



TE KĀPEHU WHETŪ

Navigating Māori Futures

Te Kura Hourua o Whangarei Terenga Paraoa Enrolment Form 2017

Student Surname:		
Student First Names:		
Date of Birth:	Current Year Level:	Gender: Male / Female
Place of Birth:	Date of application:	
Do you have a sibling who attends Te Kāpehu Whetū: YES / NO If so, who:		

Please provide a copy of birth certificate, passport or other documentation verifying residency status.

	Parent/Caregiver 1	Parent/Caregiver 2		
Full Name: <i>Mr/Miss/Ms/Mrs</i>				
Address:				
Phone: Home				
Phone: Work				
Cellphone:				
E-mail:				
Relationship to Student:				
If you reside in Moerewa or Kawakawa, do you require bus transportation: YES / NO				
Previous School:				
Date Last Attended:				
Attendance: (Please circle appropriate one)	100% - 90%	90% - 80%	80% - 70%	Below 70%
Academic Ability: (Please circle appropriate one)	Above Average	Average	Below Average	

Has your child been:	Yes: Date and Reason	No:
Stood-down		
Suspended		
Excluded		
Does your child have a pending:	Yes: Reason	No:
Stand-down		
Suspension		
Exclusion		
Was your child removed from the roll due to 20 days absence?		

Please provide a copy of current school report/Record of Achievement

KOROWAI MAORI

Iwi	1. 2. 3. 4. 5.
Hapu	1. 2. 3. 4.
Marae	1. 2. 3. 4.

WHAKAPAPA

Grandfather

Grandmother

Grandfather

Grandmother

Father

Mother

Applicant

What are your aspirations for your child?

STUDENT UNIFORM SIZES

Please provide your child's uniform sizes for ordering purposes.

ITEM	SIZE (SML, MED, LRG)
Shirt - Girls	Sizes 8, 10 12 14 16
Dress Shorts	
Skirt -Whanau to purchase from Warehouse	
PE Top	
PE Shorts	

STUDENT CONTACT PERMISSIONS/RESTRICTIONS

Names submitted on this list, must be those of responsible ADULTS only. Any changes or additions to this list must be sent in writing to the Pouwhakahaere.

I give permission for my child _____ to be visited or uplifted by the people nominated on the list below.

Parent / Legal Guardian: _____

Date: _____

OPEN CONTACT (DURING VISITING/UPLIFT TIMES SET OUT IN THE STUDENT HANDBOOK)			
Name	Address	Contact Numbers	Relationship
		Ph: Mob: Other:	
		Ph: Mob: Other:	
		Ph: Mob: Other:	
CONDITIONAL CONTACT (WITH PRIOR PERMISSION OF PARENT/LEGAL GUARDIAN)			
Name	Address	Contact Numbers	Relationship
		Ph: Mob: Other:	
		Ph: Mob: Other:	
		Ph: Mob: Other:	
CONTACT <u>NOT</u> PERMITTED UNDER ANY CIRCUMSTANCES			
Name	Address	Contact Numbers	Relationship
		Ph: Mob: Other:	
		Ph: Mob: Other:	

PERMISSION TO USE PHOTOGRAPHS

To the parent/Legal Guardian/Caregiver

- Please read this page carefully as it includes information about safety and security issues associated with privacy.
- Indicate your preference with regards to the sharing of your child's personal information.
- Complete and sign the form
- Return this form to the school. (A copy will be returned to you for your records.)

You are welcome to contact the school to discuss this Privacy Agreement if you wish.

In the interest of safety and security every school requires parent permission for the publishing of student's names or photographs on our website, and in our newsletters (which are handed/posted out only).

We believe it is important to celebrate children's achievement, but are aware of the potential risks when such personal information or material is published on a global information system such as the Internet.

We will share, if given permission, no more than a student's first name and/or photograph via the newsletter, or the wider online community via the school website/Facebook page.

Please indicate your wishes by ticking the relevant box.

- I am happy for my child's first name, photograph, or work to appear in the school newsletter or on the school website/Facebook page**

- I do not give permission for my child's first name, photograph or work to appear in the school newsletter or on the school website/Facebook page**

Child's Name:

My Name:

Parent/Legal Guardian/Caregiver (please circle which term is applicable)

Signature: **Date:**

STUDENT HEALTH RECORD

The information collected on this form is to assist in the case of accident or emergency, or to assess any special need the Student may have – please complete in full. This information will be stored securely on the Student’s file along with a full register of illness and health complaints treated. Access is limited to the Kura Hourua’s Health Professional or, on request, to the parents/legal guardian and the Student himself.

If considered necessary, for safety, a limited version may be distributed to staff members immediately responsible for the Student e.g. Physical Education staff.

Student’s Family Name: _____ Given Name: _____ DOB: _____

Home Address: _____ Home Phone: _____

Parent / Legal Guardian: _____ Alternate: _____

Day Contact Phone Number: 1: _____ 2: _____

Extra Contact: Name _____ Phone: _____

Family Doctor’s Name: _____ Phone: _____

Dentist’s Name : _____ Phone: _____

Has this STUDENT ever suffered from (tick all applicable):

- | | |
|---------------------------------------|--|
| <input type="radio"/> Measles | <input type="radio"/> Arthritis and\or Scoliosis |
| <input type="radio"/> Mumps | <input type="radio"/> Glandular Fever |
| <input type="radio"/> Chicken-pox | <input type="radio"/> Haemophilia |
| <input type="radio"/> Poliomyelitis | <input type="radio"/> Head Injury |
| <input type="radio"/> Epilepsy | <input type="radio"/> Migraines\Headaches |
| <input type="radio"/> Diabetes | <input type="radio"/> Whooping Cough |
| <input type="radio"/> Eczema | <input type="radio"/> Hepatitis |
| <input type="radio"/> Asthma | <input type="radio"/> Rheumatic Fever |
| <input type="radio"/> Heart Condition | <input type="radio"/> Allergy |
| <input type="radio"/> Eating Disorder | |

If yes to any of the above, list current medication or treatment required below:

Does he/she suffer from any other medical condition or disability?_____

Is he/she taking any medication for this: Yes\No Name of medication:_____

Current Medication: _____

Does he have any difficulty with his/her?

