

COULD YOU PLEASE MAKE SURE THAT WHEN YOU ENROL YOUR CHILD AT SCHOOL YOU HAVE A COPY OF THEIR BIRTH CERTIFICATE AND IMMUNISATION CERTIFICATE TO SHOW AT THE OFFICE.

THIS IS A REQUIREMENT OF THE MINISTRY.

ALSO REQUIRED ARE TWO FORMS OF IDENTIFICATION THAT YOU LIVE AT THE ADDRESS YOU HAVE WRITTEN ON THE CHILD'S ENROLMENT FORM.

PLEASE ADVISE IF YOUR CHILD IS ANY OF THE FOLLOWING FOR SCHOOL LUNCHES: VEGAN, VEGETARIAN, HALAL, GLUTEN FREE, NUT FREE (MAY STILL CONTAIN TRACES OF NUTS), EGG FREE, DAIRY FREE). WE WILL CONTACT YOU APPROXIMATELY 6 WEEKS PRIOR TO CONFIRM CLASS DETAILS AND SCHOOL VISITS.



TĪTAHI BAY SCHOOL - KURA KIDS are Believers and Achievers

Kura Street, Tītahi Bay, Porirua 5022 P O Box 50441, Porirua 5240 Phone: 04 236 8399
website: www.titahibay.school.nz email: office@titahibay.school.nz

ENROLMENT FORM

OFFICE USE ONLY

Date of admission:.....Enrolment No..... Zone:In/Out Visit letter sent.....
 Forms to be returned: Birth Certificate/Internet Agreement/Medical Form (if app) Immunisation records sighted Yes / No
 House allocated..... Records requested.....
 Entered on Etap Yes/ No Entered on ENROL Yes/ No NSN Number.....
 Room..... Year Level..... Teacher.....

Child's first names..... Surname.....
 Preferred name..... Gender: M/F Religion (Optional)
 Date of birth..... Year Level..... Language spoken at home.....
 Nationality..... Iwi (if applicable).....
 Eligibility for enrolment: NZ citizen / NZ resident / Student visa / other.....
 (Please select one option and supply a copy of birth certificate, passport or other relevant documentation)
 Previous school/pre-school..... School Lunches: Opt In - Standard/Non-Standard/ Opt Out (circle)
 Place in family.....Eldest child at this school.....
 Pre-schoolers attending in the future (please include DOB).....

Primary parent/Guardian name 1..... Relationship to child.....
 Address..... Child living with: Yes / No
 Home phone number..... Cell phone number.....
 Work phone number..... Occupation.....
Primary parent/Guardian name 2..... Relationship to child.....
 Address..... Child living with: Yes / No
 Home phone number..... Cell phone number.....
 Work phone number..... Occupation.....

Emergency contact name 3..... Relationship to child.....
 Home phone number..... Cell phone number.....
 Work phone number.....
Emergency contact name 4..... Relationship to child.....
 Home phone number..... Cell phone number.....
 Work phone number.....

PLEASE PROVIDE TWO FORMS OF IDENTIFICATION THAT YOU LIVE AT THE ABOVE ADDRESS e.g. telephone bill, power bill, bank statement, etc.

CONSENT FORM

In the event of a fire, earthquake or any civil emergency, children can only be released to people whose names are advised to the school in writing. Children cannot leave the school in the company of relatives or caregivers without written authority held on school files. Please list the names and phone numbers of people to whom we can release your child to if you are not available in the case of such an emergency. It is preferable that the people named are from within the area. Please note that if names are not supplied then your child will remain at school until you arrive to collect them.

Name..... Phone number / s.....

Name..... Phone number / s.....

Name..... Phone number / s.....

