



Mount Albert Grammar School

Centennial House

45 Lloyd Avenue
Mount Albert
Auckland 1025, New Zealand

Application for Centennial House – Girls Hostel

Date of Application

PART ONE – General Information

Year to commence at Centennial House

Form level and year for which you are applying

YEAR 13

YEAR 12

YEAR 11

YEAR 10

YEAR 9

A: Particulars of Centennial House Applicant

Family Name

First Names

Date of Birth

Home Address

NZ Permanent Resident

Yes

No

Iwi

First Language

Home Phone

Mobile

Nationality

Ethnicity

Current School (or last attended)

Applicant's Age

Years

Months

B: Parental Contacts

	Parent / Caregiver				Parent / Caregiver			
First Name								
Living with daughter	Yes		No		Yes		No	
Access	Yes		No		Yes		No	
Relationship to Applicant								
Home Address								
Phone Home								
Phone Mobile								
E-mail address								
Employer								
Occupation								
Phone Work								

	Parent / Caregiver				Parent / Caregiver			
First Name								
Living with daughter	Yes		No		Yes		No	
Access	Yes		No		Yes		No	
Relationship to Applicant								
Home Address								
Phone Home								
Phone Mobile								
E-mail address								
Employer								
Occupation								
Phone Work								

C: Emergency and Medical Conditions

This information is for use by the Centennial House ONLY if the application is successful.

Please give the details of an emergency contact person (other than a parent, guardian or caregiver).

Name of Contact	
Telephone	
Name of Doctor	
Address of Doctor	
Phone Number of Doctor	

Please record details of any dietary requirements, medications taken or conditions (allergies, disabilities, etc).

Parent/Guardian permission is given for access to the student’s relevant medical information, both current and on-going. I give permission for the Centennial House staff to make arrangements as deemed necessary for the treatment of my daughter, and agree to meet any costs incurred.

Parent/Guardian signature _____ Date _____

D: Learning Conditions

Does the student have a mental, medical or physical condition that might affect classroom learning, e.g. hearing loss, need for glasses, ADHD, motor skills loss etc? if YES, please explain condition and interventions needed. Yes No

E: Health Statement

All students should have completed their Childhood Immunisation Programme before commencing secondary school. Has your daughter had the following vaccinations?

MMR (Measles, Mumps & Rubella)	<input type="checkbox"/>	Polio Sips	<input type="checkbox"/>
Tetanus (in which year?)	<input type="text"/>	Hepatitis B (3 injections)	<input type="checkbox"/>
COVID Vaccinations (double dosed)	<input type="checkbox"/>		

IN CASE OF AN ACCIDENT OR EMERGENCY or if Centennial House staff CANNOT CONTACT YOU, or if the illness is serious, the Centennial House staff may need to take your daughter to an Accident and Emergency Clinic or to a hospital.

I give permission for the School to make such arrangements as are necessary for the treatment of my daughter in an emergency and agree to meet any costs incurred.

Signed _____ Relationship to Applicant _____ Date _____

PART TWO – Centennial House

(If you wish to attach a more detailed statement in answer to some of these questions, then please do so. However please be brief.)

1. Please list your reasons for wishing to attend Centennial House (This question is to be answered by both the parents and by the applicant.)

a) Applicant's reasons:

b) Parents' reasons:

2. Please record current or previous enrolment of brothers/sisters at School House and their years of attendance

Name _____	Year _____
Name _____	Year _____

3. Please record any other significant family connection with School House/ Mount Albert Grammar School

4. Please record details of your current School

School _____ Phone Number _____

Contact person, e.g. Classroom Teacher or Dean _____

Two Referees to contact:

Name _____ Phone Number _____

Name _____ Phone Number _____

PART FOUR – Privacy of Information

I agree to Mount Albert Grammar School collecting personal information.

The information requested on this form is for Centennial House use only and will not be disclosed to others without your permission.

Full name of student

I have been advised by Centennial House that the information I provide will be used for:

Student Records

NZ Qualifications Authority examination information

Special Education Services

I accept that this information may later be used for statistical and/or research purposes and agree to its use for that purpose, provided that if the information is published in any way it will not identify me or the individual concerned.

I understand that the information that I provide will be held at the offices of Mount Albert Grammar School and Centennial House. I am aware of the rights to and correction of this information.