Sight: Yes\No

Hearing: Yes\No

Speech: Yes\No

Operations:_____ Date\s:_____

Does your child have any specific learning needs e.g. learning disabilities, gifted and talented etc.?

PRESCRIPTION MEDICATION:

Taking prescription medicine to school is discouraged. If your child needs to take medication during school hours or at the Kura Hourua please inform the Kura Hourua (in writing, by email or phone). A staff member will administer the daily dosage required every day from the locked medicine cabinet at the Kura Hourua.

A prescription medication form will need to be completed for any existing or new medical conditions that require prescription medication during a Student’s time with the :

PRESCRIPTION MEDICATION FORM Te Kura Hourua o Whangarei Terenga Paraoa			
Condition	Duration	Prescribed Medication <ul style="list-style-type: none">• Dosage• Frequency	Alerting Symptoms

CONSENT FOR MEDICATION:

Consent for administration of Non Prescription medication by Te Kura Hourua o Whangarei Terenga Paraoa staff.

Medications include those to relieve cough and cold symptoms, pain, elevated temperature, inflammation, allergies and sports injuries.

Most commonly used medication

Category A: Paracetamol/Pamol syrup, Strepsil and Propolis lozenges, Cough mixture, Quikeze tablets.

Please delete any of the above medication if they are not suitable for your child.

I consent to the above medications: YES NO

Category B: Nurofen, Antihistamines e.g. Razene Loratabs, Ponstan (these medications would only be administered if the STUDENT usually takes this medication or in the event of an allergic reaction.)

Please delete any of the above medications if they are not suitable for your child.

I consent to the above medications: YES NO

Vaccination History:

Attached and signed by GP YES NO

If no, to be provided by (date): _____

Please provide a copy of Immunisation Certificate or verification letter from Doctor/GP

IN CASE OF ACCIDENT AND EMERGENCY

In case of an accident or emergency and we cannot contact you, or if the accident is serious, we may decide to take your child to A&E, or to the Doctor.

I give permission for Te Kura Hourua o Whangarei Terenga Paraoa to make such arrangements as are necessary for the treatment of my child in an emergency and agree to meet any costs incurred.

I confirm that the above information is correct and give my permission with regard to the Student named above, and as and when required for:

- a. Kura Hourua Staff or registered health professionals engaged by the Kura Hourua to administer the above medications without contacting me prior to their use in the treatment of illness;
- b. Trained Kura Hourua staff and /or St John Ambulance staff and/or Rescue Helicopter staff as may be required to provide emergency transport/first aid;
- c. Qualified medical practitioners and other health professionals in a clinical or hospital capacity to provide appropriate emergency treatment.

Parent / Legal Guardian: _____

Signature: _____ Date: _____

Education Outside the Classroom (EOTC) Generic Permission Form

We ask that all parents/caregivers complete the following generic permission form for your child/children to participate in lower level Level 1 & 2 EOTC events while they attend Te Kāpehu Whetū. The purpose of this generic permission form is to save time and resource costs when students participate in low risk events. You will still be given an information sheet (e.g. costs, dates, activities etc.) by the Teacher in Charge (TIC) and you still have the right to withdraw your permission at any time by contacting the EOTC Co-ordinator (Pouwhakaako Chris McKay) or the Teacher in Charge of the event.

LEVEL	DEFINITION	EXAMPLE EVENTS	CONSENT ETC. REQUIRED
1	On site (within kura)	<ul style="list-style-type: none"> • Physical education classes • Practical lessons outside class • Athletics Day • Inter-house Competitions • Traditional Hāngi activities 	<ul style="list-style-type: none"> • Curriculum events need approval of Pouwhakahaere • Sports and House events need approval of Senior Leadership Team • Parent/Guardian blanket consent gained on submission of this form
2	Off-site events occurring entirely during school time or finishing by approx. 6pm (includes afternoon sport and teams involved in volleyball, basketball, touch, waka ama etc.)	<ul style="list-style-type: none"> • Sports exchanges • Monday night volleyball • Friday night basketball • Weekend netball • Twilight cricket • School trips to museums, galleries, supervised centres etc. • Music performances • Marae visits • Math & other academic competitions 	<ul style="list-style-type: none"> • All events where students need to leave the school grounds during class time need Senior Leadership Team (SLT) approval via an EOTC form • After school events require Senior Leadership Team (SLT) approval • Parent/Guardian blanket consent gained on submission of this form

Name of Child/ren: _____

Name of Parent/Caregiver: _____

Signed: _____ **Date:** _____

Verification of Information Provided

I verify that all of the above provided by me in this enrolment form is true and accurate information

_____ **Parent/Caregiver Name**

Signature: _____ **Date:** _____

ADMINISTRATION STAFF USE ONLY:

Date Form Received: _____

Date Fax/Email sent to school: _____

Date Fax/Email received back from school _____

Date given to SMS: _____

LVE: Received on: _____

Accepted: **Rejected:**

Rationale/Justification:

Signature: _____

GRG sighted on: _____

Signature: _____

Comment: