



**The following paperwork must be produced and completed on enrolment**

- Enrolment form
  
- Provide a copy of birth certificate or passport
  
- Copy of Immunisation paperwork
  
- Proof of residency
  
- Please complete and sign the:
  - o Administration of medication form
  - o School bus code of conduct
  - o Consent of publication
  - o Waitemata Health Board form
  - o Previous School Records Permission
  - o Visaview Permission
  
- Parent Confidentiality agreement

Please sign and return this form - one per parent/caregiver please.

- Police Vet Information - (Please note that TWO FORMS OF I.D. ARE NEEDED FOR THIS)

Parents/ caregivers are required to have a police vet check completed if they wish to attend trips with their child. We recommend that this is completed when enrolling your child as it can take up to two months for approval.



**Administration of Medication at Whenuapai School**

The following form must be returned to school with any medication that you wish the school to hold.

Child's name \_\_\_\_\_ Room \_\_\_\_\_ Year \_\_\_\_\_

Date of birth \_\_\_\_\_

Parent/Caregiver's name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Permission to contact Doctor if necessary: Yes / No

My child requires the following prescription medication at school:

Name of medication \_\_\_\_\_

Dosage \_\_\_\_\_ Time of Day \_\_\_\_\_

General instructions/Possible side effects (if any):

---

---

My child requires supervision when taking his/her medication Yes / No

My child requires an adult to administer the medication Yes / No

My child is taking this medication because he/she has (please state condition):

---

My child can be administered Pamol if required Yes / No

\_\_\_\_\_  
Parent/Caregiver Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



### **School Bus Code of Conduct**

This code of conduct is between \_\_\_\_\_ (student's name),  
\_\_\_\_\_  
\_\_\_\_\_  
(their caregiver), Ritchies Bus Co (bus operator), and  
Whenuapai School.

The caregiver and the student ensure they have read and understood this document, which is to be adhered to for the safety of the bus driver and all students travelling on the school bus.

- When I am seated passenger, I will remain in my seat for whole journey.
- I will not eat on the bus or throw anything inside or out of the bus.
- If I am a standing passenger, I will stand quietly and not push or move around the bus.
- I will respect other students and their property at all times (this includes pushing, verbal or physical abuse, or any other behaviour that may distract the driver).
- I will respect the property of the bus operator at all times (eg. Refraining from standing on seats or vandalising the vehicle in any way).
- I will not engage in any behaviour that could put the driver or other students at risk.
- I will observe the requirements and instructions of the bus driver and the teacher/s responsible for bus duty at all times.
- I understand that any damage I cause to the bus will result in my caregiver being billed for the cost of repairs.

The safety and comfort of everyone on the bus depends on a standard of behaviour and consideration for others that is expected in the classroom. We hope that caregivers will support the school in maintaining these standards of behaviour.

#### **If This Code of Conduct Is Broken**

- The student will be placed on daily report for one week and the caregiver will be notified immediately
- If no improvement is evident after one week, an interview will be arranged between the student, caregiver(s), and the school.
- If there is still no improvement, travel on a school bus will be withdrawn , and the caregiver will be required to find alternative transport to get the student to school.
- In extreme cases of misbehaviour the privilege of travelling on a school bus could be withdrawn immediately.

#### **Agreement**

I agree to abide by the conditions of this contract and understand the consequences if I do not.

Signed: \_\_\_\_\_  
Student

Signed: \_\_\_\_\_  
Caregiver



**Previous School Records**

I give permission for the School to obtain academic and other records from my child's previous school.

Yes/No

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Caregiver name: \_\_\_\_\_

**Visa View**

I give permission for the School to check my child's current Visa status with the Visaview System from the Immigration Department.

Yes/No

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Caregiver name: \_\_\_\_\_



**Consent form for Publication of Student Images and Work**

Publishing student pictures and work on websites promotes learning, collaboration and provides an opportunity to share the achievements of students. Images and products created by our students may be included on the website without identifying captions or full names.

Under the supervision and guidance classes will be developing a class blogs which will include student images and work consisting of artworks, stories, reports, wikis and videos that relate directly to our normal classwork. We will share, if given permission, no more than a student name, and / or photograph via the newsletter, or the wider community via school publications including our website.

