



## **Enrolment Documents**

If possible please complete the online pre-enrolment form using the link below:

<https://enrolments.linc-ed.com/apply/NZ/1572>

**Additionally, the following paperwork must be produced and completed on enrolment.**

Please provide a copy of:

- Your child's birth certificate or passport (original to be sighted by the Office)
- Your child's Immunisation paperwork
- Proof of residential address
- Proof of New Zealand Residency or Citizenship

**Please complete and sign the following:**

- School Bus - Code of Conduct
- Waitemata Health Board Form
- Previous School Records Permission
- Visaview Permission
- Parent Confidentiality agreement
  - One per parent/caregiver please
- Police Vet Information - (Please note that **two forms of I.D. are required 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 First Aid and 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):

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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):

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**My child can be administered First Aid if required** Yes / No

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## 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 must 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 a seated passenger, I will remain in my seat for the 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.

### **If I have a device with me it will remain in my bag and I will not use it whilst I am on the bus.**

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 school website without identifying captions or full names.

Under the supervision and guidance of their teachers, classes will be sharing work which will include student images consisting of artworks, stories, reports and videos that relate directly to our normal classwork on our student management system, HERO. 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 school 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 understood 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 and school newsletter.

Please circle:                      Yes                                      No

Child's Name: \_\_\_\_\_ Room Number: \_\_\_\_\_

Please circle: Parent / Legal Guardian / Caregiver

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please note: This agreement for your child will remain in force as long as they are 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. You are invited and welcome to attend our PTA Meetings, and dates for these will be advertised in the newsletter and Facebook page.

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

Chelsea Lyons- (PTA Chairperson)

Riley Kaio - (PTA Staff Representative)

Email: [pta@whenuapai.school.nz](mailto:pta@whenuapai.school.nz)

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 School 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, Learning Support Coordinator 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 projects 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 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 the 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 \_\_\_\_\_





## Police Vetting Forms

Please fill out the included Police Vetting Forms if you intend to help out in our school with one of the following:

- Within the Classroom
- Class Day Trips
- Sport Trips
- School Camps

You will need to provide **2 forms of Identification** at the time you submit your Police Vetting request. **You will need one Primary and one Secondary form of ID, one of which must be photographic.**

The below forms of Identification are acceptable:

**Primary IDs include:**

Passport (NZ or Overseas)  
NZ Firearms Licence  
NZ Full Birth Certificate (issued on or after 1998)  
NZ Citizenship Certificate  
NZ Refugee Travel Document  
NZ Certificate of Identity

**Secondary IDs include:**

NZ Driver Licence  
18+ Card  
NZ Full Birth Certificate (issued before 1998)  
Community Services Card  
Super Gold Card  
NZ Employee Photo Identification Card  
NZ Student Photo Identification Card  
Inland Revenue Number  
NZ issued utility bill (issued not more than six months earlier)  
NZ Teachers Registration Certificate  
NZ Electoral Roll Record  
International Driving Permit  
Steps to Freedom Form

Current identity documents are preferred, but documents that have expired within the past five years may be accepted.



## Vetting Service Request & Consent Form

NZPVS-CS - 10/19

**Section 1: Approved Agency to complete** (For more information please see the [Guide to Completing the Consent Form](#) - <http://www.police.govt.nz/advice/businesses-and-organisations/vetting/forms-and-guides>)

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

Will the role take place in the applicant's home?

- Yes       No

Will the applicant be a volunteer or paid for their role?

- Paid       Volunteer

Is this request mandatory under the Children's Act 2014 (CA)?

- Yes: Core childrens worker       Yes: Non-core childrens worker  
 No (mandatory under other legislation/optional/standard Police Vet)

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

- New Children's Worker       Existing Children's Worker       CA 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)       A secondary ID has been sighted (Mandatory)  
 One form of ID is photographic (Mandatory)       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 - 10/19

**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/City/State)

\*Country of birth

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 - 10/19

### 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 investigations, charges and warrants to arrest
    - Charges that did not result in a conviction including those that were acquitted (not guilty), discharged without conviction, withdrawn, or resolved by way of the Police diversion scheme
    - Any** interaction I have had with New Zealand Police considered relevant to the role being vetted, including investigations that did not result in prosecution
    - Information regarding family violence where I was the victim, offender or witness to an incident or offence, primarily in cases where the role being vetted takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
    - 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 Children's Act 2014 applies to this request (safety checks of core children's workers).
    - The vetting request is made by an individual for the purpose of an overseas Visa/Work Permit as a Privacy Act request authorising the vetting result to be provided directly to the relevant embassy, high commission or consulate.

Please see the [guide](#) for more information regarding the Clean Slate legislation.
  - The Police Vetting Service may disclose newly-obtained relevant information to the Approved Agency after the completion of the Police Vet in the following circumstances:
    - The disclosure of the newly-obtained information is considered to be justified under the Privacy Act 1993 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
    - The Police Vetting Service has taken steps to confirm that the purpose of the Police vet still exists – e.g. that I got the role which required a Police vet and am still employed or engaged in it.

The 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 at any time.

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

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