



MOUNT ROSKILL GRAMMAR SCHOOL

Principal - G Watson MSc (Hons); MEd.Admin (Hons). Ph: (09) 621 0050 Fax: (09) 621 0055 Frost Rd, Mount Roskill, Auckland 1041

MACLEAN CENTRE ENROLMENT APPLICATION - 2011

Applicant's Name: _____ NSN _____

National Student Number (If known)

Applicants are required to provide the Supporting Documentation listed below.

The school is required to sight original documents and will make a photocopy for our records. Photocopies of documents, certified by a Justice of the Peace as true copies of the original, may be submitted.

An application will **ONLY** be accepted when **ALL** the applicable supporting documents are provided

For the applicant:	Check (✓)	For school use	ORRS INFORMATION	Check (✓)	For school use
A photograph (attached to this page)			ORRS Number:		
Birth certificate or passport (copy of Visa if applicable – see visa note below)			Verification: Very High (VH)		
The most recent IEP			High (H)		
			High Health (HH)		
			ACC		
			Community Services Card No:		

1 Applicant's Details

Application is made by the parents, legal guardians or caregivers of a student to enter: (please ✓)

Year 9 Year 10 Year 11
Year 12 Year 13

Residential Arrangements: The applicant permanently resides with: (please ✓)

Mother and Father Mother and step father *De facto* long term caregiver
 Mother only Father and step mother (see overleaf)
 Father only Legal or Testamentary Guardian
 Custodian Family-arranged caregiver Government agency-appointed caregiver

Applicant's Legal Surname: _____

Given Names: _____

Preferred Name (known as): _____

Date Of Birth (DD / MM / YY): _____ / _____ / _____

Gender: Male / Female (please circle one)

Country Of Birth: _____

Country Of Citizenship: _____

Ethnicity or Iwi: _____

Type of Visa: (copy required)
eg Resident or Student (if Student – Parent Work Visa is also required)

Expiry Date of Visa: _____ / _____ / _____

Date of arrival in New Zealand: _____ / _____ / _____

(If the applicant is a refugee or a migrant the Date of arrival in New Zealand must be given)

Languages Spoken at Home: 1st: _____ 2nd: _____

Last School Attended: _____

Last school's class/room no./teacher: _____ / _____ / _____

Please attach a photograph of the applicant here.

For office use.

ENROLMENT FORM RECEIVED

TRANSPORT APPLICATION PROCESSED

ADMIN NUMBER

FORM CLASS

START DATE

CORE CLASS

2 Parents' Details (Legal Guardian's or Caregivers' details to be given below).

TYPE OF CAREGIVER and CAREGIVERS' STATUTORY DECLARATION

• The word 'parents' means natural parents.
 • 'Caregiver' is a term used by the Ministry of Education to describe the person(s) taking care of the applicant. The School expects that, in most cases, a parent is the caregiver of the applicant and that the applicant lives with the parent. Otherwise, the School requires that the caregiver be

- **the legal guardian;**
- **the custodian or testamentary guardian;**
- **a government agency designated caregiver; or**
- **the *de facto* long-term (greater than one year) caregiver of the applicant.**

If the applicant lives with a person other than with his or her parents please complete the Caregivers' Statutory Declaration form, and include evidence that the role of caregiver fits into one of the above categories.

	Mother	Father
Title (circle):	Dr Mrs Miss Ms	Dr Mr
Legal Surname:	_____	_____
Given Name:	_____	_____
Address:	_____	_____
<i>Please include postcode</i>	_____	_____
Occupation:	_____	_____
Phone (home)	_____	_____
Phone (bus):	_____	_____
Phone (mob):	_____	_____
Email :	_____	_____

3 Legal Guardian's or Caregiver's details.

(To be completed ONLY if the applicant does not normally reside with either parent.) Please record the details of the guardian/caregiver with whom the applicant is living.

4 Emergency Contact Person

(Not a parent or guardian) This is the person we contact in the case of an emergency when the parents or caregivers cannot be contacted.

