



# Tangowahine School Enrolment Form

## STUDENTS PERSONAL DETAILS

**Surname:**

**First Names:**

**Gender:** Male /Female

**Date of Birth:** copy of birth certificate needed

**Home Address:**

**Previous School:**

**Ethnic Group:** ie NZ European, NZ Maori, Tongan, Filipino, Cook Is Maori, Chinese, Samoan

1st

2<sup>nd</sup>

3<sup>rd</sup>

**Iwi Student belongs to:** Can provide up to three

**Pre School Information:** please see over page to fill out ( requirement of Ministry of Education)

**Other Information:** any special interests, hobbies

**Immunisation Details:** please provide certificate for photocopying

## DETAILS OF PARENTS / GUARDIANS

Surname:

Mr/Mrs/Miss First Name:

Address:

Home Phone:

Mobile:

Occupation:

Work Phone:

Email Address:

Relationship to student:

## DETAILS OF PARENTS / GUARDIANS

Surname:

Mr/Mrs/Miss First Name:

Address:

Home Phone:

Mobile:

Occupation:

Work Phone:

Email Address:

Relationship to student:

Any other information: access etc



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# Tangowahine School

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## EMERGENCY CONTACT

Surname:

First Name:

Relationship to student:

Contact Phone No:

I give permission for the school to sanction any required emergency medical treatment and agree to abide by the BOT policies

Signed:

Date:

Office Use:

eTap

ENROL

NSN Number:

*H. Wainwright*

Huw Wainwright



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## Student Health Profile

Please take time to update health information with the school office if there are any changes during the year.

### Student Information

Name:

Year:

Address:

|   |  |  |
|---|--|--|
| <p><b>1 Please tick if your child has any of the following:</b></p> <p> <input type="checkbox"/> Migraine<br/> <input type="checkbox"/> Epilepsy<br/> <input type="checkbox"/> Asthma<br/> <input type="checkbox"/> Diabetes<br/> <input type="checkbox"/> Travel Sickness<br/> <input type="checkbox"/> Fits of any type<br/> <input type="checkbox"/> Chronic nose bleeds<br/> <input type="checkbox"/> Heart Condition<br/> <input type="checkbox"/> Dizzy Spells<br/> <input type="checkbox"/> Colour Blindness<br/> <input type="checkbox"/> Other – Please specify         </p> | <p>Other treatment</p> <p>.....</p> <p>.....</p> <p><b>5 Has your child had any major injuries (breaks or strains) or illness (glandular fever etc.) in the last six months that may limit full participation in any activities?</b></p> <p> <input type="checkbox"/> No<br/> <input type="checkbox"/> Yes – Please specify         </p> | <p>Treatment required?</p> <p>.....</p> <p>.....</p> <p><b>7 Outline any dietary requirements?</b></p> <p>.....</p> <p><b>8 What pain/flu medication may your child be given if necessary?</b></p> <p>.....</p>  |
| <p><b>2 Medical Alert Number</b><br/>(if applicable)</p> <p>.....</p>   | <p><b>6 Is your child allergic to any of the following?</b></p> <p>Prescription medication</p> <p> <input type="checkbox"/> No<br/> <input type="checkbox"/> Yes – Please specify         </p>   | <p><b>9 To the best of your knowledge, has your child been in contact with any contagious or infectious diseases in the last four weeks?</b></p> <p> <input type="checkbox"/> No<br/> <input type="checkbox"/> Yes – please give brief details         </p>      |
| <p><b>3 Date of last tetanus injection?</b></p> <p>...../...../.....</p>  | <p>Food</p> <p> <input type="checkbox"/> No<br/> <input type="checkbox"/> Yes – Please specify         </p>  | <p>.....</p>   |
| <p><b>4 Is your child currently taking medication?</b></p> <p> <input type="checkbox"/> No<br/> <input type="checkbox"/> Yes – Please state ailment/s         </p>  | <p>Insect bites/stings</p> <p> <input type="checkbox"/> No<br/> <input type="checkbox"/> Yes – Please specify         </p>   | <p><b>10 Is there any other information that staff should know to ensure the physical and emotional safety of your child? Eg. Cultural practices, disability, anxiety about heights/darkness/small places, pregnancy, behavioural or emotional problems)</b></p> |
| <p>Name of medication/s</p> <p>.....</p> <p>Dosage &amp; time/s to be taken</p> <p>.....</p>  | <p>Other allergies</p> <p> <input type="checkbox"/> No<br/> <input type="checkbox"/> Yes – Please specify         </p>   | <p> <input type="checkbox"/> No<br/> <input type="checkbox"/> Yes – please give brief details         </p> <p><b>11 Name &amp; Phone number of Doctor</b></p> <p>.....</p>   |





