APPLICATION FOR ENROLMENT CHECKLIST

In order for your application to be processed and completed, please enclose the items from the below checklist and return to the Garin College office or email to **achieve@garincollege.nz**

- ☐ Enrolment Form
- ☐ Health + Wellness Profile and Education Outside the Classroom (EOTC) Consent Form
- ☐ Copy of Birth Certificate/Passport
- ☐ Preference Certificate (and supporting documents)

  NB: All proof documentation to be submitted before the Bishop's Agent can consider
- ☐ Attendance Dues Agreement
- ☐ Bring Your Own Device (BYOD) Form

If applicable:

- ☐ Garin College Bus Information Checklist
- ☐ NZQA Special Assessment Conditions (SAC)
- ☐ Copy of Resident Visa
- ☐ **Senior students only:** School Reports, NCEA Documentation

GARIN COLLEGE

Principal: John Maguire MEdEl, Dep Tech, NZ Nat Dip Specialist Subjects
Champion Road Richmond Tasman 7020, New Zealand
Phone 64 3 543 9488
Email achieve@garincollege.nz
Website www.garincollege.ac.nz

Tēnā koutou katoa ngā whānau

Welcome to Garin College, where we provide a nurturing environment for your child's learning and an inclusive, caring home community. With a holistic education experience, your child will be encouraged to develop their personal character and strive for excellence in their academic performance while exploring how a Catholic faith can be a part of their lives.

Garin College is a Catholic Co-Ed, State Integrated Secondary College; our Integrated Agreement identifies the maximum roll as 670 students and states that we may enrol a maximum of 10% of students as non-preference, should places be available. Preference enrolment is considered for all applicants who have received and presented within their application for enrolment a Preference Certificate that has been authorised and signed by an agent of the Roman Catholic Bishop for the Archdiocese of Wellington. All applicants should refer to our Enrolment Policy on the school website.

If your child meets the Preference criteria below, on receipt of a completed enrolment application, the Garin Admin team will arrange for your completed Preference form to be presented for consideration by the Bishop's Agent, or you may organise this yourself with a Catholic Parish Priest, then send it to us along with the completed enrolment form. Your Preference enrolment application is finalised on the receipt of a signed, completed enrolment application and signed Preference Certificate. If you are unsure about your child's preference status, please call Garin to discuss, or refer your query to the contacts in the Preference part of this application form. The Preference criteria are:

- The child has been baptised Catholic or is being prepared for baptism
- One or more siblings have been baptised in the Catholic faith
- One parent/guardian is a Catholic, and the child is not baptised, but school participation could lead to baptism
- A grandparent or other significant familial adult in the child's life such as an aunt or uncle will undertake to support the child's formation in the faith and practices of the Catholic church
- One of the parents/guardians is preparing to become a Catholic

Non-preference enrolment is open to students who are non-Catholic who do not meet the Criteria for Preference of Enrolment in Integrated Catholic Schools, (refer to criteria above). Enrolment of non-preference students can only be considered when the school roll is below 85% of the maximum roll. Please refer to our website for our Enrolment Policy.

Should you require financial assistance, our Admin team can supply an application form to request support from the Garin College Education Trust, through a Twinkle Black Scholarship. Information on financial scholarships is available on our website.

Please reach out to our friendly Admin team with your enquiries; we are here to guide you through the enrolment process. Also refer to our prospectus, available on our website home page.

Thank you for considering Garin College, we look forward to welcoming you and your family / whānau to our vibrant community of learners in 2026.

Me ngā manaakitanga o te atua

John Maguire
Principal

Office use only; Date enrolment received: Date preference form signed off: Kamar ID number:

Garin College Enrolment Form

35 Champion Road
Richmond
Tasman 7020
Phone 64 3 543 9488
Email: achieve@garincollege.nz
Website: www.garincollege.ac.nz

This enrolment form is for Domestic students only - International students please use the International enrolment form.

Student Details

Student's Family Name *eg. Smith (as on Birth Certificate)*		**Legal First Name(s)**	
Preferred Name eg Izzy		**Student's Mobile Number**	
Date of Birth		**Year of Entry** 20___	**Gender** M / F

Student will be starting at Year Level ***(please circle one)*** 9 10 11 12 13

Please indicate if student is dual enrolling at another school ***Yes / No*** ***School of dual enrolment:***

Religion		**Parish**	

Immediate family attended Garin/Siblings at Garin *(previously or presently)*	(siblings include brothers, sisters, stepbrothers and stepsisters and 'blended' families)	**Same whānau class as sibling?** **Yes / No**

Previous School before Garin College		**Current Year Level:**	

Mail to Whom **(for official letters and invoices)**
e.g. James Friend and Charlotte Smith _____

Main Email Address _____

Main Residence *(Include Emergency Services or Rapid Number for Rural Addresses)*

	Current Residential Address		**Postal Address** *(if different to residential address)*	
No./Street Rural Delivery				
Suburb				
Town		Postcode		Postcode

Ethnicity

An Ethnic Group is required by the Ministry of Education for statistical purposes. Please tick one or more boxes:

Māori *	**Pacific Island**	**NZ European/Pākehā**	**Other** Please specify

*If your child is of Māori descent, you have the opportunity to record up to 3 Iwi affiliations
Iwi 1. _____ 2. _____ 3. _____
If you do not know the name of your Iwi, please circle: Don't know

If you identify as Māori, do you wish to be in the Māori Whānau Class: **Yes / No**

Eligibility

Garin College is required to confirm the eligibility of all students. Please confirm the student named on this application is:
(tick **one and attach copy**)