Title (circle):	Dr Mr Mrs Miss Ms	Dr Mr Mrs Miss Ms
Legal Surname:	_____	_____
Given Name:	_____	_____
Address:	_____	_____
Occupation:	_____	Relationship to applicant: _____
Phone (home):	_____	Phone (home): _____
Phone (bus):	_____ (mob): _____	Phone (bus): _____
Type of Caregiver:	_____	Mob: _____
Email:	_____	An emergency phone number is essential

5 Declaration by parents or caregiver on permanence of residential address.

I, _____, declare that

- the address given as the residential address for this applicant is that of the permanent, long term residence of the applicant;
- there is, at this time, no intention on my part to change this address within the next calendar year;
- I am not using the address of the 'caregiver' as an address of convenience in order to secure preferential admission to this school; and
- I undertake to inform the school within two weeks of any change of the applicant's residential address.

Signature: _____

Date: _____

Legal Surname:

Preferred name (known as):

6 Health – information for MacLean Centre nurse:

Doctor's name:

Phone No:

Dentist's name:

Phone No:

Hospital Specialist name:

Phone No:

DISABILITY: Diagnosis

Emotional/Behaviour problems:

OTHER MEDICAL CONDITIONS: Please ✓ all that apply

Asthma Mild Moderate Severe

Rheumatic Fever

Diabetes Insulin Dependent Tablets

Heart Condition

Epilepsy

Past Major Head Injury

Allergy Mild Moderate Severe

Details

Communicable Diseases – has your family been in contact with any of the following?

Tuberculosis

Hepatitis (B)

Hepatitis (C)

Human Immune Deficiency Virus (HIV)

Any other medical conditions Details

Past Hospitalisation / Operation details

Hearing / Vision details last assessed

Where?

MEDICATION

What medication does your child currently take for their condition?.

.....

Will your child require medication at school? Yes No

Please give details and dosage:

Your doctor must complete and sign the medical authorisation form (see insert).

I give permission for my child to receive: (Please ✓)

• Panadol / Mylanta / Throat Lozenge Yes No

• Ventolin if required Yes No

• The Year 9 Health assessment which includes vision & hearing tests, and discussion on physical and emotional wellbeing (see school web page for details or contact nurse) Yes No

I give permission for my child to receive health care and treatment at the school based health clinic.

I consent for my child to be taken to the doctor and/or accident and medical centre if deemed necessary.

I agree to meet any costs incurred.

Parent's Signature:

7 Association with the school:
brothers or sisters at MRGS now.

Name

Form Class

House of sibling

Ba

Bl

H

M

N

R

Sa

Sh

8 Refugee Data (for School use)

Type:

Quota

Family Reunification

Asylum Seeker

(Please circle one)

Letter from NZ Immigration Service: Sighted Y / N Copied Y / N

NZ Immigration Reference number:

Date left Mangere Refugee Centre:

PERMISSIONS, AGREEMENTS, INFORMED CONSENT and GUARANTEES

Please indicate by ticking ✓ the boxes

'On Foot' Excursions

Parent or Guardian: I understand that the applicant may be involved in activities which require walking off the school campus under the jurisdiction of members of staff (such as cross country runs and walking along and crossing public roads to areas surrounding the school). My signature below indicates that I give permission for the applicant to participate in these 'on foot' excursions.

Transport: I/We give permission for my/our son/daughter to travel in a school vehicle, by taxi or by private car out of the school when the need arises, under the supervision of MacLean Centre staff.

I/We have notified the MacLean Centre of specific matters/issues with regard to the transport of our son/daughter. I/We understand that this information will be used by MacLean Centre and will be passed on to Multiserve and the taxi companies working with my child if relevant to their transport to school.

Health & Education: I/We give permission for our GP to be contacted to supply a summary of my/our child's diagnosis and his/her health status over the past 12 months.

I/We understand that MacLean Centre teachers / therapists / nurse may have to contact appropriate Health Professionals at times to ensure good practice. I/We give permission for relevant information to be released to them from health professionals including:

GP	Paediatrician	Hospital & Health facilities
ACC Case Manager	Hearing Assessments	Vision Assessments
Dieticians	Psychologists	Orthotists
Wheelchair Therapists	Other Specialists	

The Nurse at the MacLean Centre may need to administer medication to my son/daughter under special arrangements. Our GP has completed an Authorisation for Medication Form and I/We will notify the nurse immediately of any changes to the current status of medication.

