

CONFIDENTIAL

Tono Whakauru / Application for Admission



Please print clearly in block letters. Email forms to rolladmin@nhs.school.nz

Northern Health School
Private Bag 99 907, Newmarket, Auckland 1149
60 Khyber Pass Road, Grafton, Auckland 1023
Phone (09) 520 3531 0800 153 002 www.nhs.school.nz

TE ĀKONGA / STUDENT INFORMATION

Student's first name (LEGAL):		Student's surname (LEGAL):	
Preferred first name:		Preferred surname:	
Date of birth:	Age:	Gender (as per Birth Certificate): <input type="checkbox"/> Female <input type="checkbox"/> Male	
Preferred Gender:		Preferred Pronouns: <input type="checkbox"/> They/Them <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him	
Street Address:		Student email:	
Suburb:	City:	Postcode:	
Student home phone: ()		Student mobile:	
NZ citizen or permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		Internet at home <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity:	Iwi:	First language:	
School of enrolment:	Last date at school:	School year (0-13):	
School contact person:		Position:	

MATUA / KAITIAKI / KAIMANĀKI / PARENT / GUARDIAN / CAREGIVER INFORMATION

Please provide a copy of any relevant court documents

1. Parent/guardian full name: Mr / Mrs / Miss / Ms / Mx		Relationship to student:	
Address (if different to above):		Home Phone: ()	
Email:	Mobile:		
2. Parent/guardian full name: Mr / Mrs / Miss / Ms / Mx		Relationship to Student :	
Address (if different to above):		Home Phone: ():	
Email:	Mobile:		
3. Caregiver full name Mr / Mrs / Miss / Ms / Mx		Relationship to student:	
Address (if different to above):		Home Phone: ()	
Email:	Mobile:		

TE PĀRONGO HAUORA / MEDICAL INFORMATION

Medical reason for referral / medical condition:		Medical attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not hospitalized, who referred you to our service?	Hospital:	Ward:	

VACCINATION INFORMATION - HAS THE STUDENT HAD THE FOLLOWING VACCINATIONS? THIS VACCINATION INFORMATION IS NOT REQUIRED FOR PRIMARY AGED STUDENTS

<input type="checkbox"/> Yes <input type="checkbox"/> No MMR (Measles, Mumps, Rubella)	<input type="checkbox"/> Yes <input type="checkbox"/> No Polio	<input type="checkbox"/> Yes <input type="checkbox"/> No Tetanus
<input type="checkbox"/> Yes <input type="checkbox"/> No Meningococcal B	<input type="checkbox"/> Yes <input type="checkbox"/> No Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No Diphtheria
<input type="checkbox"/> Yes <input type="checkbox"/> No Pertussis (Whooping cough)	<input type="checkbox"/> Yes <input type="checkbox"/> No HIB	

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NGĀ KAIKO E AKO ANA KI NGĀ KĀINGA / TEACHERS WORKING IN HOMES

If recommended by the Health provider, NHS may request to work with a student at home.

PRIVACY STATEMENT HE WHAKAETANGA KIA KOHINGA, KIA WHĀKINA TE PĀRONGO CONSENT TO THE COLLECTION AND DISCLOSURE OF INFORMATION

Information we collect

Northern Health School collects personal information, including health information, about students it admits/enrols before and during the course of the student's admission/enrolment at Northern Health School. Information is also collected about the student's parents or guardians primarily contact information. We may ask you to provide health information or medical records directly, or from third party medical providers or stakeholders you have given us prior approval to seek collection from, such as from the school of enrolment, whanāu, teachers, and medical providers listed in a student's individual learning plan.

Purpose of collection

We collect personal and health information about prospective and current students to enable the planning and delivery of students' educational programmes.

Disclosure

The information collected by Northern Health School may be disclosed by us to others, including to Northern Health School personnel and medical practitioners, for the administration and execution of students' individual learning plans.

Personal information collected about students may be disclosed to their parents or guardians when appropriate and in line with our Privacy Policy and "Sharing Student Personal Information with Parents and Guardians" Policy. Students (and where appropriate parents and guardians) may also request access to their personal information. Such requests are assessed on a case-by-case basis. While we typically do share all personal information with parents there are some instances where we are unable to do so for the purposes of the Privacy Act 2020 (for example where the student is over a certain age and has withdrawn authorisation, or where other factors make disclosure inappropriate).

Northern Health School privacy position

Northern Health School is bound by the Privacy Act 2020 and the Health Information Privacy Code 2020. A privacy policy detailing Northern Health School's practices and procedures for the use, storage, collection, and disclosure of information can be accessed at nhs.schooldocs.co.nz. Username nhs password whakatipu

Consent

By completing this form, you are giving consent for us to collect personal information from, or disclose information to, a third party or third parties listed on your child's individual learning plan for the purpose of your child's enrolment and development of their individual learning plan.