We require that parents / caregivers must indicate their written consent for Whenuapai School to publish their child's photo or school work in our newsletter or on our related website.

**Agreement**

I have read and understand the Whenuapai School's Publication of Students Images and Work Policy and the guidelines contained in this policy.

I give permission for my child's name, photograph or work to appear in the school publications including the website.

Please circle:                      Yes                                      No

Child's Name \_\_\_\_\_

Child's Room \_\_\_\_\_

Please circle: Parent / Legal Guardian / Caregiver

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please note: This agreement for your child will remain in force as long as he / she is enrolled at this school, or until it is superseded by an updated agreement.**



Whenuapai School  
Parent Teacher Association  
(PTA)  
**Volunteer Form**

We would like to invite you to become involved with the Whenuapai Primary School PTA Group. We are always in need of reliable interested people to help volunteer their time, talent, other interests and/or ideas. In doing so you will be making a valuable contribution to our school. We appreciate any time that you are able to give, once a month, term or even once a year, it is all appreciated.

We have 2 meetings each term in the school staff room which are held in the evenings at 7pm. This will be emailed out and put in the school newsletters, if you wish to attend these meetings you are more than welcome to come and join us.

Please fill in your details below or alternatively feel free to contact us: by email or via the Facebook page.

Pam Muller- (PTA Chairperson)

Claire Miller- (PTA Secretary)

Paula Pusich- (BOT Representative)

Stephanie Brook- (PTA Staff Representative)

Hayley Moore- (PTA Staff Representative)

Email: [pta.whenuapai@gmail.com](mailto:pta.whenuapai@gmail.com)

FaceBook Page: Whenuapai School PTA Helpers  
<https://www.facebook.com/groups/1622066511422315/>

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cellphone: \_\_\_\_\_

Children attending Whenuapai School: \_\_\_\_\_

\_\_\_\_\_

Please return this form to the Office

Appreciation in advance and we look forward to working with you.



**Waitemata**  
District Health Board  
*Te Wai Awhina*

*Parent/guardian: Please return this completed form to the school office*

**SCHOOL VISION AND HEARING TESTING**

Waitemata District Health Board provides free vision and hearing screening for children. This screening is carried out by Vision and Hearing Technicians who visit schools and provide Vision and Hearing clinics in various community locations.

**VISION TEST:**

**Distance vision.** A letter matching (or letter identifying) test determines whether the child can see what is expected at 4 meters distance.

**HEARING TEST:**

**Audiometry.** An audiometer is used to measure hearing. The child wears headphones, and drops a peg/bead into a basket every time a sound is heard.

**Tympanometry.** If the child does not seem to hear all the sounds with the audiometer test, tympanometry is used to show whether there may be 'glue ear' or some other blockage in the hearing system. A soft rubber cap seals the opening of the ear and a measurement is made of how well the ear drum reacts to sound and changes of air pressure.

**Parents/caregivers will be informed of all results (including any problems identified).**

If your child does not pass a vision or hearing screening test, you will receive a letter suggesting what to do, including recommended follow up.

Name of child.....NHI number.....  
 Date of Birth...../...../..... Ethnicity.....  
 School ..... Room.....  
 Child's address.....  
 .....Phone number..... Mobile .....

Family doctor (GP).....

**I consent to vision and hearing testing for my child at school:**

**VISION TEST** Yes.....No.....Comment.....

**HEARING TEST** Yes.....No.....Comment.....

Name of parent/ guardian.....

Signature of parent/guardian..... Date...../...../.....

*The results of the screening will be stored in the Ministry of Education ENROL data base. Any information stored on this data base can only be accessed by properly authorised school personnel or Vision Hearing Technicians. If your child passed the vision and hearing test at age 4 (part of the B4 School Check), no further routine testing is needed at school.*



### **Confidentiality Agreement**

This agreement is between Whenuapai School and \_\_\_\_\_.  
This agreement is to ensure the Privacy of all Staff, Parent Helpers and Students.

#### **Confidentiality**

The Parent Helper shall during the continuance of the school year and after the year end for any reason:

- Use best endeavours to prevent the disclosure of any confidential information;
- Other than in the course of duties, not to disclose any confidential information to any person other than Principal, Deputy Principal, SENCO or Team Leader.
- Not use confidential information to the Parent helpers own benefit.

