

2026

Western Heights High School

ENROLMENT APPLICATION
TAUMATA RAU
SCHOOL OF CHOICE



The board welcomes applications from caregivers who wish to enrol their child at Western Heights High School for next year.

Enrolment forms will be available from the school office, and online at www.whhs.school.nz.

Enrolment at the school is governed by an enrolment scheme, details of which are available from the school office or on our website.

Important Information for Out of Zone Applications

Each year the board will determine the number of places which are likely to be available in the following year for the enrolment of students who live outside the home zone. The Board will publish this information, including all relevant dates, by notice in a local newspaper. Details of our zone are on our website and available from the school office.

Applications for enrolment will be processed in the following order of priority:

- applicants accepted for a special programme
- siblings of current students
- siblings of former students
- children of former students
- children of board employees or board members
- all other applicants

If there are more applicants than there are places available, a ballot will be conducted in accordance with instructions issued by the Secretary of Education.

Applicants seeking second or third priority status may be required to give proof of a sibling relationship.

These instructions are issued under clause 3(1) of Schedule 20 of the Education and Training Act 2020.

Important Dates

First Ballot	Second Ballot (if required)	Third Ballot (if required)
Applications must be received on or before <u>19 September 2025</u>	Applications must be received on or before <u>14 November 2025</u>	Applications must be received on or before <u>19 January 2026</u>
Date of first ballot <u>7 October 2025</u>	Date of second ballot <u>21 November 2025</u>	Date of third ballot <u>21 January 2026</u>
No Out of Zone Enrolment Applications for the 2026 school year can be accepted if received after 19/01/26		

Out of zone applications - this information sheet should be detached from the enrolment form and kept for future reference



LEVEL ENROLLING FOR: Year 9 ☐ Year 10 ☐ Year 11 ☐ Year 12 ☐ Year 13 ☐

Zoning Status: **IN ZONE** ☐ **OUT ZONE** ☐

OUT OF ZONE APPLICATIONS FOR 2024 MUST BE RECEIVED BY THE SCHOOL NO LATER THAN MONDAY 19 JANUARY 2026

PLACEMENT REQUEST: Mainstream ☐ Te Akoranga Reo Rua ☐ Te Maru ☐

School Use Only

☐ Documentation

HTG _____

Student Details

Legal Last Name: _____	Preferred Last Name _____
Legal First Name: _____	Preferred First Name: _____
Home Address: _____ _____	Postal Address: _____ (if different) _____
Date of Birth: _____	Home Phone: _____
Country of Birth: _____	Student Cellphone: _____
Gender: ☐ Male ☐ Female ☐ Transgender	Student Email: _____
Current School: _____ (or school last attended)	NCEA: _____ (highest attainment)
Ethnicity ☐ Maori (Tick one or more boxes) ☐ Asian ☐ Cook Island ☐ Fijian ☐ Niuean	Level: _____ Credits: _____
☐ NZ European ☐ Samoan ☐ Tokelauan ☐ Tongan ☐ Other (specify) _____	Iwi Affiliation: ☐ Ngati Whakaue ☐ Other (specify) _____ _____ _____

Caregiver Details

Parent(s)/Guardian/Caregiver – ***with whom the student lives***

Mother/Caregiver/Other (please state) _____ Last Name: Mrs/Ms/Miss _____ First Name: _____ Address: _____ _____ Cell Phone: _____ Email: _____ Work Phone: _____	Father/Caregiver/Other (please state) _____ Last Name: Mr _____ First Name: _____ Address: _____ _____ Cell Phone: _____ Email: _____ Work Phone _____
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Parents not living at the above address (and have access to the student)

Last Name: Mr/Mrs/Ms/Miss _____ Address: _____ Cell Phone: _____ Email: _____	First Name: _____ Work Phone: _____
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Emergency Contacts

Please identify two people in Rotorua who can be contacted in the event of an emergency if caregiver is not available

Emergency Contact 1 - *This person will be contact first in an emergency if caregivers are not available*

Last Name: Mr/Mrs/Ms/Miss _____

First Name: _____

Relationship to student: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Emergency Contact 2

Last Name: Mr/Mrs/Ms/Miss _____

First Name: _____

Relationship to student: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Sibling Information – *please complete if applicable*

Brothers/sisters currently attending Western Heights High School

Name: _____ Year: _____ House: _____

Name: _____ Year : _____ House: _____

Brothers/sisters who previously attended Western Heights High School

Name: _____ Year: _____ House: _____

Name: _____ Year : _____ House: _____

Interests and Achievements

Sporting, cultural, clubs etc

Special Details

Has your child ever been part of a specialist learning programme?