I/We give consent for my son/daughter to be assessed for, and to receive any necessary assistance, with eating and personal cares. If Dysphagia (severe swallowing disorder) is a condition that affects my child, I understand that the assessment and subsequent management of it will be subject to a provisional enrolment process. A team (including staff and families/whanau) will develop a management plan before the student starts at Mt Roskill Grammar School.

I/We give permission for our son/daughter to be involved in either a swimming (Laura Fergusson) or horse riding programme, if it should be deemed a necessary part of their therapy after discussion, and will pay the costs associated with this extra element of their programme.

Academic: Your son/daughter may be involved in NCEA examinations during their time at Mt Roskill Grammar School and require special conditions. An updated medical assessment will be required. I/We give permission for Mt Roskill Grammar School to obtain an updated Medical assessment.
I/We will provide an updated Medical assessment on request.

Privacy: I/We understand that any information held by the school, sent to the school, or obtained by the school, about my son/daughter is confidential to only those involved with him/her in the course of his/her school programme and will only be used in accordance with the Privacy Act 1993.

School Rules and Uniform Requirements

Parent or Guardian: I have read the Permissions, Agreements and Guarantees listed above, the school rules, and the uniform requirements.

- 1 I agree to support the school by ensuring that the applicant abides by the school rules and the uniform requirements, attends school regularly, respects the right of others to learn, and wears the correct Mt Roskill Grammar School uniform every day.
- 2 I guarantee that the information I have provided in this application is correct to the best of my knowledge.
- 3 I am aware that any misleading information given in this document may affect the validity of the applicant's enrolment.
- 4 I am aware that the information provided will be used by the School for educational purposes.
- 5 I fully understand that the applicant will be included in routine health checks when necessary.

My signature below indicates that I agree to abide by all commitments and conditions listed above.

Signature of Parent (Guardian/Caregiver) _____ Date _____

PERMISSIONS, AGREEMENTS, INFORMED CONSENT and GUARANTEES

Cybersafety

Applicant: I have read the 'Student Cybersafety Use Agreement' and understand and accept my responsibilities which are detailed in that document. I am also aware that there will be consequences if I should violate any of the conditions. My signature below indicates that I accept these responsibilities and conditions.

Parent or Guardian: As the parent or guardian of the applicant,

- 1 I have carefully read the sheet entitled 'Student Cybersafety Use Agreement'.
- 2 I believe the applicant has read the sheet and understands his or her obligations.
- 3 I understand that any violations of the conditions as set out in the sheet can lead to loss of privileges.
- 4 I understand that theft or damage to equipment by this applicant could result in me being billed for the cost of replacement parts or repairs.
- 5 I understand that it is impossible for the school to fully restrict access to controversial materials on the Internet or email. I acknowledge that Mt Roskill Grammar School will do its best to keep the school cybersafe.
- 6 I understand it is the applicant's responsibility not to initiate access to such material.
- 7 I understand that the school will not be responsible for retrieval or replacement should the applicant lose or have stolen any electronic communication device they have brought to school.

My signature below indicates that I give permission for the applicant to be given access the Internet and other Information and Communication Technologies.



Publication and Display of the Applicants' work and Photographic Image.

It is the School's policy to publicly display students' work wherever possible (including newsletters, prospectus, yearbook, open day displays, website etc) and to use their image, individually or as part of a group, in the same school publications. The Privacy Act requires that we have the permission of the students and their parents to do so.

Applicant: My signature below indicates that I give permission for the school to display my work and image in the school publications listed above.

Parent or Guardian: I am aware that under the Privacy Act the school requires my permission for the display or publication of my child's work or photograph. My signature below indicates that I give my permission for the school to display or publish my child's work in the school publications as listed above.