The following is a non-exhaustive list of information which is regarded as confidential and must be treated as such by Parent Helpers:

- All information regarding student behaviour.
- All information regarding Academic levels.
- All information related to staff.
- All information regarding project being worked on.
- All information regarding any personal details or circumstances of staff or students.
- Information received in confidence from Principal, Deputy Principal, SENCO, Team Leaders or class Teacher.
- Personal Information about any staff member or student where disclosure would or would likely to be in breach of the Privacy Act 1993.
- Any other information disclosed to the Parent Helper / Learning Support or that otherwise comes to his / her notice, and which is either identified as confidential or should reasonably be appreciated as confidential.

#### **Policy on use of Social Media**

- Except as expressly authorised by Whenuapai School purposes, electronic media such as Facebook or other blog sites should not be used to:
- Post comments or discuss information that will bring the students, staff or school policies into disrepute (such as by the use of abusive, demeaning or negative comments).
- Information posted about the school will not be misleading.

While Whenuapai School accepts that posts on any personal blog site outside working hours will not usually be the schools concern, nevertheless, even in such contexts the Parent Helper / Learning Support must ensure that any information or comments that are posted will not tend to bring the students in their care into public disrepute, or injure the reputation or breach the right to privacy of other staff members and students.

Any breach of this policy may result in further action being taken.

Signed \_\_\_\_\_  
Parent Helper

Date \_\_\_\_\_





## Vetting Service Request & Consent Form

NZPVS-CS - 12/16

### Section 1: Approved Agency to complete

(For more information please see the [Guide to Completing the Consent Form](#))

Name of Approved Agency submitting vetting request:

Name of Applicant to be vetted:

Description of Applicant's role:

Applicant's purpose

- Employee       Contractor/Consultant       Volunteer       Prosecution  
 Vocational Training       Licence/Registration       Visa/Work Permit       Other

What group(s) will the applicant have contact with in their role for your agency?

- Children/Youth       Elderly       Other Vulnerable Adults       Other

What is the applicant's primary role for your agency?

- Caregiving (Children)       Caregiving (Vulnerable adults)       Healthcare       Education  
 Other

Is this request mandatory under the Vulnerable Children Act 2014 (VCA)?

- Yes (VCA Core Worker)       Yes (VCA Non-Core Worker)  
 No (mandatory under other legislation/optional/standard Police Vet)

If this is a mandatory Vulnerable Children Act request, please specify the check reason below:

- New Children's Worker       Existing Children's Worker  
 VCA Renewal

Evidence of Identity (to be completed by agency representative/delegate or identity referee - see [guide](#) for details)

- A primary ID has been sighted (Mandatory – see the [guide](#) for further details)  
 A secondary ID has been sighted (Mandatory – see the [guide](#) for further details)  
 One form of ID is photographic (Mandatory – see the [guide](#) for further details)  
 Evidence of name change has been sighted (if applicable)

OR: If your organisation is able to accept a verified RealMe identity then:

- An assertion of a RealMe identity has been received (see [guide](#) for further information).

In making this request, I confirm that:

- ✓ I have complied and will comply with the [Approved Agency Agreement](#)  
✓ I am satisfied with the correctness of the applicant's identity  
✓ I have obtained the Applicant's authorisation to submit this vetting request as set out in section 3 of this form

Approved Agency Authorised Representative:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Electronic Signature



## Vetting Service Request & Consent Form

NZPVS-CS - 12/16

Name of Approved Agency submitting vetting request:

### Section 2: Applicant to complete and return to Approved Agency

*\*Denotes a mandatory field*

#### Personal Information

Details (note: the name you are most commonly known by is your primary name)

\*Family name (Primary):

Given name(s):

\*Gender: (M)  (F)  (Other)  \*Date of birth:   
 (dd/mm/yyyy)

\*Place of birth:   
 (Town/state/country)

NZ Driver Licence number:

**Previous names:** If applicable, please include other alias or alternate names; married name if not your primary name; previous/maiden/name changed by deed poll or statutory declaration.

