



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.
- * **Include 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 NOTE: Only completed applications with the enclosed documents will be processed.**

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

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

Mr/Mrs/Miss/Ms	<input type="text"/>	Single/Divorced/ Separated	<input type="text"/>
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"/>	POSTCODE	
Email Address:	<input type="text"/>		
Occupation:	<input type="text"/>		
Employer/Workplace:	<input type="text"/>		

CAREGIVER 2 – RESIDENCE A

Mr/Mrs/Miss/Ms	<input type="text"/>	Single/Divorced/ Separated	<input type="text"/>
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"/>	POSTCODE	



Email Address:	<input type="text"/>
Occupation:	<input type="text"/>
Employer/Workplace:	<input type="text"/>

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

Mr/Mrs/Miss/Ms	<input type="text"/>	Single/Divorced/ Separated	<input type="text"/>
Surname:	<input type="text"/>	First Name:	<input type="text"/>
Relationship to Student:	<input type="text"/>	Occupation:	<input type="text"/>
Home Number:	<input type="text"/>	Mobile Number:	<input type="text"/>
Email Address:	<input type="text"/>		
Home Address:	<input type="text"/>		
	<input type="text"/>		
	P O S T C O D E		

CAREGIVER 2 – RESIDENCE B

Mr/Mrs/Miss/Ms	<input type="text"/>	Single/Divorced/ Separated	<input type="text"/>
Surname:	<input type="text"/>	First Name:	<input type="text"/>
Relationship to Student:	<input type="text"/>	Occupation:	<input type="text"/>
Home Number:	<input type="text"/>	Mobile Number:	<input type="text"/>
Email Address:	<input type="text"/>		

Are there any specific custody orders that the College should be made aware of? YES NO

D: Legal Guardian/*Authorised Primary Duty of Care

<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Authorised Primary Duty of Care		
Surname:	<input type="text"/>	First Name:	<input type="text"/>
Relationship to Student:	<input type="text"/>	Occupation:	<input type="text"/>
Home Number:	<input type="text"/>	Mobile Number:	<input type="text"/>
Email Address:	<input type="text"/>		



Home Address:	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>
	<input style="width: 65%;" type="text"/> <input style="width: 30%; text-align: center; font-weight: bold; font-size: small; letter-spacing: 0.5em;" type="text"/>
If your son/daughter is in a shared custody situation, the secondary address is as follows:	
Address:	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>
	<input style="width: 65%;" type="text"/> <input style="width: 30%; text-align: center; font-weight: bold; font-size: small; letter-spacing: 0.5em;" type="text"/>

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:	<input style="width: 95%;" type="text"/>	First Name:	<input style="width: 95%;" type="text"/>
Home Number:	<input style="width: 95%;" type="text"/>	Mobile Number:	<input style="width: 95%;" type="text"/>
Relationship to student	<input style="width: 95%;" type="text"/>		

F: Sibling Information

Please complete if applicable

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

Name:	<input style="width: 95%;" type="text"/>	Year:	<input style="width: 95%;" type="text"/>	Whanau:	<input style="width: 95%;" type="text"/>
Name:	<input style="width: 95%;" type="text"/>	Year:	<input style="width: 95%;" type="text"/>	Whanau:	<input style="width: 95%;" type="text"/>

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

Name:	<input style="width: 95%;" type="text"/>	Year:	<input style="width: 95%;" type="text"/>	House:	<input style="width: 95%;" type="text"/>
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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):

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?

YES

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?

YES

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:

YES

NO

My son/daughter has a learning difficulty:

YES

NO

Has your son/daughter been involved with any **supported learning programmes or had Teacher Aide support** at previous schools?

YES

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)

YES

NO

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

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

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 our Counsellor?

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

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):

HEARING

Does your child have any hearing loss?

YES

NO

Is the hearing loss significant enough to affect their learning?

YES

NO

Does your child wear a hearing aid?

YES

NO

EYESIGHT

Does your child have any vision impairment or concern?

YES

NO

Is the vision impairment significant enough to affect their learning?

YES

NO

Does your child wear glasses?

YES

NO

Does your child wear contact lenses?

YES

NO



M. Medical Form

Student Name:

Allowed Panadol (Paracetamol)? YES NO Allowed Ibuprofen? YES NO

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

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)

Allergies. Please clearly specify:

Asthma Back/Neck Problems Coeliac disease Diabetes

Epilepsy Headaches/Migraines Heart Condition

Other (specify):



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"/>	Sulphur Dioxide	<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)

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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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):		<input type="text"/>					

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: FINANCIAL ARRANGEMENTS

Person Responsible for School Fees: _____

Relationship to Student: _____

Postal Address: _____

Guarantee: I, the person/organisational officer responsible for payment of school fees and attendance dues, undertake to pay all amounts on or before the due dates.