Signature of applicant _____

Date _____

Signature of Parent (Guardian/Caregiver) _____

Date _____

This sheet must be completed and returned with the enrolment application

Mount Roskill Grammar School – MacLean Centre

Authorisation for school personnel to administer medication

The New Zealand law requires a Doctor's / Dentist's written order and the parent / caregiver's authorisation for a school Nurse to administer medications. Medications must be in pharmacy prepared containers, labelled with the name of student, name of drug, strength, dosage, frequency, name of Doctor / Dentist and date of original prescription.

Name of Student: _____ DOB: _____

Medication is required for _____ (condition) and is currently being treated by Dr _____ Ph _____

Medication:	Dosage	Frequency
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Relevant side effects to be observed, if any: _____

Plan for management of any side effects: _____

Doctor's signature: _____ Date: _____

Parent/Caregiver signature: _____ Date: _____

Parent / Caregiver to advise the Nurse immediately of any changes in Dose or Type of Medication and to support it with documentation from the prescribing GP.

MacLean Centre Enrolment

The MacLean Centre provides educational and specialist service support for students with disabilities who have their special needs recognized under the Ongoing Reviewable Resourcing Scheme (ORRS).

Enrolment Criteria

1. Applicants will have ORRS funding
 - High
 - Very High
 - High Health
2. Applicants will have special needs and will require access to specialist services.
3. Applicants will be between 12½ and 19 years when they begin a course at school.

There are 3 levels of priority.

Priority 1:

Applicants will permanently reside within the Mt. Roskill Grammar School zone as determined by the BOT and by the MoE (Area 1). See attached map.

Priority 2:

Applicants will permanently reside within the Central Auckland area (Area 2). That is - the area bounded to the **North** by the Waitemata Harbour, **West** by a line midway between Mt. Roskill Grammar School and the facility at Waitakere College, **East** by a line midway between Mt. Roskill Grammar School and the facility at Selwyn College, **South** by a line midway between Mt Roskill Grammar and the facility at Papatoetoe High School. See attached map.

In addition, a Transport Application will need to be approved by Auckland GSE.

Priority 3

Applicants will permanently reside outside the Central Auckland area (as defined Priority 2).

In addition, a transport application will need to be approved by Ministry of Education (Wellington).

The selection process will be undertaken by the MacLean Centre Management Committee who will base their decision on the Criteria listed above.

For further information contact the Manager, MacLean Centre

Janice Whitaker-Hall Ph. 09 6210052 Email: janicew@mrqs.school.nz

Dear Parents/Caregivers

Thank you for your interest in Mount Roskill Grammar School MacLean Centre for your son or daughter in 2011.

Please find the following included in this Enrolment pack

- Enrolment Criteria and maps
- Cyber Safety information and agreements
- Medication Authorization. If your child requires medication to be given at school this form must be completed by your Doctor
- Transport Application Form

This information is confidential and will be used in the development of educational and medical management plans.

If you would like assistance in the completion of this enrolment we are very happy to work through it with you or to arrange appropriate people to help you.

The following information details the enrolment timeline.

MacLean Centre Enrolment Process:

1. Enrolment forms need to be returned to MacLean Centre, with all documents completed and signed, by **Wednesday August 25th**
2. Students will be visited in their current setting (where possible) and observed and/or discussions will take place with the professionals currently working with the student. Their educational, medical (including Dysphagia), behavioural and self-management status will be assessed and this information will be presented to the Management Meeting for discussion.
3. A MacLean Centre Management Meeting (including BOT representative, Principal, Senior Management, Manager and staff) will be held on **Wednesday 1st September** where your son/daughter's enrolment will be discussed and an initial decision will be made.

If accepted, the enrolment will be provisional based on the following:

- (1) transport being approved by GSE or MOE(Wellington)
 - (2) clinical assessment for students for whom there is an on-going medical condition (e.g. Epilepsy, Dysphagia) to ascertain whether we can safely meet the needs of your son/daughter at MRGS. This will involve assessment, consultation, the development of a Management Plan and a signed agreement around that plan.
4. A letter will be sent to you after that meeting informing you of the decision, including any further information you may need and/or outlining any further steps you may need to take.

Regards

Janice Whitaker-Hall

MANAGER MACLEAN CENTRE