- a NZ citizen - **attach copy of NZ birth certificate or NZ passport or NZ citizenship certificate**
- a NZ or Australian resident* **- attach copy of other passport showing NZ residence class visa**
- an Australian citizen* **- attach copy of Australian passport**
- not a citizen or resident* **- must provide valid student visa with 'Domestic Student' conditions**

* **Please complete below**

Country of Birth:	**Country of Citizenship:**	**Date arrived in NZ:**

First Language *(spoken at home)*:	**Other Languages** *(student can speak)*:

English Second Language Students – ESOL

Give any information about language support in previous schools:

Please tick those that apply below:

Born in NZ	**Born overseas**	**Migrant**	**Refugee**	**Permanent Resident**	**Residence Permit**

Do you require Boarding (circle one) **Yes / No**

Primary Caregivers (Main Residence) – student mainly lives here

First Contact: Mr/Mrs	Second Contact: Mr/Mrs
Relationship:	Relationship:
Phone Home:	Phone Home:
Phone Cell:	Phone Cell:
Email:	Email:
Address	**Address**
Num / Street:	Num / Street:
Rural Delivery:	Rural Delivery:
Suburb:	Suburb
Town:	Town:
Postcode:	Postcode:
Phone Work:	Phone Work:

☐ *Tick if your child has a shared custody arrangement with the Primary and Secondary caregiver; ie. regularly spends time with both caregivers. Both caregivers will receive copies of school communications, financial statements and access to the online portal.*

Please indicate: ☐ *50/50 shared care* ☐ *Other regular arrangement*

Secondary Caregivers (Secondary Residence) – if applicable

First Contact: Mr/Mrs	Second Contact: Mr/Mrs
Relationship:	Relationship:
Phone Home:	Phone Home:
Phone Cell:	Phone Cell:
Email:	Email:
Address	**Address**
Num / Street:	Num / Street:
Rural Delivery:	Rural Delivery:
Suburb:	Suburb:
Town:	Town:
Postcode:	Postcode:
Phone Work:	Phone Work:

Emergency Contact – Other Caregiver – if we can't get hold of Primary or Secondary Caregiver

Name:	Relationship:
Phone Home:	Phone Cell:

School House associated with family: McAuley MacKillop Aubert Barbier N/A

Transport to School

Will you travel to Garin College by bus? **Yes / No**

If YES, please complete the Garin College Bus Information form and enclose with your enrolment application.

Catholic Education

To help us understand what you seek from Garin for your child's education and what you understand your family will receive from Garin, please complete the following question.

We seek…

Preference

Preference of Enrolment is given to Catholic families, whose children have been baptised or are about to be baptised into the Catholic Church, or where at least one parent who has been or is about to be baptised, wishes to have their children educated in a Catholic school, even if the children have not been baptised. Preference forms are included in this enrolment application pack. To help us be sure that you may be eligible for a Preference placement, please tick any of the situations below that might apply to your family:

[ ] 5.1 the child has been baptised Catholic or is being prepared for Baptism*
[ ] 5.2 one or more siblings have been baptised in the Catholic faith*
[ ] 5.3 one parent/guardian is a Catholic, and the child is not baptised, but school participation could lead to Baptism*
[ ] 5.4 a significant familial adult in the child's life such as a grandparent or an aunt or uncle undertakes to support the child's formation in the faith and practices of the Catholic Church*
[ ] 5.5 one of the parents/guardians is preparing to become Catholic*

****Supporting documentation is required for all of the above***

A Preference enrolment application is finalised on the receipt of a signed, completed enrolment application and signed Preference Certificate by either:

Bishop's Agent: Completed Preference forms are submitted to the school office for Agent's consideration. Some applications will require a meeting.

Parish Priest: Preference form can be signed by a Catholic priest. Some applications will require a meeting. Parish contact phone numbers:

Richmond / Motueka - 544 8987, Nelson / Stoke - 539 1251, Kaikoura / Blenheim / Picton - 03 578 0038, Westport - 03 789 8615, Buller / Inangahua - 03 789 8615

Non-Preference

Non-preference students will not total more than 10% of the school roll, as set out in the Integration Agreement. If you're unsure about your preference status, please call the college to discuss it, or contact a Catholic parish priest.

Confidentiality: This information is requested by the school in order to communicate with parents and caregivers, to enable the school to run effectively, to maintain the safety of the student and to meet the statutory requirements of the Ministry of Education. Information is held securely and used for the purpose of education only.

Parents' Declaration: I have read the prospectus and other information about the school and I agree to and accept the rules, conditions and charges determined by the Garin College Board and the Attendance Dues set by the Proprietor. I accept as a condition of enrolment that my child will participate in the general school programme, both in the classroom and outside the classroom, such as camps and retreats, which contribute to the school's special character. I give the school permission to take action on my behalf in case of injury or sudden illness. I give the school permission to send school-related information via electronic media and unless advised otherwise, to publish student work/photographs in newsletters, school magazine, website, Garin administered social media and brochures/prospectus.

Student's Declaration: I will comply with the school rules and procedures during my years at Garin College and act with consideration for others at all times.

Parent/Caregiver's Signature	Parent/Caregiver's Signature	Student's Signature	Date

Checklist for Parents:

- Complete all details above, including signatures
- Complete and sign Health & Wellness Profile and EOTC Consent Form
- Attach copy of Birth Certificate/Passport
- Preference Certificate (and supporting documents)
- Complete Attendance Dues Agreement
- Signed BYOD Agreement Form
- Complete non-preference section (if non preference)

Garin College

Health & Wellness Profile

This profile is designed to assist in the care of all students at College and at Education Outside the Classroom (EOTC) events. One form must be completed for each family member attending Garin College.