You do not have to provide personal information to us. However, if you do not provide the information we may not be able to admit/enrol or continue to admit/enrol your child.

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He Kawenata Haumaru-ā-Ipurangi / Student Cybersafety Agreement

NGĀ TĪKANGA MŌ NGĀ ĀKONGA / CYBERSAFETY RULES FOR NHS STUDENTS

This cybersafety section is taken from Netsafe NZ (netsafe.org.nz) and supported by Digital Technology and Online Safety Policy available on nhs.schooldocs.co.nz username nhs password whakatipu

When I use digital technologies at school and beyond, I will be a good digital citizen. This means that I:

Am a confident and capable user of technology. I know what I'm good at when it comes to technology, and I'm not afraid to ask for help when I need it.

Use technology for learning and other positive activities. I understand that technology is a powerful tool for learning, connecting with others, and expressing my ideas. I will use it in the right way, at the right time.

Think critically about the information I see online. Not everything online is true or reliable. I will check my sources and think before I believe or share information.

Understand and use digital communication responsibly. Online conversations can be different from face-to-face ones. I will think about what I say and how I say it, and if I'm unsure, I'll ask for clarification.

Know that challenges can happen online and be prepared to deal with them. Sometimes, technology won't work as expected, or I may come across negative behaviour. I will stay calm, use problem-solving skills, and seek help if needed.

Communicate with kindness and respect. I will be thoughtful about my words and actions online, knowing that what I say or do can affect others. I will not engage in bullying or hurtful behaviour and I will respect people's right to express themselves, even if I don't agree with them.

Act with honesty and fairness. I will be truthful and follow the rules—both legal and ethical—when I'm online. If I'm unsure about what's right, I will ask someone I trust.

Respect privacy and security — mine and others'. I will think carefully before sharing personal details, like full names, birthdays, addresses, passwords, or photos, both mine and others'. I will follow school guidelines to maintain the security of internet-enabled devices

Help others to be great digital citizens too Being a good digital citizen is something we all work on together. If I see someone struggling or being treated unfairly online, I will step up, offer help, and speak out if necessary.

Northern Health School agrees to:

- Set out clear expectations
- Teach and promote online safety
- Oversee students' use of technology
- Offer reasonable access to the internet
- Using filtering software to protect school devices
- Support students dealing with online incidents
- Secure your personal information
- Protect your freedom of expression under New Zealand's Bill of Rights
- Take action if an online incident occurs between students (even outside of school hours)
- Have a plan in place to support students when something serious or illegal happens

MĀ TE ĀKONGA E WHAKAOTI / STUDENT TO COMPLETE

Student statement

I understand that if I do not follow the commitments in this agreement there may be actions that my school might need to take.

Note: The Northern Health School cannot take responsibility for the actions of students who are not under direct teacher supervision, as in the case of home based students.

Student Name _____ Student Signature _____ Date _____

(Parent can sign on behalf of student only if student is under 10 years old)

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MĀ TE MATUA/KAITIAKI E WHAKAOTI / PERMISSIONS

Parent / Guardian to complete

I agree that: (please tick **Yes** or **No** as appropriate)

- Yes No NHS may take and use photographs/video of my child for learning and school programme purposes.
- Yes No NHS may store my child's photograph on secure school systems for identification and administration purposes.
- Yes No My child's work may be displayed within the school/unit.
- Yes No My child's first name, image and/or school work may be published on NHS-approved platforms, including the school website or official social media, in line with the school's privacy and online safety policies.

Note:

- NHS will only publish student material or images with appropriate permission.
- Personal contact details will not be published.
- Publication and storage of information will be managed in line with the school Policies.

Enquiries:

Questions or concerns about privacy, online publication, or digital safety can be raised through the school's administration office. The school's complaint and dispute procedures are available on nhs.schooldocs.co.nz username nhs password whakatipu

TAUAKI WHAKAAETANGA / CONSENT

Parent / Guardian please complete the following declaration to give your consent:

Student Name _____ Student Date of Birth _____

I request that the Northern Health School admit this student and I consent to educational, medical and other information relevant to the planning and delivery of this student's educational programme, being obtained and shared from the stakeholders listed in the student's individual learning plan. This information will be used confidentially to assist in the assessment and educational planning regarding your child.

By signing below, I understand and accept the conditions stated above.

Parent/Guardian (or student if 18 years old or over)

Name _____ Signature: _____ Date: _____

MĀ TE KAIAKO O TE KURA NEI E WHAKAOTI / NORTHERN HEALTH SCHOOL TEACHER TO COMPLETE

NHS Unit

Teacher

Date admitted to roll