



Enrolment Documents

Welcome and thank you for completing the Pre-Enrolment Application form on HERO. Your information has been received by the School Office.

The online form is the first step in the enrolment process. In order to complete the application process, additional information and documentation is now required.

In order to process your application accurately and in a timely manner, the school now requires the following documents to be produced and completed prior to your intended start date.

Please provide a copy of:

- Your child's birth certificate or passport (original to be sighted by the Office)
- Proof of residential address (e.g. tenancy agreement or power bill)
- Your child's Immunisation paperwork
- Proof of New Zealand Residency or Citizenship (if required)
- Visa (if required)
- Any Court or Parenting Documentation (if required)

Please complete and sign the following:

- Administration of First Aid and Medication at Whenuapai School
- School Bus - Code of Conduct
- Previous School Records and VisaView Permission
- Consent Form for Publication of Student Images and Work
- Waitemata Health Board Hearing and Vision Form
- Parent Confidentiality Agreement
 - One per parent/caregiver please

Please bring all these documents with you prior to your child's first day and if you have any questions please do not hesitate to contact me by email: office@whenuapai.school.nz or phone: 09 416 5779

Kind regards,

Claire Brain



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):

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 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 the school website or school newsletter 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 school 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 on the school's student management system HERO and 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.



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, Assistant 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

This is optional.

If you would like to help at the school, attend school trips/camps or be a sports coach or manager, we require you to be vetted. The process can take 6 weeks to complete, so we encourage parents to complete this on enrolment.

Please fill out the attached Police Vetting Forms (hardcopies are available at the school office). The school is required to view the applicant and 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.



Whenuapai School

Living is Striving

14 Airport Road
Whenuapai
Auckland 0618

Ph: +64 9 416 8779
E: office@whenuapai.school.nz



Vetting Service

Request & Consent Form

NZPVS – 07/23

Section 2: Person being vetted to complete and return to agency

* Denotes a mandatory field

2.1 Personal Information

Note the name you are most commonly known by is your primary name

* Family name (Primary)	
* First/Middle name(s)	
* Gender	
* Date of birth	
Place of birth (Town/ City/ State)	
* Country of birth	
NZ Driver Licence number	

2.2 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. Please include ALL names (first, middle and last) for each alias/previous name.

Family name	First name	Middle names

2.3 Permanent residential address

* Flat/ Number/ Street	
* Suburb	Post Code
* Town/ City	



Vetting Service

Request & Consent Form

NZPVS – 07/23

Section 3: Person being vetted to complete and return to agency

3.1 Consent to release information

1. The New Zealand Police may release **any** information they hold if relevant to the purpose of this vetting request. This includes:
 - a. Conviction histories and infringement/demerit reports.
 - b. Active investigations, charges and warrants to arrest.
 - c. Charges that did not result in a conviction including those that were acquitted (not guilty), discharged without conviction or withdrawn.
 - d. **Any** interaction I have had with New Zealand Police relevant to the role being vetted, including investigations that did not result in prosecution or were resolved by an alternative resolution programme.
 - e. Information regarding family violence where I was the victim, offender or witness to an incident or offence. This is particularly relevant where the role being vetted for takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
 - f. Information subject to name suppression where that information is necessary for the purpose of the vet.
2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
 - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime).
 - b. Section 31(3) of the Children's Act 2014 applies to this request (safety checks of core children's workers).
 - c. The vetting request is made for the purpose of an overseas visa/work permit and authorises the vetting report to be provided directly to the relevant embassy, high commission, or consulate.

Please see the [vetting website](#) for more information regarding the Clean Slate legislation and what may be released.

3. The Police Vetting Service may disclose newly obtained relevant information to the requesting agency after the completion of the Police vet in the following circumstances:
 - a. The disclosure of the newly obtained information is justified under the Privacy Act 2020 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
 - b. The Police Vetting Service has taken steps to confirm that the purpose for the Police vet still exists – e.g., that I am employed or engaged in a role that required a Police vet.

The Police Vetting Service will take reasonable steps to notify you prior to the disclosure.

4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting report released to the agency (to be provided by the agency) and can request a correction of any personal information by contacting the Police Vetting Service.
6. Please notify the agency or the Police Vetting Service if you wish to withdraw your consent.

For further information about the vetting process, please see the [vetting website](#).

Authorisation of person being vetted:

- ✓ 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 relevant to my application (as described above) to the agency making this request for the purpose of assessing my suitability.

Name:		Date:	
Signature:		Electronic signature	<input type="checkbox"/>