Gifted/Talented ☐ RTLB ☐ ESOL ☐ Other ☐

Details: _____

Special Circumstances and Sensitive Information

Please provide any additional information that may assist the school

Student's Health Information

Health Record

To help us care for your child in any illness/emergency situation could you please complete the following carefully.

Student's Name: Last: _____ First: _____

Does this student require medication or special consideration due to any of the following conditions?

Condition	Yes	No	Care Plan	Condition	Suspected	Diagnosed
Arthritis	☐	☐	(Please attach)	ADHD/ADD	☐	☐
Asthma	☐	☐	☐	Autism/ASD	☐	☐
Diabetes	☐	☐	☐	Anxiety	☐	☐
Epilepsy	☐	☐	☐	Depression	☐	☐
Hearing Loss	☐	☐		Dyscalculia	☐	☐
Impaired Vision	☐	☐		Dysgraphia	☐	☐
Rheumatic Fever	☐	☐		Dyslexia	☐	☐
Other (please specify) _____				Irlens	☐	☐

Any medication required for the above, please provide details here: _____

Does this student suffer an allergic reaction to the following? Please specify:

	Yes	No	Details	Medication (if required)	Mild	Reaction Moderate	Severe
Food	☐	☐	_____		☐	☐	☐
Medication	☐	☐	_____		☐	☐	☐
Stings	☐	☐	_____		☐	☐	☐
Other (please specify) _____							

If **Severe**, does this student have an Action Plan? Yes ☐ No ☐ Does this student have an Epi Pen? Yes ☐ No ☐

Does this student suffer from any other medical condition or disability? _____

Do we have your permission to dispense Panadol, Nurofen or antihistamine at the Nurse's discretion?

	Yes	No		Yes	No		Yes	No
Paracetamol	☐	☐	Ibuprofen/Nurofen	☐	☐	Antihistimine	☐	☐

Medical Contacts

Doctor: Name: _____ Phone: _____
 Address/Medical Centre: _____
Dentist: Name: _____ Phone: _____

Food in Schools Program

Free healthy lunches are distributed to every student attending our school. Please provide the following information to ensure we meet your child's dietary requirements. This information is for Western Heights High School use only. Student names will not be shared outside of school organisers, or with the supplier/s.

Student's Name: Last: _____ First: _____

Please select all options that apply to the student

Halal only ☐ | Vegetarian only ☐ | Vegan only ☐ | No requirements ☐
 Other requirements ☐ Please specify: _____

Please select all relevant allergies

Peanut or tree nut ☐ | Shellfish ☐ | Wheat ☐ | Gluten ☐
 eg almond, walnut etc
 Soybean ☐ | Eggs ☐ | Fish _____ ☐ | None ☐
 Dairy/Milk products ☐
 Please specify _____
Any other allergy, please specify: _____

Consents and Declarations – *To be completed by both caregiver and student*

I have read the information and declarations provided with this enrolment application and can confirm the following:

Parent/Caregiver Declarations: *(Please tick the boxes provided)*

Tick ✓ ☐	I confirm the address given at the time of enrolment is my child's usual place of residence when the school is open for instruction. I understand that if I provide a false "address of convenience" the Board of Trustees may review/annul the enrolment.
☐	I have provided the school with up to date medical, caregiver and learning information through the enrolment form and will make every endeavour to keep this information current
☐	I have read the School's Code of Conduct and agree to support my child in complying with school rules
☐	In accordance with the Privacy Act 1993 requirements I consent to the information provided on this form, in the Student's Health Information section, being available within the school for the purpose of ensuring personal safety.
☐	I have read and understand Western Heights High School Education Outside the Classroom (EOTC) policy and agree to the participation of my child in <i>lower risk</i> EOTC events while a student at WHHS
☐	I have read and understand Western Heights High School's Cyber Safety Policy. Specifically the following; Internet and Future Focused Learning Acceptable Use Agreement, Digital Citizenship Agreement, and Bring Your Own Device Agreement. I have ensured my child has read and understands his/her obligations and agrees to abide by the rules included therein
☐	I understand that images of my child (photo/video), may be used to illustrate school activities or programmes My child will not be identified without my permission
☐	I agree to the Privacy of Information declaration
☐	<i>To be completed in the case of a student who will be boarding in-zone</i> I confirm that the person(s) with whom my child will be boarding, will have the primary duty of care and should therefore be the school's first contact in matters related to discipline and progress at school