## Prior-participation in Early Childhood Education

**Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school?** Please complete the table below for the last service(s) attended.

Instructions:

1. If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
3. If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of **hours per week**.

| Please enter the number of <b>hours per week</b> for up to three services: | Service 1<br>(hrs/week) | Service 2<br>(hrs/week) | Service 3<br>(hrs/week) |
|--|-------------------------|-------------------------|-------------------------|
| a. Kōhanga Reo   |                         |                         |                         |
| b. Playcentre  |                         |                         |                         |
| c. Kindergarten or Education and Care Centre                               |                         |                         |                         |
| d. Home based service  |                         |                         |                         |
| e. Playgroup   |                         |                         |                         |
| f. The Correspondence School – Te Aho o Te Kura Pounamu                    |                         |                         |                         |

*Or*

|  |  |
|--|--|
| Please tick the appropriate box                  |  |
| g. Attended, but only outside New Zealand        |  |
| h. Attended, but don't know what type of service |  |
| i. Did not attend                                |  |
| j. Unable to establish if attended or not        |  |

### Did the child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

- ☐ Yes, for the last \_\_\_\_ year(s).
- ☐ Not regularly, only occasionally with no on-going schedule.
- ☐ No, did not attend ECE.



## C.A.R.E Our School Code of Behaviour

Dear Parents

Our policies and procedures reflect the Ministry of Education statements for schools and our school goals are based on successful educational outcomes for all. To be able to learn, all children must feel safe at school, on their way to and from school.

Our C.A.R.E behaviour code tries to set a clear expectation of behaviour. It is followed by all classes and introduced to new pupils on enrolment. It is in the school handbook.

**C** stands for courtesy

**A** stands for appropriate behaviour and language

**R** stands for responsibility in your learning and your actions

**E** stands for effort and excellence

In term one of every year all teachers make class rules based on our CARE code and publish them. The children discuss the positive behaviour that is expected at school. The bus rules are also based on our CARE code. Behaviours that stop people learning are also discussed.

School rules reflect society rules. Hitting, stealing, bullying, swearing, encouraging fighting and gangs, drugs and weapons are not tolerated at our school.

Matches, fireworks, bullets and fuel are considered extremely dangerous and absolutely not allowed at school.

If any of the above occurs children will be suspended from the playground, school or excluded. Ongoing negative behaviour will result in exclusion from this school.

We expect parents to support our CARE code and expect that all students know how to behave before coming to school. If special support is needed to assist a pupil to learn who can't behave as expected, Special Education are contacted and arrangement made with the family.

Please fill in the return slip to acknowledge that you have read this notice and discussed the school behaviour code and expectations with your children.

Yours sincerely

Huw Wainwright – Principal

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Name \_\_\_\_\_

I have received the notice on the CARE code and discussed it with my children.

Signed \_\_\_\_\_



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## Ka Ora, Ka Ako Healthy School Lunches at Tangowahine School

We can confirm that our provider for this government funded programme is the Libelle Group. Visit <https://www.libelle.co.nz/> for even more information.

This means that every student at our school will receive a free lunch.

We wish for \_\_\_\_\_ to participate in the free Healthy School Lunches programme.

Signed \_\_\_\_\_

*Note: "special diets" refer to where students have religious, ethical, or medical reasons for avoiding eating particular foods. It does not extend to food preferences, fussy eating, or non-medical aversions to particular foods.*

Please complete this form to advise us of any special dietary requirements your student has.  
**Special Dietary Needs** (Tick as appropriate)

Do you have a **Religious or Ethical special diet** (halal meat, no pork or beef & vegetarian)?

