



# 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:

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b) Parents' reasons:

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**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**

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**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](mailto: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](mailto:dcartwright@mags.school.nz)**

**Mrs Karen Kidd**  
**Hostel Manager of Centennial House**  
**Mobile: 021 267 3379**  
**Email: [karen.kidd@mags.school.nz](mailto: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 <b>brothers/sisters currently</b> at MAGS:		CLASS
Name of <b>brothers/sisters (and years) previously</b> at MAGS:		YEARS
Name of <b>parent/s (and years) previously</b> 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.
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*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

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

## PRIMARY CAREGIVER DETAILS

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

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

## EMERGENCY CONTACT DETAILS

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

## DIRECTIONS FOR CORRESPONDENCE

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


## 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 _____

<b>MOUNT ALBERT GRAMMAR SCHOOL</b> Alberton Avenue, Mount Albert, Auckland 1025, New Zealand.	<b>PHONE: (09) 846 2044      FAX: (09) 846 2042</b> <b>EMAIL: <a href="mailto:enrol@mags.school.nz">enrol@mags.school.nz</a></b> <b>INTERNET WEBSITE: <a href="http://www.mags.school.nz">www.mags.school.nz</a></b>
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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.

<b>IN ZONE APPLICATION CHECKLIST:</b> <b>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.</b> <ul style="list-style-type: none"> <li>○ Application for School Enrolment <input type="checkbox"/></li> <li>○ Completed Justice of the Peace Declaration <input type="checkbox"/></li> <li>○ THREE {3} current evidence of address e.g., phone, power, rates account, Tenancy Agreement (must be dated within the last four {4} weeks) <input type="checkbox"/></li> <li>○ Birth Certificate – or if born outside New Zealand we require a copy of the student’s passport showing residency status and date of entry into New Zealand <input type="checkbox"/></li> <li>○ Copy of most recent school report <input type="checkbox"/></li> <li>○ Completed Cybersafety Use Agreement <input type="checkbox"/></li> <li>○ Completed Student Health Record <input type="checkbox"/></li> <li>○ Completed BYOD Form <input type="checkbox"/></li> </ul>	<b>SCHOOL HOUSE &amp; CENTENNIAL HOUSE APPLICATION CHECKLIST:</b> <ul style="list-style-type: none"> <li>○ Application for Boarding at School House <i>or</i> Centennial House <input type="checkbox"/></li> <li>○ Application for School Enrolment <input type="checkbox"/></li> <li>○ Birth Certificate – or if born outside NZ we require a copy of the student’s passport showing residency status and date of entry into NZ <input type="checkbox"/></li> <li>○ Copy of most recent school report <input type="checkbox"/></li> <li>○ Completed Cybersafety Use Agreement <input type="checkbox"/></li> <li>○ Completed Student Health Record <input type="checkbox"/></li> <li>○ Completed BYOD Form <input type="checkbox"/></li> </ul> <hr/> <b>OUT OF ZONE APPLICATION CHECKLIST:</b> <ul style="list-style-type: none"> <li>○ Application for School Enrolment <input type="checkbox"/></li> <li>○ Birth Certificate – or if born outside NZ we require a copy of the student’s passport showing residency status and date of entry into New Zealand <input type="checkbox"/></li> <li>○ Copy of most recent school report <input type="checkbox"/></li> <li>○ Completed Cybersafety Use Agreement <input type="checkbox"/></li> <li>○ Completed Student Health Record <input type="checkbox"/></li> <li>○ Completed BYOD Form <input type="checkbox"/></li> </ul>
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# 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](http://mags.school.nz) Email: [enrol@mags.school.nz](mailto:enrol@mags.school.nz)

<b>STUDENT SURNAME:</b>	<b>FIRST NAME:</b>	<b>DATE OF BIRTH:</b>	<b>Gender:</b>
Primary Caregiver Name / relationship to student:	Daytime Phone:		
Primary Caregiver Name / relationship to student:	Daytime Phone:		
<b>EMERGENCY CONTACT during the day if parents/caregivers cannot be contacted:</b>			
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.		
<b>Asthma</b> Mild / Moderate / Severe- please circle	Yes <input type="checkbox"/> No <input type="checkbox"/>	On medication? Please specify:	
<b>Diabetes</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	On insulin injections/ pump? Please provide details:	
<b>Allergy / Allergies</b> 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:	
<b>ADHD / ADD</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	On medication? Please provide details:	
<b>Epilepsy</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of last seizure:	
<b>Past Head Injury</b> With ongoing concerns	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify any ongoing concerns and current management plans:	
<b>Rheumatic Fever</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Any other medical condition</b> (please give details)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify:	
<b>Vaccinations-</b> 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.**

<b>PERMISSION- Please ensure form is signed and dated!!</b>	
<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 <i>Accident and Emergency</i>, 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@mags.school.nz](mailto:headmaster@mags.school.nz)

Internet Website: [www.mags.school.nz](http://www.mags.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 ICT equipment/devices, including mobile phones.
- (c) 'School ICT' refers to the school's computer network, internet access facilities, computers, and other school ICT equipment/devices as outlined in (d) below.
- (d) The term 'ICT 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 ICT I will help keep myself and other people safe by following these rules.

1. I cannot use school ICT equipment until my parent or caregiver and I have read and signed my use agreement form (see Section C).
2. I 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, I will not have any involvement with any ICT 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 ICT 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:

1. Not show others
  2. Turn off the screen or minimise the window and
  3. 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. I 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 ICT 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 ICT.
  - Reporting any breakages/damage to a staff member.
15. I 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. I understand that the school may audit its computer network, internet access facilities, computers and other school ICT 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.

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## 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: .....

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## 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

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Internet Website: [www.mags.school.nz](http://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.