone else using web-based, social-media or messaging. If I see this happening or if I am invited into any discussion like this, I will inform an adult.