

## Rapuhia ko te mātauranga - Seek further knowledge

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

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 Device User Agreement

This contract is between the school and \_\_\_\_\_ (Student Name) and parents/caregivers.

Access to school devices, 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.

The use of computers and devices on school grounds is a privilege and not a right. Access is given on the understanding that the computers and devices will be treated with respect. This means no tampering with, or vandalizing computer equipment or devices. No use of unauthorized software or websites 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, Netflix etc without the express permission of a teacher.

Random checks will be carried out on the usage of computers or devices (including any portable storage devices used in the 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 the computers or devices for a period of time to police involvement for illegal activity and/or reparation (payment) 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.

# **RUAPEHU COLLEGE VALUES, RULES, & RESPONSIBILITIES**

## **Students and Caregivers' Agreement**

### **R**ESPECT / WHAKAMANA

*The health and safety of students and staff, and compliance with the law are absolute.*

School property and the property of others must be treated with care and respect at all times.

Language and behavior must be respectful and considerate of others' rights, and that bullying in all its forms is unacceptable.

The use of illegal substances and tobacco, vaping products, alcohol, fireworks, aerosol cans, and chewing gum are not permitted.

The use of music devices in approved areas must be considerate of others at all times, respectful in volume and lyric narratives. It is agreed that music devices can be confiscated.

Gang Insignia on school property is prohibited

### **H**ONESTY / PONO

*Doing what is right, not what is easy*

It is agreed that students must attend school every day except for justified reasons according to the Ministry of Education attendance codes.

Students who feel ill must report to the college office, and must not go home without reporting.

Students must make an honest effort with their education at all times.

### **C**ONFIDENCE / MĀIA

*Confidence starts with participation*

Students must wear the correct uniform while at and representing the college, including to and from college on buses. It is agreed that non-school clothing items and jewellery will be confiscated.

Students are to participate in whole-school related activities e.g. prize givings, assemblies, interwhānau, cultural and sporting events.

### **K**NOWLEDGE / RAPUHIA KOTE MATAURANGA

*Learning is a lifelong journey*

Students must be at school by 9 am, and stay on the college's grounds until 3 pm.

Students are to be prepared for learning with the tools specified to their subjects e.g. pens, books.

It is understood that phones, music devices, personal listening devices including ear pieces and headphones are not to be used in classes. It is agreed that these items may be confiscated.

By signing below both parties understand and agree to the terms listed above.

Caregiver's name: \_\_\_\_\_ Caregiver's signature: \_\_\_\_\_

Student's name: \_\_\_\_\_ Student's signature: \_\_\_\_\_

*Refer to the Behaviour Management Policy found on the school's website for full details.*

## 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"/>	Māori	<input type="checkbox"/>	Indian
<input type="checkbox"/>	Samoan	Other ( <i>please state</i> )	
<input type="checkbox"/>	Cook Island Māori		
<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 / /

<b>Dental therapist to complete</b> Patient's last completion date: / / DMFT at last completion
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<b>To Dentist</b> Please retain this form for your records and use the information to complete your enrolment form
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## **RUAPEHU COLLEGE** **BUS 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:-----



**Rapuhia ko te mātauranga - Seek further knowledge**

We encourage small regular payments into your child's school account.

During the year this can cover uniform, activity fees, student services etc.

This can be any value and be weekly, fortnightly or monthly.

Regular payments can be set up through your own online or mobile banking.

If you wish to set up payments with your online or mobile banking, our school details are below.

Ruapehu College banking details;

Name of Bank	Bank of New Zealand
Branch	Ohakune
Name of Account	Ruapehu College BOT
Account Details	02-0712-0067393-00
Particulars	Students name
Reference	Sports name or name of school trip

Alternatively, if you prefer you can complete a Automatic Payment form and take it in to your bank.  
The form is available on our website or available in the front office.