

Rapuhia ko te mātauranga - Seek further knowledge

30 Tainui Street OHAKUNE 4625 Telephone: 06 3858398 Email: principal@ruapehu.school.nz

Welcome to Ruapehu College

Thank you for the trust that you have placed in our college with the enrolment of your child. It is a responsibility that we welcome in partnership with you - this is critical to understand. The partnership between yourselves and school lays the foundation for their success from their attendance, to their engagement, and to their achievement. You will find that the staff here are incredibly supportive and approachable, and exemplary professional educators who care. It is a team I am very proud to lead and one with whom you will become very fond of.

The focus of the college can be captured in our college's **ROCK** values (**R**espect, **hO**nesty, **C**onfidence and rapuhia **K**ote mātauranga) that underpin everything that we do in delivering a robust and responsive education that prepares your child for a changing world. Our graduates leave us with every opportunity open to them, the reward of the dedication and hard work that they invested in throughout their time here. Many go on to university or polytechs, into apprenticeships, or the workforce. Many too are awarded national educational scholarships through diligent study and outstanding results.

2021 will be an exciting year ahead for the college, I look forward to partnering with you and building a long lasting relationship.

Ngā mihi nui

Marama Allen
Principal



RUAPEHU COLLEGE ENROLMENT FORM

Starting date at Ruapehu College
subject to interview.

Surname Given Names

Preferred Name Gender Male / Female Date of Birth

Student's cell phone Number Year Level

Home Phone

Caregiver's Name

Physical Address

Postal Address

Num/St:

Num/St:

RD

RD

Town

Town

Postcode

Postcode

Ethnicity

Iwi

Office Use Only

Year

Core group (Dean)

Whanau (DP)

Roopu (DP)

Enrolled by

Previous Schools

NSI Number

Caregivers Primary

Name

Relationship

Phone Home

Phone Cell

Email

Address

Occupation

Phone Work

Address Work

Caregivers Primary

Name

Relationship

Phone Home

Phone Cell

Email

Address

Occupation

Phone Work

Address Work

Caregivers Emergency Contact

Name

Relationship

Phone Home

Phone Cell

Email

Address

Occupation

Phone Work

Address Work

Name of sibling

Age

School Attending

Name of sibling

Age

School Attending

Name of sibling

Age

School Attending

Previous Family

Name of family member

Do you have any links with
one of the houses/whanau?

Relationship to enrolling
student

House/Whanau

Health:

Doctor:

Allowed Paracetamol: Please circle one.

Yes/No

Dentist:

Allergies:

Notes:

Vaccination History:

- ☐ Diphtheria
- ☐ Hepatitis
- ☐ HIB
- ☐ Measles
- ☐ Mumps
- ☐ Pertussis
- ☐ Polio
- ☐ Rubella
- ☐ Tetanus
- ☐ Tuberculosis

Allergies:

- ☐ Anesthetic
- ☐ Aspirin
- ☐ Bee Stings
- ☐ Codeine
- ☐ Food Allergy
- ☐ Insect Bites
- ☐ Penicillin
- ☐ Sulfa
- ☐ Sunlight

Medical Conditions:

- ☐ Migraines
- ☐ Travel Sickness
- ☐ Dizzy spells
- ☐ Epilepsy
- ☐ Asthma
- ☐ Diabetes
- ☐ Heart conditions
- ☐ Colour blindness
- ☐ Other

When did your child last receive a tetanus injection?

Special Circumstances:

Academic Information:

Sport and Extracurricular Interests:

Internet Access

I give permission for my child to access the internet at school, and understand that my child is obliged to sign a contract* stating conditions of use.

I / We agree to abide by the college rules as outlined in the school rules policy found on the school website.

I have read the school rules document included in the enrolment pack and accept these are the rules upheld by the college.

Yes ☐ No ☐

I / We agree to pay appropriate costs eg sports, camps and school trips via cash, cheques or automatic payment/s.

In terms of the Privacy Act [2020], I understand that the information on this form is collected to form part of the essential information the school holds on my child. The record made from this information may be viewed on request at the school. I approve release of relevant data to subsequent schools and school related professional organisations eg Ministry of Education, District Health Board.