- Vegetarian ☐
- Vegan ☐
- Halal ☐

### Food Allergies

- Nut free ☐
- Gluten free ☐
- Egg free ☐
- Seafood free ☐
- Dairy Free ☐
- Other (please explain) \_\_\_\_\_

### Food intolerances

- Lactose
- Gluten
- Other (please explain) \_\_\_\_\_

## Fun, healthy, delicious!

We serve up tried & tested favourites that even fussy eaters will love. Menus are based on fresh, seasonal foods to avoid added fat, salt & sugar. We partner with Heart Foundation NZ to ensure our meals are well-presented, tasty and meet nutritional guidelines for students.

### MONDAY

#### Soft Shell Taco<sup>(V,EF)</sup>

Chilli beans, cheese, cauliflower bites, rainbow slaw, and mayo in a soft taco

**Snack:** Muffin

**GF:** GF tortilla

**DF:** No cheese

**GF/DF snack:** Cookie



**Snack:** Orange slices

**V:** Peking tofu

**GF:** GF bread

**DF:** No cheese

### WEDNESDAY

#### Ham and Egg Sandwich

Ham, egg, mayo and lettuce in between slices of bread with a corn fritter on the side

**Snack:** Fruit yoghurt

**V:** Egg & cheese

**GF:** GF bread

**DF snack:** Orange wedges

### THURSDAY

#### Crispy Chicken Roll

A crispy chicken tender, lettuce, grated carrot, cucumber and mayonnaise in an Oatlicious long roll

**Snack:** Fresh apple

**V:** Kumara rosti

**GF:** GF bread, shredded chicken

**DF:** Shredded chicken

### FRIDAY

#### Beef Wrap

Beef bites, lettuce, grated carrot, cheese and burger sauce in a wholemeal wrap

**Snack:** Pretzels

**V:** Kumara rosti

**GF:** GF wrap, roast beef

**DF:** Roast beef

**GF snack:** GF cookie



V-Vegetarian, GF-Gluten Free, DF-Dairy Free, EF-Egg Free. Meals will be prepared to cater for children with specific allergies or cultural requirements. If you need gluten free, vegetarian or dairy free options please make the school aware two weeks in advance. Meals are prepared in a non-allergen controlled environment. If you have low tolerance towards certain allergens please notify the school immediately. Items may vary subject to supply.



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## Permissions Form

Dear Parents

At the start of each year we seek your permission for a range of activities that your children may be participating in during the year ahead. In order to save us from sending out a range of permission slips, we ask that you complete the sections below and return this form to school.

This will be treated as confidential and filed in your child's personal file. If you have any queries, please feel free to contact your child's teacher.

**Childs name**..... **Room No**.....

### SCHOOL TRIPS

#### Permission Granted

**Yes**

**No**

I give permission for my child to go on school trips (Education Outside the Classroom) and sporting events.

☐☐

I understand that the school will advise parents in advance of all such trips & events.

### USE OF THE INTERNET

#### Permission Granted

**Yes**

**No**

I give permission for my child to use the Internet as part of their learning

☐☐

### SPECIALIST SERVICES

#### Permission Granted

**Yes**

**No**

I give permission for my child to be referred to Special Education Services or Resource Teachers of Learning & Behaviour. I understand that the school will notify me if this is required.

☐☐

### HEARING AND VISION

#### Permission Granted

**Yes**

**No**

I give permission for my child to have the ministry of health hearing and vision screening

☐☐

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### PUBLISHING PHOTOS

I give permission for my child's photo to be published on the school website or school newsletter

### Permission Granted

Yes

☐

No

☐

### PUBLISHING NAMES

I give permission for my child's name to be published in the School newsletter i.e. with regard to achievements in sport, special awards and recognition etc.

### Permission Granted

Yes

☐

No

☐

### MEDICAL / INJURY

I give permission for the school to administer medical help as per the School procedures and call on professional help in an emergency. I understand the school will make every endeavour to contact a parent in the case of any emergency.