Student's Name:	**Year Level in 2026:**	**Medic Alert Number:** *(if applicable)*

Doctor/Medical Centre:
Dentist:

1. Please tick if your child has any of the following:

Allergies* ☐	Depression ☐	Hearing Impaired ☐	Nose Bleeds ☐
Anaphylactic* ☐	Dietary ☐	Heart Condition* ☐	Travel Sickness ☐
Anxiety ☐	Epilepsy/Seizures* ☐	Hepatitis ☐	Visually Impaired ☐
Asthma* ☐	Glandular Fever ☐	Medicated Disorders eg ADHD ☐	Other: *(please specify)* ☐
Diabetic* ☐	Hay Fever ☐	Migraine ☐	

Please provide detailed notes of the above conditions if you have ticked one, or any other medical or physical conditions the school should be aware of, eg Allergies - detail cause and treatment:

* **Serious Y / N** As a Health & Safety requirement, if you have indicated that your child has a serious form of any of these conditions (or another) or could potentially be life threatening, Public Health requires that we hold full information on your child's condition for their safety at school.

To complete this enrolment we will require a current Action Plan from your GP **before** your child's first day at Garin.

2. Is your child currently taking any regular medication? Yes / No *(please circle)*

NB - Prescribed Medication: Please contact the school office or our SENCO if you would like us to hold medication for your child.

If YES, please state condition requiring medication:
Name of medication/s
Other treatment:

3. Please tick if your child has received immunisations for:

Diphtheria ☐	HIB ☐	Hepatitis ☐
Measles ☐	Mumps ☐	Polio ☐
Rubella ☐	Pertussis (whooping cough) ☐	Tetanus (last 8 years) ☐

4. Please outline any special requirements your child may have (including dietary, cultural needs, disability or behavioural/emotional challenges. eg. ADHD, Dyslexia, ASD, etc)

Wellness at School and Education Outside the Classroom (EOTC) Events

5. Please tick if your child can be administered the following medications if unwell at school or involved in outdoor education for pain, inflammation, elevated temperature, allergies, sports injuries or other conditions requiring treatment. A register is kept of the medication and treatment given. Garin College will give non-prescribed medication (according to the doses specified) in emergency situations only.

Paracetamol ☐	Ibuprofen ☐	Antihistamine ☐

I agree that if prescribed medication needs to be administered, a designated adult will be informed. I will ensure that the prescribed medication is clearly labelled, securely fastened and the designated adult will receive instruction on its administration.

Yes / No *(please circle)*

I will inform the school of any changes in the medical or other circumstances.

Yes / No *(please circle)*

Any medical costs not covered by ACC or a community service card will be paid by me.

Yes / No *(please circle)*

If my child is in a serious disciplinary situation, including the use of illegal substances and/or alcohol or actions that threaten the safety of others, they will be sent home at my expense.

Yes / No *(please circle)*

Does your child have any ongoing health issues that may limit their involvement in outdoor education, for example a back problem?

Yes / No *(please circle)*

If **yes**, please describe:

Health & Wellness Consent

I give permission for my child to receive mild medication as indicated above if unwell at school or while involved in EOTC for pain, inflammation, elevated temperature, allergies, sports injuries or other conditions requiring simple treatment or first aid.

Student's Full Name: _____

Parent / Caregiver Signatures: _____

Date: _____

Education Outside the Classroom - Activity Levels

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, performing arts and curriculum related trips.

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

LEVEL	EVENT EXAMPLES	Parental Consent
Level One: On-site events during school time may include calendered evening events or activities.	• House Games Day • Garin Fun Run • Mahi Toi	Blanket Consent
Level Two: Off-site events occurring entirely during the school day Hours 8am - 5pm	Curriculum based class trip eg: • Social Studies Cemetery visit • Suter Art Gallery Visit • Visit to St Pauls • Science Road Show/Field work	Event proposal form Blanket consent Information home Inform office
Level Two (Part B): Normal Co-curriculum events	Club Garin Activities eg: • Weekly Volleyball, Soccer, Netball, Rugby, Cricket, Touch Rugby • Interschool Debating • School Productions – Stage Challenge, Showquest	Event proposal form Blanket consent Information home Inform office
Level Three: Off-site events starting or finishing outside the school day. Hours 8am - 5pm	• Evening theatre visit • Volleyball tournament 9am–9pm.	Event proposal form Information home Inform office Level 3 form Safety Action Plan (SAP) completed Permission form
Level Four: Off-site events occurring in one day involving an ***amount of risk greater than that associated with the average family activity.***	• Rock climbing • ***Any water based activity*** • ***Any activity involving parent transport***	Event proposal form Information home Inform office Level 4 form SAP completed Permission form
Level Five: Off-site events involving ***overnight stays.***	• Senior History trip • Journey Programme (all Levels) • O'Shea Shield • Sports tournaments	Event proposal form Information home Inform office Level 5 form SAP completed Permission form

EOTC Blanket Consent

This Blanket Consent form needs to be completed annually for EOTC

Swimming Consent

For activities where being able to swim is essential. Consent does not remove the need for group leaders to ascertain for themselves the level of the student's swimming ability.