Signed: _____ **Date:** _____

O: The Purpose of the Privacy Act, 193

I hereby acknowledge:

- The information in this enrolment application has been provided voluntarily.
- The LAC School Board 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.



P: 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 LAC School Board

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.

Q: 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:

Date:

R. 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:



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.
- Use ICT technologies at school for learning, treating the equipment properly and not interfering with it or the work/data of another student.
- Not bring or download unauthorised programs or files.
- Not go looking for inappropriate, rude, or offensive sites.
- Get permission if I want to use information or pictures from a website, recognising that the content on the web is someone's property.
- Ensure that contributions are my own work and when copied and pasted from an online or another information source, that source will be acknowledged.
- Talk to my teacher or another adult if:
 1. I need help online.
 2. I am not sure what I should be doing on the internet.
 3. I come across sites that are not suitable.
 4. Someone writes something I don't like or makes me, and my friends feel uncomfortable or asks me to provide information that I know is private.
 5. I feel that the welfare of other students at the school is being threatened.

When taking video/images/sound recording using a camera, computer, or device I will:

- Only take photos and record sound or video during class when it is part of the learning in that lesson.
- Seek permission from individuals involved BEFORE taking photos, recording sound or videoing them (including teachers).
- Seek permission from individuals involved BEFORE publishing or sending photos, recorded sound or video to anyone else or to any online space.
- Let my teacher/s or parent/caregiver know before uploading or sending any content.



Part 2: The school's support for the responsible and ethical use of technology

Longburn Adventist College uses ICT as a tool to support and enhance learning and teaching. We see the internet and other digital technologies as valuable resources but acknowledge they must be used responsibly.

Your son/daughter has been asked to agree to use ICT responsibly at school. Parents/Caregivers should be aware that the nature of the internet means that full protection from inappropriate content cannot be guaranteed.

At Longburn Adventist College we:

- Have a cyber safe and responsible use programme across the school. We reinforce school values and behaviours when using technology and the internet.
- Encourage communication, collaboration and presentation using established technologies such as Google mail and Google Docs. All students at Longburn Adventist College have access to these tools.
- Provide a filtered/monitored internet service.
- Provide supervision and direction during internet activities and when using digital technologies for learning.
- Develop students' Information Literacy and Digital Literacy through in-class learning activities.
- Utilise mobile technologies for educational purpose, e.g., podcasts, photos from excursions and events.
- Work towards setting tasks that ask your son/daughter open questions to which they need to develop their own answer, i.e., not simply copying and pasting.
- Provide support to parents/caregivers to understand this agreement (e.g., language support)
- Provide support to parents/caregivers through information evenings.
- Appreciate input from home. You can make an appointment to discuss eLearning and your child. Please contact Reception to be directed to the appropriate person.

Part 3: Advice for parents /caregivers:

At school, digital technology is used to support learning and teaching. At home, however, they are often used differently. Not only are they resources for learning, but they are also increasingly used as a social tool to meet, play, and chat.

At home we recommend you:

- Make some time to sit with your son/daughter to find out how they are using the internet and who else is involved in any online activities.
- Ask your son/daughter to give you a tour of their work and online spaces. If they are using a site that allows them to chat, publish photos, play games etc. – ask to have a look. Their lac.school.nz Google account allows images to be uploaded and chat to take place.
- Always get your son/daughter to set online spaces to 'Private' if they use a social networking site like Facebook, etc. They are then in control of who contacts them and who can access their information. They can block anyone from seeing their information at any time.
- Have the computer with internet access in a shared place in the house – we would recommend this not be your son/daughter's bedroom.
- Negotiate appropriate times for online activities and use of mobile phones.
 1. Ask questions when your son/daughter shows you what she/he is doing, e.g.: How does it work and how do you set it up?
 2. Can you block out people?
 3. Who else is sharing this space or game?
 4. Did you know them before, or did you 'meet' them online?
 5. What do you know about them?
 6. Why is this so enjoyable? What makes it fun? What are you learning? Can you show me how to do that?
 7. Can you see any risks or dangers in the activity?
 8. What would you say to warn/inform a younger person who was going to start to use the space?
 9. What are you doing to protect yourself or your friends from potential dangers?
 10. When and why would you inform an adult about an incident that has happened online that concerns you?

The Longburn Adventist College Digital Integrity Agreement applies to all students while on campus and also during all excursions, camps and co-curricular activities.

Terms and Conditions of this agreement may change with the latest copy accessible on the school website:

https://www.lac.school.nz/digital_integrity_agreement