Family name	First name	Middle names
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Permanent Residential Address

\*Number/Street:

Suburb:  Post Code:

\*City/Town/  
 Rural District:



## Vetting Service Request & Consent Form

NZPVS-CS - 12/16

### Section 3: Applicant to complete and return to Approved Agency

#### Consent to release information

- The New Zealand Police may release **any** information they hold if relevant to the purpose of this vetting request. This includes:
  - Conviction histories and infringement/demerit reports
  - Active charges and warrants to arrest
  - Charges that did not result in a conviction including those that were acquitted, discharged without conviction, diverted or withdrawn
  - Any** interaction I have had with New Zealand Police, including family violence incidents, and investigations that did not result in prosecution
  - Information subject to name suppression where that information is necessary to the purpose of the vet.
- If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
  - Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime)
  - Section 31(3) of the Vulnerable Children Act 2014 applies to this request (safety checks of core children's workers).Please see the [guide](#) for more information regarding the Clean Slate legislation.
- The Police Vetting Service may disclose new relevant information to the Approved Agency after the completion of the Police Vet in the following circumstances:
  - The vetting request was submitted as part of a children's worker safety check under the Vulnerable Children Act 2014; and
  - The Police vet was completed within the past three years; and
  - The release of new information is considered justified under the Privacy Act 1993The Vetting Service will endeavour to notify you prior to the disclosure.
- Information provided in this consent form may be used to update New Zealand Police records.
- I am entitled to a copy of the vetting result released to the Approved Agency (to be provided by the agency) and can seek a correction by contacting the Vetting Service.
- The Approved Agency will securely dispose of this consent form, copies of identification documents and the vetting result within 12 months of receiving the result unless a longer retention period is required by legislation.
- I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency.  
For further information, please see the [Guide to Completing the Consent Form](#).

#### **Applicant's Authorisation:**

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Electronic Signature





Vetting Service  
Request & Consent Form

NZPVS-CS - 12/16

**Section 4: Applicant to complete for Australian check (if required)**

**Additional Personal Information (for Australian National Police History Check)**

**Last Permanent Australian Residential Address**

Number/Street:			Post Code:	
Suburb:			State or Territory:	
City/Town/ Rural District:				
Period of Residence				
Australian Driver's Licence No: (if applicable)		Issued by:		
Australian Firearms Licence No: (if applicable)		Issued by:		

**General Information for an Australian National Police History Check**

**General Information**

Australian Criminal Intelligence Commission (ACIC) is collecting your personal information in this form in order to conduct a National Police History Check (NPHC) on you. Approved Agencies in New Zealand, named in section one, use the personal information collected on this form and the resulting NPHC as part of the assessment process to determine suitability for the position/entitlement/benefit which you are applying for.

Unless statutory obligations require otherwise, the information provided on this form will not be used without your prior consent for any purpose other than in relation to the assessment of your suitability or to maintain the records of ACIC, Australian Police Agencies<sup>1</sup>, or NZ Police.

You will be required to complete another consent form for any future NPHC checks.

**National Police History Check (NPHC)**

A NPHC is an integral part of the assessment of your suitability. Information on this form will be used by ACIC, and Australian Police Agencies for checking action; it will also be used to update records held about you by ACIC, Australian Police Agencies and NZ Police.

Information released may include outstanding charges, warrant information and criminal convictions/findings/pleas of guilt recorded against you that may be disclosed according to the laws of the relevant jurisdiction and, in the absence of any laws governing the release of that information, according to the relevant jurisdiction information release policy.

**Limitations on accuracy and use of Police History Information**

While every care has been taken by ACIC to conduct a search of information held by Australian Police Agencies that relate to the applicant, the accuracy and quality of this NPHC depends on accurate identification of the Applicant (including aliases) according to the information provided in the Request and Consent Form and the comprehensiveness of police records. If the applicant does not complete the information requirements in this form the success and validity of the NPHC will be compromised.

If for any reason you do not agree with the results of your NPHC, please notify the Approved Agency that you submitted the check through in the first instance, so that the NPHC dispute process can be initiated.

The release of information by Australian Police Agencies is subject to relevant Spent Convictions, non-disclosure legislation or information release policies.

**Spent Conviction Schemes**

The aim of Spent Convictions legislation<sup>2</sup> is to prevent discrimination on the basis of certain previous convictions. Spent Convictions legislation limits the use and disclosure of older, less serious convictions and findings of guilt. Each Australian Police Agency will apply the relevant Spent Convictions legislation/information release policy prior to disclosure.

**General Information for an Australian National Police History Check, (continued)**

<sup>1</sup> Australian Federal Police, ACT Policing, The New South Wales Police Force, Queensland Police Service, South Australia Police, Victoria Police, Western Australia Police, Northern Territory Police Force, Tasmania Police Service

<sup>2</sup> Applicable Spent Conviction legislation, as amended from time to time

# WHENUAPAI SCHOOL

Living is Striving



## Vetting Service Request & Consent Form

NZPVS-CS - 12/16

The following links may be helpful in sourcing information on Spent Convictions in the Australian States & Territories but may not be relied upon. If further information or clarification is required please contact the individual Australian Police Agencies directly for further information about their release policies and any legislation that affects them.

Commonwealth <a href="http://www.comlaw.gov.au">www.comlaw.gov.au</a> New South Wales <a href="http://www.legislation.nsw.gov.au">www.legislation.nsw.gov.au</a> Queensland <a href="http://www.legislation.qld.gov.au">www.legislation.qld.gov.au</a>	South Australia <a href="http://www.legislation.sa.gov.au">www.legislation.sa.gov.au</a> Victoria Police <a href="http://www.police.vic.gov.au">www.police.vic.gov.au</a> Tasmania <a href="http://www.thelaw.tas.gov.au">www.thelaw.tas.gov.au</a>	Western Australia <a href="http://www.slp.wa.gov.au">www.slp.wa.gov.au</a> Northern Territory - <a href="http://www.nt.gov.au/dcm/legislation/current.html">www.nt.gov.au/dcm/legislation/current.html</a> Australian Capital Territory <a href="http://www.legislation.act.gov.au">www.legislation.act.gov.au</a>
---	--	---

### Provision of incomplete, false or misleading information

An Approved Agency or Applicant must take reasonable steps to ensure that the personal information collected, or disclosed is accurate, complete and up to date.

You are asked to certify that the personal information you have provided on this form is correct. If it is subsequently discovered, for example as a result of a check of police records, that you have provided incomplete, false or misleading information, you may be assessed as unsuitable.

It is a serious offence to provide false or misleading information in Australia.

### Consent to disclosure (for Australian National Police History Check)

1. I have read the General Information in section 3 of this form and understand that information will be disclosed in accordance with applicable legislation and information release policies (including spent convictions legislation, however described) in the Commonwealth, States and Territories;
2. I understand that the position/entitlement for which I am being considered may be in a category for which exclusions from Spent Convictions legislation may apply;
3. I have fully completed this form, and the personal information I have provided in it relates to me, contains my full name and all names previously used by me, and is correct;
4. I acknowledge that the provision of false or misleading information is a serious offence;
5. I acknowledge that the Approved Agency named in Section 1 of this form is collecting information in this Form to provide to New Zealand Police to provide to ACIC (an Agency of the Commonwealth of Australia) and the Australian Police Agencies;
6. I consent to:
  - a. ACIC using and disclosing personal information about me in this form to the Australian Police Agencies;
  - b. the Australian Police Agencies disclosing to ACIC, from their records, Police History information that can be disclosed in accordance with the laws of the Commonwealth, States and Territories and in accordance with the relevant jurisdiction's information release policies;
  - c. ACIC disclosing the information disclosed by the Australian Police Agencies to New Zealand Police, and
  - d. New Zealand Police disclosing any criminal history information about me to the Approved Agency named in Section 1 of this form to assess my suitability in relation to my application;
7. I acknowledge that any information provided by me in this form relates specifically to the purpose identified in Section 1 of this form;
8. I acknowledge that any information provided by the Australian Police Agencies or ACIC relates specifically to the purpose identified in Section 1 above;
9. I acknowledge that personal information that I provide in this form may be disclosed to the Approved Agency named in Section 1 of this form (including contractors or related bodies corporate) located in New Zealand or overseas; and
10. I acknowledge that it is usual practice for an Applicant's personal information in this form to be disclosed to New Zealand Police and Australian Police Agencies for them to use for their respective law enforcement purposes including the investigation of any outstanding criminal offences.

Note: The information provided in this form will be used only for the purpose stated above unless statutory obligations require otherwise.

### Applicant's Authorisation:

I have read and understood the information above and consent accordingly. **Signed in electronic form**

or, Signature: \_\_\_\_\_

Date: \_\_\_\_\_