Swimming ability

Is your child able to swim 50 metres?	Yes	No	Don't know
Is your child confident in deep water?	Yes	No	Don't know
Is your child confident in the sea or in open inland water?	Yes	No	Don't know

Blanket Medical Consent

In an emergency, Garin College may act on my behalf

Garin College may administer pain relief

- I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
- I will inform Garin College as soon as possible of any changes in the medical or other circumstances.
- I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered by the medical authorities present.
- Any medical costs not covered by ACC or a community service card will be paid by me.
- If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will be sent home at my expense.

Student Contract

To be read and signed by all participating students.

- I understand that any EOTC event is an opportunity for me to learn, practise skills and gain attitudes and values in an environment outside the classroom.
    - I realise that this requires me to take on genuine responsibility for my own learning and the safety and that of myself and others.
- I agree to do the following to make this happen:
    - Show courtesy and consideration for others; Follow the rules and instructions of staff and other supervisors at any event; Take part in all activities within challenge-by-choice options; Look after myself and my personal belongings; Declare medical conditions that could affect participation in the event; Accept the rules set by the Garin College for any event, even if they are different from what is accepted at home.
- I understand that my parent/caregivers will be contacted and I may be sent home at their expense if:
    - My actions are considered unacceptable by staff; I break the Garin College drugs and alcohol policy; My actions put me or others in any danger.

Parental Consent

I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.

- I understand that there are risks associated with involvement in Garin College's EOTC events and that these risks cannot be completely eliminated.
- I understand Garin College will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.
- I understand that *where practical,* my child will be involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures.
- I acknowledge that in order to gain a better understanding of the risks involved, I am able to ask any questions of Garin College about the activities in which my child will be involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.
- I understand that Garin College does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.

Participation Consent Form: Education Outside the Classroom (EOTC)

I agree to the participation of my child in the Level One, Level Two and Level Two Part B Education Outside the Classroom events while a student at Garin College. I/We have provided the school with up-to-date medical information and will make every endeavour to keep this information current.

Student's Full Name: _____

Student's Signature**:** _____

Parent / Caregiver Signatures: _____ Date: _____

If you do not wish to sign this form, please state your reason/s:

GARIN COLLEGE

Principal: John Maguire MEdEL, Dip Tech, NZ Nat Dip Specialist Subjects
35 Champion Road, Richmond, Nelson 7020, New Zealand
Email: achieve@garincollege.nz
Website: www.garincollege.ac.nz
Phone: 64 3 543 9488

Garin College
Computer Network
Bring Your Own Device (BYOD) Agreement

Purpose:
Garin College uses technology as one way of enhancing the skills, knowledge and behaviours students will need as digitally connected and responsible citizens in the global learning community. Students learn collaboration, communication, creativity and critical thinking in a variety of ways throughout the school day. In an effort to increase access to these skills, Garin College will allow approved personal devices on our wireless network within school grounds for students who follow the responsibilities stated in the "Appropriate Use of ICT" (see below).
Garin College provides the appropriate infrastructure to support the use of students' devices on the school's wireless network. Students are expected to attend with an appropriate device but a temporary device may be provided for the day if students' devices are unavailable (ie being repaired).

An important component of B.Y.O.D will be education about appropriate online behaviours. We will review cyber-safety rules with students and will offer reminders and reinforcement about safe online behaviours. In addition to the rules outlined in these guidelines, students will be expected to comply with all class and school rules while using personal devices. The use of technology is a privilege. When abused, privileges will be taken away.

Device Types:
For the purpose of this document, the word "devices" will include: laptops, netbooks, cell phones, smart phones, IPods, IPads, tablets, eReaders, printer and workstations.
https://sites.google.com/a/cloud.garincollege.ac.nz/byod/home

Lost, Stolen, or Damaged Devices:
Each user is responsible for his/her own device and should use it responsibly and appropriately. Garin College takes no responsibility for stolen, lost, or damaged devices, including lost or corrupted data on those devices. While school employees will help students identify how to keep personal devices secure, students will have the final responsibility for securing their personal devices. Insurance and warranties for the computers will be the responsibility of families. Please check with your insurance policy regarding coverage of personal electronic devices, as many insurance policies can cover loss or damage.

Network Considerations:
Users should strive to maintain appropriate bandwidth for school-related work and communications. All users will use the GC BYOD network to access the internet.

Garin College Appropriate Use of ICT

Garin College students are expected to be safe and responsible in their use of devices and are guided by the school's values, which are: **Generosity, Aroha, Rangimarie, Integrity and New Life.**

When using information & communications technologies (ICT) at Garin College I will always be a good digital citizen. This means that:

I will be a confident and capable user of ICT.

I know what I do and do not understand about the technologies that I use. I will get help where I need it. I will ensure that the use of ICT at school is related to the curriculum and education-related learning activities. Devices may not be used for non-instructional purposes while in class. Devices may only be used to access computer files on internet sites which are relevant to the classroom curriculum. The internet is provided for the education of and the improved delivery of curriculum material(s).

I accept that Garin College is authorised to collect and examine any device that is suspected of causing technology problems or was the source of an attack or virus infection.

Students and parents should be aware that devices are subject to search by school administrators if the device is suspected of a violation of the acceptable use guidelines. If the device is locked or password protected the student will be required to unlock the device at the request of a school administrator.

I will avoid allowing ICT-related distractions to detract from my learning or the learning of others at school.

I will be responsible for bringing my computer to school every day, fully charged. I will complete updates at home, including antivirus updates, and provide a mouse. I will also take care of my device and will be committed to learning how to use my computer in my own time, so that I am ready to use it as a tool for learning when in lessons.