Student Declarations: *(Please tick the boxes provided)*

Tick ✓ ☐	I have read and agree to abide by the School's Code of Conduct. I understand the expectation of Western Heights High School students include the following: 1. That I will be engaged in learning at all times 2. That I will respect all staff and my peers 3. That I will follow the core routines and responsibilities of the school 4. That I will wear regulation uniform correctly.
☐	In accordance with the Privacy Act 1993 requirements I consent to the information provided on Student's Health Information being available within the school for the purpose of ensuring personal safety
☐	I have read and understand Western Heights High School's Cyber Safety Policy. Specifically the following; Internet and Future Focused Learning Acceptable Use Agreement, Digital Citizenship Agreement, and Bring Your Own Device Agreement. I understand I have responsibilities and rules to follow and agree to abide by these. I understand my parents/caregivers may be informed if I breach these agreements

I do solemnly declare that all information contained in this application is true and correct.

Both caregiver signatures required where applicable

Student Name: _____

(please print clearly)

Signed: _____

(Student)

Date: _____

Signed: _____

(Mother/Caregiver)

Date: _____

Signed: _____

(Father/Caregiver)

Date: _____

Supporting Documentation - THE FOLLOWING PAPERWORK MUST BE INCLUDED

The following supporting documentation is required in order to process your enrolment

ALL APPLICATIONS – In zone and out zone enrolments

New Zealand Citizens

☐

A copy of students birth certificate, passport, or certificate of citizenship

Non New Zealand Citizens

☐

Include a copy of foreign passport with a valid New Zealand Permanent Residence, Residence Permit label or stamp. Photo pages must be included.

OR

☐

Include a copy of a foreign passport with a valid New Zealand Student Permit/Visa label or stamp. Parent passports with a valid New Zealand work permit label **MUST** be included if the student has a Student Visa. Photo pages must be included.

IN ZONE APPLICATIONS – A proof of address *(in the caregiver's name)*

This is a Ministry of Education requirement for all in zone applications. Please provide proof of address; some examples as follows:

- Power bill
- Phone bill
- Rates demand
- Tenancy agreement
- Bank statement
- Account statement from current school
- Sky/Internet bill
- Car registration renewal

Ballot Information

Students who reside in the WHHS geographic zone will normally be entitled to enrol at any time. Those who reside out of zone are governed by an enrolment scheme details of which are included in this pack.

Out of Zone applicants please tick the appropriate category:

☐

Current sibling

☐

Sibling of former student

☐

Child of former student

☐

Child of board employee or board member

☐

Other out of zone

Parent(s) of out of zone student who formerly attended Western Heights High School

Name: _____

Year: _____

Name: _____

Year : _____

Please send completed form and all required paperwork to:

The Enrolment Administrator
Western Heights High School
PO Box 642
ROTORUA

Or email to: enrolment@whhs.school.nz

FOR WHHS USE ONLY

- ☐ Document confirming citizenship/residency attached (ie birth certificate, certificate of naturalization, passport with details of residency status or valid student visa, Immigration Service documentation of refugee status)
- ☐ Nationality and Iwi specified
- ☐ Contact details completed (must have two contact phone numbers)
- ☐ Enrolment form signed by student and caregiver(s)
- ☐ Enrolment status (eg international, domestic)
- ☐ In-zone address verified

OUT OF ZONE

- ☐ Place offered
- ☐ Place accepted
- ☐ Place declined
- ☐ Unsuccessful

Signed: _____ Date: _____
(Enrolment officer)

OFFICE/HOH USE ONLY - TIMETABLING

1	2	3	4	5	6
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81a	81b	82a	82b
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Consents and Declarations Information - the following pages to be detached for your records

Please be sure to read the following information carefully. If you are unsure of anything in this section please make contact with Western Heights High School for clarification.

Privacy of Information

I/We agree to Western Heights High School:

- a) Requesting relevant information from other schools for enrolment purposes
- b) Forwarding relevant information to another school for enrolment purposes
- c) Forwarding relevant information to other institutions for the purpose of qualifications entry
- d) Using information for statistical purposes, e.g. WHHS Student's Support Centre

Usual Place of Residence

The address given at the time of application for enrolment must be the student's usual place of residence when the school is open for instruction. The Ministry of Education has advised that parents/caregivers should also be warned of the possible consequences of deliberately attempting to gain unfair priority in enrolment by knowingly providing a false address or making an in-zone living arrangement which they intend to be only temporary e.g.

- Residing in-zone on a short-term basis (less than one year);
- Arranging temporary board in-zone with a relative or family friend;
- Using the in-zone address of a relative or friend as an "address of convenience", with no intention to live there on an ongoing basis.

If the Western Heights High School Board of Trustees learns that a student is no longer living at the in-zone address given at the time of application for enrolment, and has reasonable grounds to believe that a temporary in-zone residence has been used for the purpose of unfairly gaining priority in enrolment at the school, then the board may review the enrolment. Unless the parents/caregivers give a satisfactory explanation within 10 days, the board may annul the enrolment. This course of action is provided for under section 110A of the Education Act 1989.

Boarding Arrangements - Note that the term "primary duty of care" indicates that the person with whom the student is boarding will take a high level of responsibility for the student's welfare. The board might doubt the genuineness of the boarding arrangement if the parents insist on being the first point of contact for all matters relating to the student's progress and behaviour at school.

Code of Conduct

The School undertakes to follow the procedures specified in the School's Charter.

Expectations of Western Heights High School Students:

1. That I will be engaged in learning at all times
2. That I will respect all staff and my peers
3. That I will follow the core routines and responsibilities of the school
4. That I will wear regulation uniform correctly

These expectations are detailed in the Western Heights High School Code of Conduct document which is available online at www.whhs.school.nz and are included in our enrolment packs.

Education Outside the Classroom (EOTC) – school trips/events/activities/sport etc.

Option 1:

I give my general approval for the student enrolled to participate in off-site programmes of learning, within his or her normal classroom time allocation and approved by the principal.

OR

Option 2:

Education Outside The Classroom (EOTC) is the name given to all events/activities that occur outside the classroom, both on and off the school site. This includes sport.

- Our school believes in using a range of environments and experiences to enhance our students' learning.
- We have ready access to the beach, rivers, mountains, and the bush in our area and beyond. We are also close to various built environments in our community. These areas are rich learning environments for our students both in and out of school. They need to learn how to be safe. Our school also values the concept of providing students with opportunities. Thus some of the learning for students occurs beyond the school site and this document is seeking your consent for your child to participate in such learning

The Ministry of Education's **EOTC guidelines** identify four EOTC activity types, each with recommended types of parental/caregiver consent. In brief they are:

Type of event	Description	Type of consent
A	On site- in the school grounds (i) Lower risk environments (ii) Higher risk environments*	(i) No consent sought or blanket consent (ii) Separate consent for each event or programme
B	Off-site events in the local community occurring in school time. (i) Lower risk environments <i>eg: sporting events</i> (ii) Higher risk environments* <i>eg: Rock climbing</i>	(i) Blanket consent at enrolment. (ii) Separate consent for each event or programme
C	Off-site events - finishing after school finishes (i) Lower risk environments <i>eg: Sporting events</i> (ii) Higher risk environments* <i>eg: Travelling out of town.</i>	(i) Blanket consent at enrolment. (ii) Separate consent for each event or programme
D	Off-site residential overnight events (i) Lower risk environments <i>eg Marae stay</i> (ii) Higher risk environments* <i>eg: Camp</i>	(i) Separate consent (ii) Separate consent for each event or programme

*Involves risk assessed to be greater than that associated with the average family activity.

All EOTC activity categories require staff to undertake an analysis of the risks, and identify the management strategies required to eliminate, isolate and minimise the risks. Emergency procedures are also in place.

Communication with the School

Our school newsletter, Te Panui, will be emailed to the email address provided in the Caregiver Details section of this form (the first issue will have an option to unsubscribe). The newsletter can also be accessed from the school's Facebook page.

Caregivers can also access the Kamar Portal via our website, with either your child's login (issued early in Term 1) or by requesting their own login by emailing website@whhs.school.nz. This provides access to school notices, timetable, attendance and achievement information.

The Western Heights High School app has proven to be a useful tool for many caregivers. It can be downloaded from both the App Store and Google Play.

Parent interviews are held at regular intervals during the school year.

Your child's teacher can be contacted by phoning the school between 8am and 3.30pm or emailing them with the first initial of their first name followed by their second name. For example: fllintstone@whhs.school.nz

Cyber Safety

Internet and Future Focused Learning

STUDENT

As a school user of WHHS Internet and Future Focused Learning Resources, I understand and will abide by the Western Heights High School rules on the use of ICT technologies. In signing the Student Declaration the student accepts the following:

1. I agree to comply with the school rules on acceptable use of Western Heights High School's internet and Future Focused Learning Resources.
2. I agree that all my communication via any technological device and internet system (*either in school or on electronic devices*) will not be used to humiliate, degrade, harass, threaten, offend or defame any person, including fellow students and staff of the school.
3. I agree that I will not use Information Communication Technology to undermine the good name and reputation of the school.
4. I agree that I will not post any material which is offensive, discriminatory or puts any member of the school community at risk (*eg bullying or harassment*).
5. I accept that any breach of condition '2', '3' or '4' of this agreement may be deemed 'gross misconduct' for the purposes of a stand down or suspension under the Education Act 1989.