I understand that the college will take action on my behalf in case of sudden illness or injury and I agree to abide by college policies.

Student Name

Signature

Date

Parent/Caregivers Name

Signature

Date

Ruapehu College Computer Use Agreement

This contract is between the school and _____ (student name) and parents/caregivers.

Access to school computers and the internet is by passwords. Sharing of passwords is not permitted. If another student is found using your password, it will be counted as an offence.

Access to school computers is a privilege and not a right. Access is given on the understanding that the computers will be treated with respect. This means no tampering with, or vandalising computer equipment, no use of unauthorised software and no changing of system software settings or hacking.

Use of internet.

The internet is to be used for educational purposes. It is not to be used for:

1. Viewing or downloading of illicit, offensive, objectionable or illegal material.
2. Playing or downloading any type of game or music without the express permission of a teacher.
3. Downloading any images that are not related to school activities.
4. Accessing social networking sites such as Facebook, Instagram etc without the express permission of a teacher.

Random checks will be carried out on the usage of the computers (including any portable storage devices used in school) to ascertain any inappropriate usage as outlined above. If any offences are discovered, then this will be dealt with according to the severity of the offence. Consequences could range from loss of access to computers for a period of time to police involvement for illegal activity and/or reparation (payment for) for hours spent repairing systems and hardware. Repeated breaches of this contract will be treated as continual disobedience and dealt with accordingly.

Student Signature _____

Parent/Caregiver Signature _____

Dear Parent / Caregiver of students leaving Year 8

Dental Care for Students

Teenagers receive free basic dental care from a dental care provider until the age of 18 years.

You are asked to choose a dental care provider from the list below and complete the enclosed 'Transfer to Adolescent Oral Health Service' letter. Please return this to your current Dental Therapist before the end of school year to ensure that your teenager is transferred.

Dental care providers - Whanganui & Ruapehu Region

Dentist on Glasgow		134 Glasgow St	Whanganui	06 345 0351
David Evans Dental		163 Wicksteed St	Whanganui	06 345 7887
Dentalcare NZ Ltd		161 Wicksteed St	Whanganui	06 345 7979
The Dentists		163 Wicksteed St	Whanganui	06 345 3030
Victoria Dental		1a Rutland Street	Whanganui	06 345 3222
Dentalcare NZ Ltd		371 Wellington Rd	Marton	06 327 7787
Taihape Dental Centre		97 Hautapu St	Taihape	06 388 2029
Whanganui District Health Board (WDHB)	Dental Therapists	100 Heads Rd, Whanganui	Whanganui	06 348 3120
Rural Dental Services		Taumarunui Hospital, Kururau Rd	Taumarunui	07 895 7850
Rural Dental Services		25 Haerehuka Street	Otorohanga	07 873 8824
Turangi Dental Centre		Tamamutu House Town Centre	Turangi	

NOTE: WDHB mobile units visit the following sites:

Wanganui Girls' College
Wanganui Collegiate

Wanganui High School
Cullinane College

Wanganui City College

The following secondary schools will be seen at a fixed clinic:

St Anthony's/St Dominic's

Ruapehu College

Taihape Area School

Rangitikei College

Your adolescent will be seen at least once a year.

Dental Clinic



Dear Parent / Caregiver of _____

Transfer to Adolescent Oral Health Services**Please complete this letter and return to the Dental Therapist**

Surname (<i>BLOCK LETTERS</i>)		NHI Number (<i>if known</i>)
First name (<i>BLOCK LETTERS</i>)		Middle name (<i>BLOCK LETTERS</i>)
Date of Birth / /	Gender M / F	School Year
Full residential address (<i>BLOCK LETTERS</i>)		Telephone number (<i>day</i>)
		Mobile

Which ethnic group do you belong to (<i>mark the spaces that apply to you</i>)			
<input type="checkbox"/>	New Zealand European	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Maori	<input type="checkbox"/>	Indian
<input type="checkbox"/>	Samoan	Other (<i>please state</i>)	
<input type="checkbox"/>	Cook Island Maori		
<input type="checkbox"/>	Tongan		
<input type="checkbox"/>	Niuean		