I understand that each teacher has the discretion to allow and regulate the use of personal devices in the classroom and on specific projects.

I will keep my passwords secure and not share any of my accounts. I will always log off or lock my device when it is not in use.

I will always use ICT to communicate with others in positive, meaningful ways.

I will always talk politely and with respect to people online. I know that it is possible to bully or hurt people with what I say and do on the internet. I will think about the effect that my actions have on other people and I will not use ICT to harass, bully, demean or hurt others. This includes the recording of and/or publishing images of staff, students or others without specific permission and knowledge of all parties involved. I understand Garin College may monitor traffic and material sent and received using the college's network.

I will not visit sites that show pornographic, racist or violent images or content that is generally degrading and socially unacceptable. I will not download, store or transfer such images or files. I also understand that accessing inappropriate sites will be dealt with through the college's discipline policy.

I understand all email will make use of customary greetings and salutations and is for the sole use of the individual student who is responsible for all traffic generated by that account. Information sent via email shall be constructive, informative or inquiring in the interest of both the sender and receiver.

I will think carefully about whether the information I see online is true.
I know that it is easy to put information online. This means that what I see is not always right. I will always check to make sure information is real before I use it

I will be honest and fair in all of my actions using ICT.
I will make sure what I do is not against the law. I will make sure that my actions don't break the rules of the websites that I use. When I am not sure about what I am doing I will ask for help. I will not plagiarise, ensuring the I properly reference the work of others. The network is not to be used for personal gain or illegal activity. This includes the downloading of music, video, game or software files that would infringe the Copyright Act 1994, and amendments. The streaming of data for personal entertainment is not acceptable. Garin College's network filters will be applied to a device's connection to the internet. I will not attempt to use incognito mode, use proxies or any other ways of trying to hide my activity or bypass any filters put in place by the college.

My behaviours and actions will be ethically acceptable and I will not bring myself or family, school or community into disrepute.

I will always respect people's privacy and freedom of speech online.
I understand that some information is private and will not be distributed to other parties at anytime. This includes forwarding of information sent by another party.

I will be careful when using full names, birthdays, addresses and photos of other people and of my own. I also know that I will not always agree with what people say online but that does not mean that I can stop them or use it as an excuse to be unkind to them. I will protect the privacy, confidentiality and the dignity of individuals by not disclosing, using, distributing or publishing information about individuals in any way that may cause them harm. I will not use the identity, accounts, passwords or confidential details of other people.

Neither will I use ICT to photograph, video or record people in the school context, or publish or distribute those recordings, without the express permission of the supervising teacher, student or other person. I will take responsibility for reporting inappropriate usage of ICT in the school community.

I will help others to become a better digital citizen.
Being a good digital citizen is something that we all have to work at. If I know that my friends are having problems online, I will try to help them. If I see that someone is being unfairly treated online then I will speak up rather than just watch it happen.

I will be able to speak the language of digital technologies.
When people talk online, the things they say can be quite different from a conversation they might have if they were sitting next to each other. I know that I must try to understand what people are saying before I react to them. If I am not sure, I can ask them or someone else to explain.

I understand that I may experience problems when I use technology but that I will learn to deal with them.
I understand that there will be times when technology may not work as I expected it to, or that people may be mean or unkind to me online. When these things happen, I know that there are ways I can deal with it. I also know there are people I can go to, to get help if I don't know what to do next.

If I have an issue with a device I know that I can seek help from Garin College's IT Technicians. If I have an issue with text, cyberbullying or any harmful digital communications, I can follow this link for 'next steps': http://bit.ly/2sf0ohn

Students and Parents/Guardians acknowledge that:

We understand that these guidelines for appropriate use are to be followed when using any technology whilst at school or whilst on any school activity. We are aware that this may include the use of a device that the school does not own.

We understand that the student will abide by the above guidelines. We further understand that any violation is unethical and may result in the loss of access to school ICT services including the use of the internet, school owned devices or any personally owned device used at school, as well as other disciplinary action. During the course of the school year, additional rules regarding the use of personal devices may be added.

_____ Signature of Student _____Date

_____ Signature of Parent/Guardian _____Date

PREFERENCE CERTIFICATE – valid from 2023

New Zealand Catholic Bishops Conference
Preference of Enrolment Certificate
for the Archdiocese of Wellington

This is to certify that

In accordance with the Education and Training Act 2020 Schedule 6, Cl 26 and Catholic School Integration Agreements, through a general or particular religious connection as stated in the Preference Criteria Numbers: 5.1, 5.2, 5.3, 5.4, 5.5.
(*Please refer to Criteria details on back of form*)

MR/MRS/MS .....

Address .....

Is/are eligible to have preference of enrolment for their child at

.....School/College

in ..... Town/City

Name of child .....

I/We undertake to support our child in the formation of their faith and the practices of the Catholic church. I/we further agree that my/our contact details will be shared with the school and parish for the purpose of faith formation.

Parent(s)/Caregivers Signature.....Date.....

Under which Criterion (see reverse) is the child eligible for preference?.....

If Criterion 5.1 applies please complete:

Baptised in ..... at ..... on.....

If Criterion 5.4 applies please complete the section on the back of this form.

Certified by (Name):.....as authorised agent of the

Roman Catholic Bishop of the Diocese of .....

Position: .....
(*see: Administration of the Criteria, 6.1.1-6.1.6, Agents who may sign, listed over page)*

Address:.....

Signature.....Date.....

This form must be completed by the Parent(s)/Caregiver(s), and the Parish Priest or other designated authorities *prior* to the enrolment of a student in a Catholic Integrated School.

NEW ZEALAND CATHOLIC BISHOPS CONFERENCE

Criteria for Preference of Enrolment in Integrated Catholic Schools

5.1 The child has been baptised or is being prepared for baptism in the Catholic Church.

5.2 The child's parents/guardians have already allowed one or more of its siblings to be baptised in the Catholic faith.

5.3 At least one parent/guardian is a Catholic, and although their child has not yet been baptised, the child's participation in the life of the school could lead to the parents having the child baptised.

5.4 With the agreement of the child's parent/guardian, a significant familial adult such as a grandparent, aunt or uncle who is actively involved in the child's upbringing undertakes to support the child's formation in the faith and practices of the Catholic Church.

5.5 One or both of a child's non-Catholic parents/guardians is preparing to become a Catholic.

Agents of the Bishop, Who May Sign the Certificate on his Behalf

6.1.1 Parish Priest of their Parish of Residence
6.1.2 Assistant Priest of their Parish of Residence
6.1.3 Priests appointed under c. 517/1
6.1.4 Deacons and lay persons appointed to pastoral care under c. 517/2
6.1.5 Ethnic chaplains who liaise with Parish Priests or their delegate
6.1.6 Local committees appointed by the Bishop or by any of the above agents of the Bishop.

Process of Appeal

If a preference certificate has been refused and the parents, either directly or through the Principal, wish to appeal the matter, the application can be referred to the Proprietors' Office (Diocesan Education Office). The Director of the Office, or whoever is the appointed appeal authority in the diocese, after making whatever investigation is necessary, including consulting the Parish Priest if appropriate, will make a ruling, or seek a ruling from the Bishop. The Parish Priest or delegated person who refused the certificate in the first instance is normally informed whenever a preference certificate is issued in virtue of this paragraph.

Please note that in the Archdiocese of Wellington, the appointed appeal authority is the Vicar for Education, contact phone: (04) 496 1735.

If Criterion 5.4 (above) applies the parents/caregivers and significant familial adult completes the following:

Significant familial adult:

I agree to support ..... (child's name) formation in the faith and practices of the Catholic Church and agree to my contact details being available to the school and parish for this purpose.

Mr/Mrs/Ms:.....

Address: .....

Relationship to child:……. Email address:…….. Phone No:……

Parish .....

Signature..... Date: .....

Parent(s)/Caregiver(s):

I agree that my child will be supported by: ..... in the formation of the faith and practices of the Catholic Church. I/we further agree that my/our contact details will be shared with the school and parish for the purpose of faith formation.

Signature:..... Date: .....

Approved NZCBC October 2016 (updated November 2018)

ATTENDANCE DUES AGREEMENT

BETWEEN: The Roman Catholic Archbishop of the Archdiocese of Wellington as Proprietor of:

_____(the school)

AND: The following Parents/Caregivers

Complete all sections of this form – print clearly in capital letters

Existing Attendance Dues A/C No:								

(Leave this number blank if this is your first student to be enrolled in a Catholic school in the Wellington Archdiocese)

Details	**Parent/Caregiver 1**	**Parent/Caregiver 2**
Title		
Surname		
First Names		
Relationship to student		
Residential Address		
Post code		
Phone (day)		
Phone (mobile)		
Email address		

WHO enrol the following student(s) at the school:

First and middle names of student(s)	**Surname of student(s)**	**Gender M/F**	**Pref Y/N**	**Year level**	**Start Date**

Acknowledgement: I acknowledge that I have read and understand this **Attendance Dues Agreement** and agree to comply with its terms and conditions.

1. I also agree to advise the Archdiocese of Wellington Dues team in writing if my/our circumstances change.
2. I accept responsibility for the payment of the Attendance Dues charged by the proprietor.
3. I agree to payment in one lump sum by the due date 31 May (the "due date") or through regular weekly/ fortnightly/monthly (circle) instalments of $ so that payment is completed by 30th November.

---------- ---------- ------/------/20----
Signature of parent/caregiver 1 Name (please print) Date

---------- ---------- ------/------/20----
Signature of parent/caregiver 2 Name (please print) Date

1.0 Introduction

1.1 The Proprietor has entered into an Integration Agreement with the Minister of Education in respect of the school. The Integration Agreement provides that the Proprietor may enter into an agreement with the Parents or other persons accepting responsibility for the education of a child providing that, as a condition of the enrolment or attendance of the child at the school, the Parents or other persons shall pay attendance dues in accordance with this agreement.

1.2 Attendance dues are used by the Proprietor to service school debt, ensure school buildings and other costs as specified in the Education and Training Act 2020.

2.0 Attendance Dues Payment

2.1 I/we agree to pay Attendance Dues to the Proprietor as approved by the Minister of Education in terms of the Education and Training Act 2020 and as a condition of enrolment of the students at the school.

2.2 I/we understand that each year, the Proprietor will issue me/us with an invoice for all attendance dues payable in respect of the student(s) and I/we agree to pay the invoice in full by the date stipulated in it.

2.3 I/we understand that if I/we default in paying my/our attendance dues by the due date, then any recovery costs incurred by the Proprietor will be an additional expense to be paid by me/us (and will be added to the total attendance dues owing and payable by me/us).

2.4 I/we acknowledge that the Proprietor: (a) may increase attendance dues from time to time provided such increases are within the maximum attendance dues permitted to be charged by the Ministry of Education; and (b) is likely to review and, if necessary, increase the level of attendance dues payable at least annually.