The school recognises your right to privacy and freedom of expression and undertakes not to disclose any information about you or your communication except that which is in breach of conditions. Breaching this Agreement (or any involvement in such a breach) may result in my access being withdrawn, which could make me ineligible to continue studying a particular subject. I understand that my parents may be informed if I breach this agreement.

PARENT/CAREGIVER

As a parent/caregiver of the above mentioned student, I have read the Internet and Future Focused Learning and Acceptable Use Agreement. My child has read the document and understands his/her obligations. In signing the Parent/Caregiver Declaration I give my permission to allow internet access for my child. I understand that access is designed for educational purposes and that students will be held accountable for their own actions. I also understand that some material on the Internet may be objectionable. WHHS will take appropriate measures to limit access to illegal, dangerous and/or inappropriate material and I accept responsibility for setting standards for my child to follow when using email and the internet.

I understand that if my child damages equipment, this will result in an invoice for the cost or replacement parts and repairs and any other associated costs. I also understand this agreement applies to communication technologies my child may bring into the school environment.

Bring Your Own Device Agreement

PARENT/CAREGIVER

In signing the Parent Declaration I give permission for my child to bring their own digital device to school for use in the classroom learning programme. I understand:

1. All devices brought to school are my child's responsibility and the insurance for the device is my responsibility.
 2. All devices must arrive at school each day fully charged.
 3. Devices are only to be used under adult supervision. All use is at the teacher's discretion.
 4. Devices brought to school are for the use of my child. Any sharing is at my child's discretion.
 5. Teachers will encourage the use of personal digital devices whenever possible and students will be able to use them for homework activities.
 6. Rules, including the cybersafety policies, governing the use of any school-owned digital device will apply to student-owned devices, while they are at school, including adherence to the Copyright Act.
- I agree to my son/daughter using the internet and other ICTs at school.
 - I understand that images of my child (photo/video), may be used to illustrate school activities or programmes. My child will not be identified without my permission.
 - I will contact the school if there is anything here that I do not understand.
 - If there is a situation that concerns me, I will contact either the school or Netsafe – www.netsafe.org.nz

Digital Citizenship Agreement

STUDENT

In signing the Student Declaration the student accepts the following:

When I use ICTs both at school and at home I have responsibilities and rules to follow.

I agree to:

1. Be a safe user whenever and wherever I use that technology.
2. 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 messages and supporting others in harmful, inappropriate or hurtful online behaviour.
3. 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.

When at school I agree to:

1. Behave in a way outlined in the schools *Digital Citizenship Agreement* when online or using mobile technology.
2. I must keep myself and my friends safe by not giving out personal details including full names, telephone numbers, addresses and images and protecting my password.
3. Use the technology at school for learning, use the equipment properly and not interfere with work of another student.
4. Remember that the content on the web is someone else's property and ask my teacher or a parent/caregiver to help me get permission if I want to use information or pictures.
5. Think carefully about what I read on the internet, question if it is from a reliable source and use the information to help me answer any questions (*I should not copy and paste information as my answer*).
6. Talk to my teacher or another adult if:
 - I need help online
 - I am not sure what I should be doing on the internet
 - I come across sites that are not suitable
 - Someone writes something that I do not like, or makes me and my friends feel uncomfortable or asks me to provide information that I know is private
 - I feel that the welfare of other students at the school is being threatened

When I use any laptop, smartphone, tablet or any other mobile device I agree to:

1. Use it as requested for learning purposes as directed by my teacher.
2. Be responsible in my use and not use the device to find, create or send information that might be harmful, inappropriate or hurtful to me or anyone else.
3. Be entirely responsible for the security of the device at all times.

To this end, when using any mobile device as a phone I will:

1. Keep my phone on silent during class times and only make or answer calls and messages during lesson times for specific learning purposes or with the teacher's permission.
2. Protect the privacy of others and never post private information about another person.

When using any mobile device as a camera I will:

1. Only take photos and record sound or video when it is part of a class or lesson.
Seek permission from individuals involved, PRIOR to taking photos, recording sound or videoing them (*including teachers*).
2. Seek written permission from individuals involved PRIOR to publishing or sending photos, recorded sound or video to anyone else or to any online space.
3. Be respectful in how I talk to and work with others online and never write or participate in online bullying.

This policy applies to students during school excursions, camps and extracurricular activities.