Secondary School/ Educational institution to be attended (<i>if appropriate</i>)
Name of chosen dentist (<i>from attached list of contracted providers</i>)

I wish the person named above to be enrolled for oral health services with the dentist named

Full name of Parent / Caregiver	Signature of Parent / Caregiver
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Date / /

Dental therapist to complete Patient's last completion date: / / DMFT at last completion
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To Dentist Please retain this form for your records and use the information to complete your enrolment form



RUAPEHU COLLEGE **CODE OF CONDUCT**

This Code of conduct is between _____ (student),
_____ (their caregiver), _____ (Bus Operator),
and Ruapehu College.

The caregiver and the student should ensure they have read and understood this document, which is to be adhered to for the safety of the Bus Driver and all students travelling on the school bus.

I, _____ (student), agree to abide by the behavioural expectations described below:

- When I am a seated passenger, I will remain in my seat for the whole journey.
- I will not eat on the bus or throw anything inside or out of the bus.
- If I am a standing passenger, I will stand quietly and not push or move around the bus.
- I will respect other students and their property at all times (this includes pushing, verbal or physical abuse, or any other behaviour that may distract the driver).
- I will use socially acceptable language when conversing with the driver and/or other students and I will not speak at a volume that may distract the driver.
- I will respect the property of the Bus Operator at all times (e.g. refraining from standing on seats or vandalising the vehicle in any way).
- I will not engage in any behaviour that could put the driver or other students at risk.
- I will observe the requirements and instructions of the Bus Driver and the teacher/s responsible for bus duty at all times.
- I understand that any damage I cause to the bus will result in my caregiver being billed for the cost of repairs.

The safety and comfort of everyone on the bus depends on a standard of behaviour and consideration for others that is expected in the classroom. We hope that caregivers will support the school in maintaining these standards of behaviour.

IF THIS CODE OF CONDUCT IS BROKEN:

- The student will be placed on daily report for one week and the caregiver will be notified immediately.
- If no improvement is evident after one week, an interview will be arranged between the student, caregiver(s), and school.
- If there is still no improvement, travel on a school bus will be withdrawn, and the caregiver will be required to find alternative transport to ensure they are meeting their legal obligation to get their child to school.
- In extreme cases of misbehaviour the privilege of travelling on a school bus could be withdrawn immediately.

AGREEMENT

I agree to abide by the conditions of this contract and understand the consequences if I do not.

(signed)_____ (student)

(signed)----- (caregiver)

(signed)----- (Principal)

Date:-----

Please complete this section if payments are to made by bank cheque:

Cheque payable to:

[illegible]

Please send cheque to this address:

[illegible]

Text to accompany payment should read:

[illegible]

CONDITIONS

1. The Bank will use reasonable care and skill to give effect to the directions given to it in this authority.
2. Where the directions given in this authority have been given by me/us for the purpose of a business, the Bank accepts those directions without any responsibility or liability for any refusal or omission to make all or any of the payments or for late payment or for any omission to follow such directions.
3. The Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority.
4. I/We undertake to advise the Bank immediately of any information about payments shown on bank statements which is incorrect.
5. This authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
6. The Bank may in its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority or cheque which I/we may now or hereafter give to the Bank or draw on my/our account.
7. The Bank may in its absolute discretion refuse to make any one or more payments pursuant to this authority where there are insufficient funds available in my/our account.
8. This authority may be terminated or reduced by the Bank or the payee without notice to me/us in respect of the payments detailed over.
9. This authority will remain in force and affect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this authority until notice of my/our death or bankruptcy or other revocation is received by the Bank.
10. All current Bank and Government charges for this service in force from time to time are to be debited to my/our account.

ALTERATION TO REGULAR AMOUNT

Please alter the regular amount of this automatic payment

As from / /	New regular payment amount \$	Amount in Words	Customer's Signature
As from / /	New regular payment amount \$	Amount in Words	Customer's Signature

FOR BANK USE ONLY

Date Received:	Recorded By:	Checked By:
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BANK
STAMP