### Permission Granted

Yes

☐

No

☐

Signed.....

Date.....



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## Blanket Consent form

This EOTC form is to cover events which occur during the course of a school day and conclude prior to approximately 6.00pm eg Swimming Sports, Family 'Beach' Day, cross country, ki-o-rahi, local school visits, Avoca Hall, Little Theatre rehearsals etc.

Where an event involves risk exposure greater than what would typically be the case at school, such as adventurous activities or hazardous environments or the event continues overnight, specific consent will be required. At the time of our seeking any further consents you will also be asked to update the health and contact information held by school.

It is important that this form is completed at the start of the year for all students who will be participating in EOTC events (as described above). Details on this form will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events. It is crucial that you provide us with up to date information, that is accurate and complete, to allow us to plan appropriately for EOTC events.

Please note that is very important that student details such as health information and emergency contacts are kept up to date with the [Tangowahine School](#) office during the year.

Please ensure that all sections of this form are completed and it is returned to the [TWS](#) office

*Privacy Statement:*

*Please note: the personal information being collected on this form is for the purpose of running EOTC events. It won't be used or disclosed for any other purpose except in accordance with the Privacy Act 1993. You have the right under that Act to access and seek correction of the information from the school.*



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## Student Information

Name of Student:

Year:

Address:

Parent/Caregiver email:

Parent/Caregiver phone:

Community Services Card Number:

## Swimming Consent

For activities where being able to swim is essential. Consent does not remove the need for group leaders to ascertain for themselves the level of the student's swimming ability.

Swimming ability

- |   |            |    |
|---|------------|----|
| • Is your child able to swim 50 metres?               | Yes        | No |
|   | Don't know |    |
| • Is your child water confident in a pool?            | Yes        | No |
|   | Don't know |    |
| • Is your child confident in deep water?              | Yes        | No |
|   | Don't know |    |
| • Is your child able to tread water?                  | Yes        | No |
|   | Don't know |    |
| • Is your child able to survival float?               | Yes        | No |
|   | Don't know |    |
| • Is your child confident in or in open water?        | Yes        | No |
|   | Don't know |    |
| • Is your child safety conscious in and around water? | Yes        | No |
|   | Don't know |    |

Signed: .....



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## Medical Consent

- ☐ In an emergency school may act on my behalf
- ☐ School may administer pain relief
- ☐ I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
- ☐ I will inform [Tangowahine School](#) as soon as possible of any changes in the medical or other circumstances.
- ☐ I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered by the medical authorities present **(delete as applicable)**.
- ☐ Any medical costs not covered by ACC or a community service card will be paid by me.
- ☐ If my child involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will be sent home at my expense.

Signed: .....

## Student Contract

To be read and signed by all participating students.

- ☐ I understand that any EOTC event is an opportunity for me to learn, practise skills and gain attitudes and values in an environment outside the classroom.
  - I realise that this requires me to take on genuine responsibility for my own learning and the safety and that of myself and others.
- ☐ I agree to do the following to make this happen:
  - Show courtesy and consideration for others; Follow the rules and instructions of staff and other supervisors at any event; Take part in all activities within challenge-by-choice options; Look after myself and my personal belongings; Declare medical conditions that could affect participation in the event; Accept the rules set by the school for any event, even if they are different from what is accepted at home.
- ☐ I understand that my parent/caregivers will be contacted and I may be sent home at their expense if:
  - My actions are considered unacceptable by staff; I break the school drugs and alcohol policy; My actions put me or others in any danger.

Signed (by student): .....

Date ...../...../.....



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## Parental Consent

- ☐ I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.
- ☐ I understand that there are risks associated with involvement in Tangowahine school's EOTC events and that these risks cannot be completely eliminated.
- ☐ I understand TWS will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.
- ☐ I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures.
- ☐ I acknowledge that in order to gain a better understanding of the risks involved I am able to ask any questions of [Tangowahine School](#) about the activities in which my child will be involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.
- ☐ I understand that [Tangowahine School](#) does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.

Signed: .....

Date ...../...../.....

(Full name of parent/Caregiver)

.....



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