3.0 STUDENT ENROLMENT INFORMATION AND THE PRIVACY ACT 2020

3.1 The Proprietor is committed to respecting your privacy by protecting the information you voluntarily provide. The information will be held and stored securely by the Archdiocese of Wellington (ADW), which administers attendance dues on behalf of the Proprietor.

3.2 Information entered into the ADW database is protected using industry standard technology such as encryption and password protection. Information is only accessible to personnel and their agents who need access to do their work and will be used primarily for collection and administration of attendance dues.

3.3 Information about outstanding attendance dues may be shared by ADW with the Proprietors and personnel of other Catholic Schools attended by members of your family, and with their attendance dues collection agents.

3.4 Information voluntarily provided by you to the Proprietor may also be shared with your Parish for the purpose of supporting the student(s) formation of the faith and practices of the Catholic Church.

3.5 The information will not be shared with any other party without your permission.

3.6 You can ask for a copy of any personal information the proprietor holds about you and ask for it to be corrected if you think it's wrong. If you would like a copy of your information, or want to have it corrected, please contact ADW.

Once completed, this form, and all other enrolment information required by the Proprietor for the purposes set out in clause 3.0 of this Attendance Dues Agreement must be returned to the school.

ADW Contact Information:

1. The ADW office: Catholic Centre, Level 2, 204 Thorndon Quay,Wellington
2. Postal address: Attendance Dues, **P.O. Box 1937, Thorndon, Wellington 6140**
3. Telephone: 0800 462 725 4. Email: dues@wn.catholic.org.nz

Please complete this section:

School Number: ___ **Enrolment number:** /

NSN Number:

ACCOUNT number:

Garin College Bus Information

***PLEASE TICK THE BOX ALONGSIDE THE ROUTE YOUR CHILD WILL BE TAKING TO COLLEGE**

Route Number	Description	Departure	Tick
401	Dominion Road, Coastal Highway, Westdale Road, Coastal Highway, Appleby Highway, Includes Garin transfer	7.40 am	
402	Dominion Road direct, Mapua students and north of Dominion Road turn-off	7.40 am	
403	Pigeon Valley South Branch Road, Bridge Valley, Mt Heslington, Clover Road, Paton Road	7.35 am	
404	End points of Wairoa/Garden Valley Rd, Mead Valley Bridge, Wairoa Gorge/Irvine Rd, Garden Valley	7.30 am	
419	Starts at Wakefield Village Hall, Bird Lane, Higgins Road	7.45 am	
421	Redwood Valley, Extension to Ridgeview, Appleby School, Moutere Highway, Maisey Road, Coastal Highway, Appleby Highway, Lansdowne Road	7.25 am	
422	Speedway track, Lower Queen Street, Lansdowne Road, Main Road, Bartlett Road, Ranzau Road, Aniseed Valley Road, Paton Road, Whites Road, Main Road Hope	7.55 am	
423	Aniseed Valley, Haycocks Road students only	7.59 am	
424	Best Island	7.50 am	
429	Belgrove to Hiwipango, Wakefield	7.40 am	
430	Brightwater, travels down Paton Road, Lord Rutherford Memorial, Brightwater Domain, Brightwater School	7.40 am	
431	Russ Corner, Waimea West, Teapot Valley Intersection, Main Road Hope	7.40 am	
432	Wakefield Hunt Terrace, Main Road, Brightwater School, Extends up 88 Valley Road	7.40 am	
433	Pitfure Road, Main Road Spring Grove	7.45 am	
434	Belgrove Hotel, Wakefield	7.30 am	
436	Rutherford Memorial via Ellis street, pick up opposite Brightwater School, Main Road to Waimea Bus Bay.	8.15 am	

Transportme Cards for Mot 1 and Mot 3 can be purchased from the Garin College Office

PAY BUS	Mot 1	Mapua	7.30 am	
PAY BUS	Mot 3	Motueka i-SITE/Coastal Highway, pickups on way to Mapua and College	7.10 am	
PAY BUS	TBC Trust	Motueka i-SITE, Lower Moutere, Upper Moutere (pickups along the way) to Waimea and then Garin	7.25 am	

Bus routes are subject to change without notice
Nelson Coachlines Contact No: – **03 548 3290**

*If applicable - please turn over for the **Garin Express** application form;*

REQUEST FOR GARIN EXPRESS – 2026

The Garin Express will be operating as usual next year and we need to know before school starts, who is interested in using the bus. The fees are $300 per term. Seniors (year 11-13) will be charged $150 for term 4 due to a shorter term. Payment for Term 1 is requested in Week 1.
If you require financial support to meet the Garin Express fees, please consider applying to the Garin College Educational Trust which is available to assist families in need. You can contact principals-ea@garincollege.nz for more details and an application form.

The route is as follows:

Depart 7.55am	Stops at Clifton Terrace, Marybank, Atawhai Church, Dodsons Valley Supermarket, Tui Glen Rd, Malvern Ave, Paramata St, Brookland, Cemetery Gates, Iwi Rd, Milton Chalet, Bobby Franks Café (Formally known as Organic Grocer in Grove Street)
Depart 8.05am	Nelson Information Centre, Nelson College for Girls, cnr Hampden St, Hales Corner, Caltex Bishopdale, cnr Cottons Bridge/Tuckett Place, Waimea Road stopping at corners of Cawthron Crescent, Arapiki Rd, Maitland Ave, Marsden Rd
Depart 8.15am	Stoke main shops, corners of Ranui Rd, Polstead Rd, McCashins Brewery, Saxton Rd
Arrives 8.30am	Garin College
Departs: 3.15pm	Departs Garin College

Seats are allocated first to students from Clifton Terrace and the city area, then through to Bishopdale, and if any seats are left they can be allocated on a first-come first-served basis to Stoke students.