Signed (Student) _____ Signed (Guardian) _____

Notes Relating to the Completion of the Application Form

PART ONE – General Information

A: Particulars of applicant.

- The address for all return mail will be the “Applicant’s Residential Address”
- The address given should be the applicant’s usual home address. If the applicant spends lengthy period at another address, then that address should be noted.

B: Particulars of Parents and C: Emergency and Medical Details

- The word ‘parents’ on other sections of the Application Form should be taken to include natural parents, guardian or caregiver. Caregiver is a term used by the Ministry of Education to describe the person(s) taking care of the girl. The school understands that in most cases, this/these person(s) is/are the parent(s) of the girl. If the girl is living other than with her parents we require a legal Guardianship Agreement. This information is required for the Mount Albert Grammar School Board of Trustees, Parents’ Representative Roll. Addresses given remain confidential to Centennial House.
- The Emergency Contact should be a relative or neighbour who can be contacted during the day by Centennial House staff should some medical or other unforeseen emergency arise. The Emergency Contact will be rung only if neither parent can be contacted.
- Medical information is only required for emergency or welfare purposes by the School. It will form no part of the consideration of your application. Please note any allergies (bee stings, penicillin, antihistamines, etc) and any disabilities requiring any special care (epilepsy, heart conditions, etc). The information is required by the Physical Education, Outdoor Education and Sporting Departments and the staff of Centennial House and may be referred to if a Doctor is required.
- The information requested on this form is for School use only and will not be disclosed to others without your permission.

Centennial House - CHECKLIST

Please check that you have:

- completed all the details in PART ONE - General Information - and signed the Emergency and Medical Conditions (D) and Health Statement (F)
- completed all the details in PART TWO – Centennial House - (Parent/Guardian and Applicant)
- completed all the details in PART THREE - Personal Profile - (Applicant)
- completed all the details in PART FOUR – Privacy of Information - (Applicant and Parent/Guardian)
- included a copy of her latest School Report
- included a copy of her Birth Certificate or Passport
- included a passport size photograph
- included copies of any other information you wish to be considered
- included the separate MAGS Application Form for School Enrolment Form attached to this document
- included the Cybersafety Use Agreement attached to this document
- included the Student Health Record attached to this document
- completed forms should be sent to: Mrs Shirley Shirreffs, Enrolment Officer, enrol@mags.school.nz

- Please ensure that any documentation, certificates etc, are photocopies that the school can keep.
- The School does not require your valuable originals.
- No correspondence will be entered into by the School at the completion of the enrolment process.

Contacts: Mr Daryl Cartwright
Director of Centennial House
Mobile: 021 350 080
Email: dcartwright@mags.school.nz

Mrs Karen Kidd
Hostel Manager of Centennial House
Mobile: 021 267 3379
Email: karen.kidd@mags.school.nz



MOUNT ALBERT GRAMMAR SCHOOL

APPLICATION FOR SCHOOL ENROLMENT

Please fill in this form and return to school complete with the documentation listed in the Checklist.
International fee-paying students are required to fill out the [International Application Form](#).

STUDENT DETAILS - Please ensure that all sections marked * have been filled out.

*Family Name (as per birth certificate):				
*First Name/s (as per birth certificate):				
*Preferred Name:				
*Date of Birth: ____/____/____		*Student's Mobile: (____) _____		
*Student's Email address _____				
*Year level at entry:				
YEAR 9 <input type="checkbox"/>	YEAR 10 <input type="checkbox"/>	YEAR 11 <input type="checkbox"/>	YEAR 12 <input type="checkbox"/>	YEAR 13 <input type="checkbox"/>
*Gender: MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>		

Name of brothers/sisters currently at MAGS:		CLASS
Name of brothers/sisters (and years) previously at MAGS:		YEARS
Name of parent/s (and years) previously at MAGS:		YEARS

*Ethnicity:	If *Maori please indicate Iwi:
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*Physical Address			
			*Postcode

*Previous School:	
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*Postal Address <i>(If different from above)</i>			
			*Postcode

*Home Phone		Mobile			
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*Country of Birth:	*Date of arrival in N.Z.
*Residency Status of Student:	
New Zealand Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other _____	

IN ZONE <input type="checkbox"/>	Interest in School House or Centennial House	Interest in Te Puna
OUT of ZONE <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

LEARNING INFORMATION

*Languages Spoken at Home: _____

ESOL Support given previously YES NO

Teacher Aide support previously given: YES NO

Learning Support Requests:	
Known Learning Disorder/s: <i>(Please specify)</i>	

PRIMARY CAREGIVER DETAILS

	Parent / Caregiver (Mother)	Parent / Caregiver (Father)
Title		
*Family Name		
*First Name		
*Phone Home		
Phone Mobile		
Phone Work		
Email address		
*Relationship to student		
Occupation		
*Home Address <i>(if different to student)</i>		
	Postcode:	Postcode:

- Note: School communications are sent to those caregivers who are listed on this enrolment form.

EMERGENCY CONTACT DETAILS

	Emergency Contact (if parent/caregiver unavailable)
Title	
*Family Name	
*First Name	
*Phone Home	
Phone Mobile	
Phone Work	
*Relationship to student	
*Home Address <i>(if different to student)</i>	
	Postcode:

DIRECTIONS FOR CORRESPONDENCE

Please write below the email addresses to which you would like us to send newsletters, emails and other correspondence

PREVIOUS SERIOUS DISCIPLINARY CONSEQUENCES

PLEASE STATE CLEARLY THE TYPE OF SERIOUS CONSEQUENCE (Stand-down, Suspension, Exclusion, Expulsion) AND THE DATE INCURRED:

CO-CURRICULAR INTERESTS

LIST ANY SPORTS PLAYED, WITH DETAILS OF SCHOOLS, CLUBS AND/OR REPRESENTATIVE TEAMS PLAYED FOR:

LIST ANY MUSICAL INSTRUMENTS PLAYED, WITH DETAILS OF LEVEL ABILITY, GRADE REACHED, GROUPS PLAYED IN:

LIST ANY OTHER INTERESTS e.g: DRAMA, CULTURAL ACTIVITIES:

PUBLICATION AND DISPLAY OF STUDENT WORK AND PHOTOGRAPHIC IMAGES

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

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

Signature of Applicant _____ Date _____

***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 and/or image. My signature below indicates that I give my permission for the school to display or publish my child's work and/or image in school publications including those listed above.

Signature of Parent(Guardian/Caregiver) _____ Date _____

DECLARATION

1. I hereby make application to enrol my son/daughter at Mount Albert Grammar School.
2. I agree that he/she will be subject to the school rules and I will use my best endeavours to ensure that he/she obeys them. I also accept that it is our responsibility to ensure we regularly check the school website for any changes or amendments to the rules, which we agree are also binding on us and our child.
3. I understand that the school will take action on my behalf in case of injury or sudden illness and agree to meet all emergency costs involved.
4. I understand that, if enrolled, my child may be involved in walking off the school campus under the jurisdiction of members of staff.
5. I understand that, if enrolled, my child may also be involved in regular extra curricular sports and cultural activities outside school hours and may require transport with another parent, coach or manager.
6. This information is provided on the understanding that it is only for use by the School or for statistical purposes, however, contact details may also be provided to government departments upon request. I understand that the school may retain this information indefinitely. This information will be held securely in the school archives. I give my permission for information about my son/daughter held at his/her previous school(s) to be transferred to Mount Albert Grammar School.
7. I confirm that the information given in this application is correct and complete and I understand and accept that Mount Albert Grammar School may actively seek to verify this information.
8. The student, by signing below, confirms that they have read the school rules, agrees to be bound by the school rules, as amended from time to time by the school, and undertakes to always behave in a way that reflects positively on Mount Albert Grammar School.

Name of Student _____		
Signature of Student _____		Date _____

Name of Parent (Guardian/Caregiver) _____		
Signature of Parent(Guardian/Caregiver) _____		Date _____

MOUNT ALBERT GRAMMAR SCHOOL Alberton Avenue, Mount Albert, Auckland 1025, New Zealand.	PHONE: (09) 846 2044 FAX: (09) 846 2042 EMAIL: enrol@mags.school.nz INTERNET WEBSITE: www.mags.school.nz
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APPLICATION CHECKLIST - use appropriate checklist as follows:

- Please ensure that all questions marked with an asterisk (*) are filled out.
- Please include the following documentation when you submit your application in order for it to be complete.

<u>IN ZONE APPLICATION CHECKLIST:</u> An In Zone student will be living with their immediate family. If living arrangements are with other family members e.g., grandparents, aunt, further documentation will be requested. <ul style="list-style-type: none"> <input type="checkbox"/> Application for School Enrolment <input type="checkbox"/> Completed Justice of the Peace Declaration <input type="checkbox"/> THREE {3} current evidence of address e.g. power, fibre/broadband, water, rates account, Tenancy Agreement (must be dated within the last four {4} weeks) <input type="checkbox"/> Birth Certificate – or if born outside New Zealand we require a copy of the student’s birth certificate, passport showing residency status and date of entry into New Zealand <input type="checkbox"/> Copy of most recent school report <input type="checkbox"/> Completed Cybersafety Use Agreement <input type="checkbox"/> Completed Student Health Record <input type="checkbox"/> Completed BYOD Form 	<u>SCHOOL HOUSE & CENTENNIAL HOUSE APPLICATION CHECKLIST:</u> <ul style="list-style-type: none"> <input type="checkbox"/> Application for Boarding at School House <i>or</i> Centennial House <input type="checkbox"/> Application for School Enrolment <input type="checkbox"/> Birth Certificate – or if born outside NZ we require a copy of the student’s birth certificate, passport showing residency status and date of entry into NZ <input type="checkbox"/> Copy of most recent school report <input type="checkbox"/> Completed Cybersafety Use Agreement <input type="checkbox"/> Completed Student Health Record <input type="checkbox"/> Completed BYOD Form
	<u>OUT OF ZONE APPLICATION CHECKLIST:</u> <ul style="list-style-type: none"> <input type="checkbox"/> Application for School Enrolment <input type="checkbox"/> Birth Certificate – or if born outside NZ we require a copy of the student’s birth certificate, passport showing residency status and date of entry into New Zealand <input type="checkbox"/> Copy of most recent school report <input type="checkbox"/> Completed Cybersafety Use Agreement <input type="checkbox"/> Completed Student Health Record <input type="checkbox"/> Completed BYOD Form



MOUNT ALBERT GRAMMAR SCHOOL

STUDENT HEALTH RECORD



Alberton Avenue, Mount Albert, Auckland 1025, New Zealand.

Telephone: +64 9 846 2044 Fax: +64 9 846 2042 Website: mags.school.nz Email: enrol@mags.school.nz

STUDENT SURNAME:	FIRST NAME:	DATE OF BIRTH:	Gender:
Primary Caregiver Name / relationship to student:	Daytime Phone:		
Primary Caregiver Name / relationship to student:	Daytime Phone:		
EMERGENCY CONTACT during the day if parents/caregivers cannot be contacted:			
Name / relationship to student:	Daytime Phone/Mobile:		
Family Doctor/ GP	Contact details:		

Medical Conditions- select as appropriate. Please provide as much detail as possible for all conditions selected (ie date of diagnosis, medication required, treatment plans etc), attach extra sheet of paper if required.

Asthma Mild / Moderate / Severe- please circle	Yes <input type="checkbox"/> No <input type="checkbox"/>	On medication? Please specify:
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	On insulin injections/ pump? Please provide details:
Allergy / Allergies Mild / Moderate / Severe Does the student carry their own EPIPEN	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	If Anaphylaxis, please supply up to date action plan:
ADHD / ADD	Yes <input type="checkbox"/> No <input type="checkbox"/>	On medication? Please provide details:
Epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of last seizure:
Past Head Injury With ongoing concerns	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify any ongoing concerns and current management plans:
Rheumatic Fever	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any other medical condition (please give details)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify:
Vaccinations- please provide copy of vaccination history.	Tetanus up to date: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of most recent tetanus vaccination:
	COVID 19 vaccination : Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide details if applicable:

IF YOU HAVE ANSWERED YES TO ANY MEDICAL CONDITION – PLEASE provide as much detail as possible, this ensures we are able to care for your student safely whilst they are at school. If we require any further information the school nurse will be in contact.

PERMISSION- Please ensure form is signed and dated!!	
<p>1. I give permission for my child to receive appropriate treatment when necessary by the School Nurse, and for the School Nurse to administer non-prescription medicines e.g. Paracetamol, Mylanta, antihistamine, throat lozenges on the occasion deemed necessary.</p> <p>2. If the school is unable to contact anyone on the above contact numbers, or if the accident is serious, I give permission for the School Nurse or delegate to organise for my child to be taken to Accident and Emergency, the doctor or physiotherapist.</p> <p>3. I give permission for the school to make arrangements as are deemed necessary for the treatment for my child in an emergency and agree to meet any costs incurred.</p> <p style="text-align: center;">I give permission for the School's Registered Nurse to act on my behalf in the situations outlined above Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
Parent/Guardian Signature _____	Date _____



MOUNT ALBERT GRAMMAR SCHOOL

Alberton Avenue, Mount Albert, Auckland 1025, New Zealand

Telephone: (09) 846 2044

Fax: (09) 846 2042

E-mail: headmaster@111a2.s.school.nz

Internet Website: www.ma2.s.school.nz

INTERNET & E-MAIL ACCESS – CYBERSAFETY USE AGREEMENT

Please submit the signed agreement on Page 3 of this form when enrolling

This document is comprised of this cover page and three sections:

- Section A: Introduction
- Section B: Cybersafety Rules for Secondary Students
- Section C: Cybersafety Use Agreement Form

Instructions

1. Students and parents*/caregivers/legal guardians, please read and discuss all sections carefully.
2. Parents and students, please sign Section C and return that page with other enrolment forms.
3. Please keep Sections A and B for future reference.
4. If you have any questions about this agreement please contact the school.

* The term 'parent' used throughout this document also refers to legal guardians and caregivers.

Important terms used in this document:

- (a) The abbreviation 'ICT' in this document refers to the 'Information and Communication Technologies'.
- (b) 'Cybersafety' refers to the safe use of the Internet and JCT equipment/devices, including mobile phones.
- (c) 'School ICT' refers to the school's computer network, internet access facilities, computers, and other school JCT equipment/devices as outlined in (d) below.
- (d) The term 'JCT equipment/devices' used in this document, includes, but is not limited to, computers (such as desktops, laptops, tablets), storage devices (such as USB devices, DVDs, MP3 players), cameras (such as video, digital, webcams), all types of mobile phones, gaming consoles, video and audio players/devices (such as portable CD and DVD players) and any other, similar, technologies as they come into use.
- (e) 'Objectionable' in this agreement means material that deals with matters such as sex, cruelty or violence in such a manner that it is likely to be injurious to the good of students or incompatible with a school environment. This is intended to be inclusive of the definition used in the Films, Videos and Publications Classification Act 1993.

SECTION A- Introduction

The measures to ensure the cybersafety of Mount Albert Grammar School outlined in this document are based on our core values.

The school's computer network, internet access facilities for both school and student devices, and other school ICT equipment bring great benefits to the teaching and learning programmes at Mount Albert Grammar School and to the effective operation of the school.

Our School has rigorous cybersafety practices in place, which include cybersafety use agreements for all school staff and students. The overall goal of the school in this matter is to create and maintain a cybersafety culture that is in keeping with the values of the school and legislative and professional obligations. This use agreement includes information about your obligations, responsibilities and the nature of possible consequences associated with cybersafety breaches, which undermine the safety of the school environment.

Only students who have signed a use agreement upon enrolment are allowed to use the school ICT equipment/devices.

The school's computer network, internet access facilities, computers and other school ICT equipment/devices are for educational purposes appropriate to the school environment. This applies whether the ICT equipment is owned or leased either partially or wholly by the school, and whether used on *or* off the school site.

Students and staff are encouraged to be good digital citizens by being technically capable, digitally literate and socially responsible when working online.

SECTION B -Rules to help keep Mount Albert Grammar School Students Cybersafe

As a safe and responsible user of JCT I will help keep myself and other people safe by following these rules.

1. **J** cannot use school **JCT** equipment until my parent or caregiver and I have read and signed my use agreement form (see Section C).
2. J will always log on with my school username. I will not allow anyone else to use my username.
3. I will not tell anyone else my password.
4. While at school or a school-related activity, J will not have any involvement with any JCT material or activity that might put myself or anyone else at risk, e.g. bullying, trying to access objectionable material, etc.
5. I understand that I must not at any time use JCT to upset, offend, harass, threaten or in any way harm anyone connected to the school or the school itself, even if it is meant as a joke. This applies at all times, not just at school and applies especially to the use of social media.
6. I understand that the rules on this use agreement also apply to mobile phones. I will only use my mobile phone(s) at the times that I am permitted to during the school day.
7. I understand that I can only use the Internet at school when using it for educational purposes.
8. While at school, I will not:
 - Access, or attempt to access, inappropriate, age-restricted, or objectionable material.
 - Download, save or distribute such material by copying, storing, printing or showing it to other people.
 - Make any attempt to get around or bypass security, monitoring and filtering that are in place at school.
9. If I accidentally access inappropriate material, I will:

<ol style="list-style-type: none">1. Not show others2. Turn off the screen or minimise the window and3. Report the incident to a teacher immediately.

10. I understand that I must not download any files such as music, videos, or programmes that do not comply with the Copyright Act 1994 and later amendments. I also understand that the use of peer-to-peer file-sharing sites is prohibited by law and that anyone who infringes copyright may be personally liable under copyright law.
11. I understand that these rules apply to any privately owned ICT equipment/device (such as a laptop, tablet, mobile phone, USB drive, etc.) I bring to school or a school-related activity. Any images or material on such equipment/devices must be appropriate to the school environment.
12. I will not attempt to run any personal software on computer on our school network. This includes all wireless technologies.
13. I will ask a teacher's permission before giving out any personal information (including photos or videos) online about myself or any other person. **J** will also get permission from any other person involved. Personal information such as your name, address, e-mail address, phone number should not be posted online.
14. I will respect all JCT systems in the school and treat all ICT equipment/devices with care. This includes:
 - Not intentionally disrupting the smooth running of any school ICT systems.
 - Not attempting to hack or gain unauthorised access to any system.
 - Following all school cybersafety rules, and not joining in if other students choose to be irresponsible with JCT.
 - Reporting any breakages/damage to a staff member.
15. **J** understand that the school may monitor traffic and material sent and received using the school's ICT network. The school may use filtering and/or monitoring software to restrict access to certain sites and data, including e-mail.
16. **J** understand that the school may audit its computer network, internet access facilities, computers and other school JCT equipment/devices or commission an independent forensic audit. Auditing of the above items may include any stored content and all aspects of their use, including e-mail.
17. I understand that if I break these rules, the school may inform my parent(s). In serious cases, the school may take disciplinary action against me. I also understand that my family may be charged for repair costs. If illegal material or activities are involved, it may be necessary for the school to inform the police.

SECTION C - Mount Albert Grammar School Cybersafety Use Agreement Form

To the student and parent/legal guardian/caregiver, please:

1. Read this page carefully to check that you understand your responsibilities under this agreement.
2. Sign the appropriate section on this form.
3. Include this page (Section C) with your other enrolment forms.
4. Keep Sections A & B for future reference.

We understand that Mount Albert Grammar School will:

Do its best to keep the school cybersafe, by maintaining an effective digital citizenship programme. This includes working to restrict access to inappropriate, harmful or illegal material on the internet at school and enforcing the cybersafety rules and requirements detailed in use agreements.

Students will be encouraged to become good digital citizens who are technically capable, digitally literate and socially responsible.

Keep a copy of this signed use agreement form on file.

Respond appropriately to any breaches of the use agreements.

Provide members of the school community with cybersafety and digital citizenship information designed to complement and support the use agreement initiative.

Welcome enquiries from students or parents about cybersafety and digital citizenship issues.

Section for Student

My responsibilities include:

I will read this cybersafety use agreement carefully.

I will follow the cybersafety rules and instructions whenever I use the school's ICT and endeavour to be a good digital citizen.

I will also follow the cybersafety rules whenever I use privately owned ICT on the school site or at any school-related activity, regardless of its location.

I will avoid any involvement with material or activities that could put at risk my own safety, or the privacy, safety or security of the school or other members of the school community. I understand this includes out-of-school hours.

I will take proper care of school ICT. I know that, if I have been involved in the damage, loss or theft of ICT equipment/devices, my family may have responsibility for the cost of repairs or replacement.

I will keep the cybersafety rules (Sections A & B) somewhere safe so I can refer to them in the future.

I have read and understood my responsibilities and agree to abide by this cybersafety use agreement. I know that if I breach this use agreement there may be serious consequences.

Name of Student:

Signature:

Date:

Section for parent/legal guardian/caregiver

My responsibilities include:

I will read this cybersafety use agreement carefully and discuss it with my child so we both have a clear understanding of their role in the school's work to maintain a cybersafe environment.

I will ensure this use agreement is signed by my child and by me and returned to the school.

I will encourage my child to follow the cybersafety rules and instructions.

I will contact the Director of E-learning if there is any aspect of this use agreement I would like to discuss.

I have read this cybersafety use agreement document and am aware of the school's initiatives to maintain a cybersafe learning environment, including my child's responsibilities.

Name of Parent:

Signature:

Date:

Please note:

This agreement for your child will remain in force as long as he/she is enrolled at this school. If it becomes necessary to add/amend any information or rule, the new agreement will be e-mailed to all students and will be posted on the School's website.



MOUNT ALBERT GRAMMAR SCHOOL

Alberton Avenue, Mount Albert, Auckland 1025, New Zealand

Telephone: (09) 846 2044

Fax: (09) 846 2042

E-mail: headmaster@mags.school.nz

Internet Website: www.mags.school.nz

BRING YOUR OWN DEVICE (BYOD) USE AGREEMENT

Dear Parents/Caregivers and Students,
Please complete the agreement below:

We understand that (please tick each statement):

- The device is brought to school to be used for educational purposes and at teacher discretion.
- Teachers will encourage the use of personal digital devices whenever possible and students will be able to use them for homework activities.
- The school's programmes will encourage students to become good digital citizens, who are technically capable, digitally literate and socially responsible when using modern technology.
- All devices brought to school by a child are the child's responsibility.
- A passcode or password will be set for the device.
- The insurance, maintenance, repair and virus protection of the device are the responsibility of the parent or caregiver.
- Devices should be clearly named, so the owner is easily identified.
- All devices must arrive at school each day fully charged.
- A device brought to school is for the use of the child who brings it. Sharing is not permitted.
- Students will use cloud-based applications such as OneDrive for file management.
- School Rules, including those in the school Cybersafety Use Agreement will apply. The school has the right to inspect files on any device brought onto school grounds. Files and software on the device are to be school appropriate. Apps or other software which are used to avoid internet filtering and/or bypass school network security are not permitted on any student or school device.
- Access to the school's Wi-Fi is for internet access only. Access to other network resources is available only on school devices.
- Any recording with any electronic device of teachers or students, including recordings with audio, video and/or photographs can only be done with the expressed permission of those involved.
- The ICT department will assist students with issues that may arise with their device, but repairs will need to be made under warranty and/or by a repair specialist.

Signed:..... Name.....(Parent/Caregiver)

Signed:..... Name:.....(Student)

Date:

Please note:

This agreement will remain in force as long as a child is enrolled at this school. If it becomes necessary to add/amend any information or rule, students and parents will be notified and the new document will be posted on the school's website.

SCHOOL RULES

The MAGS School Rules have been established in partnership with the community over a long period of time. They reflect the school community's expectation of acceptable standards of behaviour, dress and personal presentation in the widest sense. Students are expected to abide by the School Rules when in school uniform or when engaged in activities that are associated with the school. During these times a student is deemed to be under the jurisdiction of the school for the purpose of these rules.

1. Students are subject to school discipline from the time they leave home, until they return home, and are expected to meet a high standard of behaviour both inside and outside the school grounds.
2. MAGS school uniform is to be worn, tidily and correctly, both at school and between home and school at all times, including the journey to and from school. Hair must be clean and tidy, with long hair for both boys and girls, tied back off the face, primarily for health and safety reasons. Excesses of current fashions are not acceptable. Boys are to be clean-shaven. No jewellery, except a wristwatch, is permitted for boys. Girls may also wear one small, plain gold or silver stud earring in the lobe of the ear. Non-regulation items, including jewellery, may be confiscated. Tattoos, cultural or otherwise, must not be visible.
3. The following items are **not permitted** to be brought on to the school grounds:
 - Alcohol
 - Drugs
 - Any device/paraphernalia associated with the use of drugs
 - Synthetic cannabis
 - Chemicals
 - Cigarettes or tobacco
 - Vaping devices/vaping liquids
 - Glass Bottles
 - Knives or any other weapons
 - Lasers
 - Chewing gum
 - Lighters/Matches
 - Explosive or dangerous materials
 - Marker pens
 - Skateboards
 - Expensive bicycles or bicycle accessories or other costly equipment
4. **Electronic Devices:** Electronic devices are a part of classroom activities, but the use of these is at the discretion of all teachers and must be appropriate to purpose. Students must follow the **MAGS ICT Code of Conduct Agreement** when using devices at school. Please also see the BYOD guidelines for further clarification.

It is also expected that devices are brought to school fully charged and ready for use.

Cellphones: If a student brings a phone to school, it is to be kept turned off and in their bag from their arrival at 8.40am to leaving at 3.10pm. **Phones are not to be out during classes, nor in the grounds at break times.** On occasion there may be some specific instances where permission may be given by teachers for phones to be used as a tool for learning, but at all other times phones are to be '**invisible, inaudible, in bags**'.

NB: The inappropriate use of **any electronic device** for the following is also prohibited and may result in serious disciplinary consequences:

- a) the unauthorised taking of any still or moving images.
- b) the unauthorised sharing or posting (electronic or otherwise) of any audio recordings and/or still or moving images.

Earphones: Any earphones - cabled/Bluetooth etc - are not permitted to be worn, seen on, or used by students during school hours. These cannot be used in class unless specifically given permission by a teacher for a learning activity. **Safety note:** walking to/from school please ensure the safe wearing of headphones, such as 'one ear out', low volume, especially around road/train crossings.

5. The following behaviours are strictly forbidden both on the school grounds and when students are away from the school grounds but under school jurisdiction. These behaviours may constitute gross misconduct which is a dangerous and harmful example to other students, and may result in a detention, stand-down or suspension. This list is not exhaustive.
 - Being in the possession of, distributing, or consuming, alcohol, illegal drugs, synthetic cannabis, cigarettes or vaping/vaping devices.
 - Distributing printed or electronic literature of any description without the permission of the Associate Principal, including material which is obscene, offensive, or inappropriate for a school setting.
 - Stealing.
 - Bullying, intimidating or harassing another person, including by cyber or txt, and this includes physical, sexual or mental harassment.
 - Assaulting, or using violence, or threatening to use violence of any kind against another student, staff member, or member of the public.
 - Using obscene or inappropriate language, or engaging in obscene and/or inappropriate behaviour.
 - Behaving in a rude or disrespectful way towards any members of the school, or wider community, such behaviour reflecting badly on the school and the MAGS Way.
 - Causing loss or damage to school property, or the property of another member of the school, or wider community.
 - Cheating, dishonesty, or otherwise misleading the school, including during the course of an investigation by the Associate Principal, Headmaster or any Senior Manager.
 - Failing or refusing to comply with school directions or instructions regarding attending detentions.
 - Accessing inappropriate websites, on the school computer systems or while under school jurisdiction, or distributing material from such sites.
 - Failing to comply with instructions or directions from the Headmaster, Associate Principal or any Senior Manager.
 - Otherwise behaving in any way that brings the school into disrepute.
6. The use of any food delivery services, eg Uber Eats, to the school grounds to students, is also prohibited because this poses potential safety risks.
7. Students are required to attend all classes and remain on the school grounds during the school day.
8. **Requesting student leave:** All requests for extended leave from school must be addressed in writing to the Headmaster at least two weeks prior to the required date, where possible. Emailed leave requests should be sent to the Headmaster via his PA at paheadmaster@mags.school.nz
9. **School start time:** Students are required to be punctual at school, and must attend Period 1 from **8.45am** on **Monday, Tuesday, Wednesday** and **Friday**, and **9.15am** on **Thursday**.

10. **In cases of absence:** Parents must notify the school by telephone (09 846 2044 ext 8142) or by email to attendance@mags.school.nz on the morning of the absence. This can be done using the School App. Students are to bring a note confirming the reason for their absence on the day they return to school. The absence note must be given to their Mentor Teacher.
11. **Late to school:** Students must obtain a late pass from the Student Centre in order to be admitted to class.
12. **Personal property:** All articles of clothing, shoes, books, bags and other personal property must be clearly marked with the owner's name. No responsibility will be accepted for unmarked property. Students who lose (or find) items of personal property should, in the first instance, report this to the Student Centre.
13. **Bicycles:** These are to be stored, securely locked in the bike racks between the grandstand and the pool, or at the bottom of N Block. Traffic Department Road Safety Rules must be obeyed on the way to and from school.
NB: It is compulsory for all students riding bicycles to wear a helmet. Bicycles may not be ridden in school grounds.
14. **Use of Motor Vehicles:** Students bringing motor vehicles or motorcycles to school must seek permission from, and register their drivers licence and vehicle registration details with the Associate Principal. Student cars must not be parked in the school grounds, or risk being towed.
15. Students are not permitted to travel in a vehicle that is being driven by the holder of a restricted licence.