Passes can be purchased on a term by term basis or for the full year. (Passes are ONLY issued from the school office).

Nelson Coachlines run a bus to Richmond on their regular run if you are unable to get a seat on the Garin Express.

Please complete and return the form below as soon as possible (ONE FORM PER STUDENT).

GARIN EXPRESS

- Garin Express fees are mandatory payment and parents/caregivers acknowledge that they are obligated to pay the full amount.
- If a parent/caregiver is unable to pay, then please reach out to the school for financial hardship information.

Student's Name: _____

Address: _____

_____

- ☐ I enclose $300 for a bus pass
- ☐ I will pay $300 before the end of Week 1, Term 1
- ☐ I will pay $1,200 for the full year.

Payment can be made by internet banking to 12-3165-0231417-02 to secure your child's pass.
(Please tick as appropriate)

GARIN COLLEGE

Principal: John Maguire MEdEL, Dip Tech, NZ Nat Dip Specialist Subjects
35 Champion Road, Richmond, Nelson 7020, New Zealand
Email: achieve@garincollege.nz
Website: www.garincollege.ac.nz
Phone: 64 3 543 9488

NZQA
NEW ZEALAND QUALIFICATIONS AUTHORITY
MANA TOHU MĀTAURANGA O AOTEAROA

IMPORTANT NOTICE -
Enrolling Parents

Special Assessment Conditions

Special Assessment Conditions (**SAC**) provide extra help for approved students when they are being assessed for their NCEA so that barriers to achievement can be removed and they then have a fair opportunity to achieve credits. The support is used for internal standards and external (exams) standards.
Examples of SAC are use of a writer or computer, rest breaks, Braille or enlarged papers, or reader.

If your child has sensory, physical, medical and/or learning difficulties/disabilities that might be able to be overcome or reduced considerably with appropriate assistance, they may be eligible for SAC assessment.

A student with possible need, will be tested and the various types of assistance can be trialled during yr 9 and 10. The school will contact you about the needs they have identified for your child, and they will trial various support that may help your child's learning. This helps to determine if an application can be made to NZQA for assessments in Yr 11 and beyond, and for which SACs. If you have any cognitive assessments or medical letters of diagnosis, these could be forwarded to the SENCO in support of your child's application.

If you would like to **more fully inform the school on your child please email** our Special Education Needs Co-ordinator (SENCO) Lou Maguire, and she will arrange a time to meet and share information.
loumaguire@garincollege.nz

GARIN COLLEGE
Principal: John Maguire MEdEL, Dip Tech, NZ Nat Dip Specialist Subjects
35 Champion Road, Richmond, Nelson 7020, New Zealand
Email: achieve@garincollege.nz
Website: www.garincollege.ac.nz
Phone: 64 3 543 9488

Student Application for entitlement to Special Assessment Conditions

Candidate or parent / guardian to complete for the school

(*To be signed by the student and retained on file in school together with the supporting evidence*)

Candidate's name (first name family name)		
NSN:	**Date of Birth** : (dd/mm/yyyy)	**Year Level:**

For my NCEA assessments I request

…….College / High School

apply to NZQA for entitlement to

(more than one box may be ticked in each section)

	use of an aide (e.g. writer and/or reader or signer). Specify:		additional time or rest breaks to complete assessments. Specify:
	use of technology to complete and present work (e.g. computer). Specify:		other (e.g. enlarged papers). Specify:

for my

	sensory impairment (sight, hearing)		medical condition
	physical condition		learning disorder

that directly impacts on my ability to be fairly assessed.

I agree to this information including any reports and testing data held by the school being released to NZQA in support of my application for entitlement to Special Assessment Conditions. I understand that the school will consider my application for entitlement against the criteria listed in the *Assessment and Examination Rules for Schools.* They may decide not to apply to NZQA, and NZQA may decline or amend the entitlement.

Student's signature		**Date**	

Student SAC Historical Record

First name:	***Last Name:***
Date of Birth:	***Last school:***

Tick any of the conditions that apply. For "Other", write what it is.

Sensory	***Medical***	***Physical***	***Learning***
Vision	Attention deficit	Arm / Hand	Reading
Hearing	Autism Spectrum	Back / Leg	Writing
	Depression	Head injury	Slow processing
	Anxiety	Dyspraxia	Diagnosed Specific Learning Disorder: Dyslexia Dysgraphia Dyspraxia Dyscalculia Other:
	Diabetes	Muscular / Neurological	
	Epilepsy	Cerebral palsy	
	Tourette syndrome	Pregnancy / Baby care	
	Other:	Other:	

Fill in this timeline of what has happened, been diagnosed, treated, provided, etc. Consider events or contributions by medical specialists, doctors and hospitals, physiotherapists, occupational therapists, psychologists, Level C assessors, Reading Recovery, Private tutors, Teacher aide time, Speech/language therapy, RTLB, RTLit, BLENNZ resource teachers, Reader, Writer, Computer, extra time etc.

Age	***Event / Action / Comment*** *as appropriate*
	Continue on the back of this page if necessary.

Provide recent reports from the list of people above to the school.
Fill in details from these reports below.

Report 1 (write NA if not available)	***Report 2*** (write NA if not available)
Written by:	Written by:
Qualifications:	Qualifications:
Date:	Date:

If you have further documentation, you may wish to also provide this to the school.