1	I give permission for my child to see the Dental Therapist	Yes	No
2	Are you happy for your child to be seen by the Regional Public Health's school nurse or hearing & vision screening tester when they visit the school?	Yes	No
3	I give permission for the school to involve the Resource/Learning Behaviour teachers	Yes	No
4	Are you happy for your child's name, photo/video image and/or work to be published on the school website and school publications? (If an image is used on the website, it will not have your child's name on it).	Yes	No
5	I give permission for my name and phone number to go on a mail or phone list for the Home & School and Board of Trustees for fundraising and class and school help.	Yes	No
6	I give permission for my child to use the internet, while working within the school's Cyber safety Policy and Use Agreement.	Yes	No
7	I give permission for the school to carry out head lice checks when necessary on my child and I wish to be advised if treatment is required.	Yes	No
8	I give permission for the school to administer paracetamol to my child when necessary.	Yes	No
9	In the event of my child being ill or injured at school and myself or my emergency contacts are unavailable, I give permission for the school to access medical attention.	Yes	No
10	Are you happy for your child to take part in activities within the immediate Titahi Bay School area (e.g. walks out of grounds?)	Yes	No
11	Are you happy for your child's name, photo and/or work to be published in community newspapers?	Yes	No

We prefer to email most notices and newsletters to families as this helps to reduce occasions where families miss out on important school communications due to notices going missing, the child being away on the day the notice is handed out, or one parent missing out in a split family. It is also more environmentally friendly. Newsletters will continue to be available on our website. Your email address and/or mobile numbers will not be passed by the school to anyone other than school staff/teachers with the proviso that it be used only for purposes described. All email correspondence will be BCC (blind copied) to prevent any other person being able to see or use your email address.

YES / NO I would like to receive school newsletters via email. If yes, please provide details below

Parent/Guardian name.....

Email address

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(please print clearly)

Parent/Guardian name.....

Email address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(please print clearly)

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of information when my child transfers to another school. I understand that the school will take action on my behalf in case of sudden illness or injury and I agree to abide by school policies.

I have supplied the following documentation: Birth Certificate or other / Internet Agreement / Medical Form (if applicable) / immunization records (5 year olds only).

Parent/Guardian signature..... Date.....

EARLY CHILDHOOD EDUCATION
(To be completed for 5 year olds only)

Child's name.....

Please complete the table below for the last Early Childhood Education Service(s) that your child attended.

- If your child attended more than one service at the same time, please enter hours per week for up to three services.
- If your child changed services within 6 months prior to starting school, please only fill in the table for the last service only.
- If the hours of attendance per week varied or if you are unsure, please enter an approximate or average number of hours per week.

Or tick the appropriate box in the second table.

Please enter the number of <u>hours per week</u> for up to three services	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a Kohanga 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 of 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 your child regularly attend Early Childhood Education? Please tick the appropriate statement
 ("Regularly attend" means your child was booked in to a service for sessions each week/fortnight)

- Yes, for the last.....years
- Not regularly, only occasionally with no on-going schedule
- No, did not attend ECE

Parent / Guardian signature..... Date.....

IMPORTANT NOTICE – SEVERE FOOD ALLERGY

We have several children with severe and life threatening allergies to nuts at Titahi Bay School. If some of these children come into contact with nuts or nut products, even by touching some nut residue left on surfaces, they can have a life threatening allergic reaction. The school needs to take every practical precaution to avoid a severe reaction and keep these children safe.

It would be a huge help to us if children **did not** bring peanuts, peanut butter, cashew nuts and nutella sandwiches as well as muesli bars containing nuts and other foods containing nuts, to school. Of particular concern are wet days when children eat inside and surfaces can be contaminated. It is very difficult for children to eat a peanut butter sandwich without mess!

We realize that many food products state on their packaging "may contain traces of peanuts or nuts". Provided that nuts are not an actual ingredient then there is no problem with your child bringing these products to school.

We appreciate your understanding in this matter.

TĪTAHI BAY SCHOOL: INTERNET USE BY STUDENTS

Parent permission form and user agreement

The school makes regular use of the internet as an integral and important part of its teaching and learning programmes. It enables our children to seek and gather information and communicate beyond the classroom. Our goal is to make this accessible to all at Titahi Bay School. To gain access to e-mail, the internet and other ICT tools, all students must agree to follow the school's cyber safety expectations and obtain the permission of their parents/caregivers.

To support our use of this resource we have developed a set of cyber safety expectations we expect all children to abide by. A copy of these expectations, along with an explanation of their purpose, is attached.

This form seeks your permission for your child to use this facility and acknowledges their agreement to abide by the school's cyber safety expectations as verified by the signatures below.

While most of the material on the internet is harmless, families should be aware that the nature of some material makes it undesirable for children viewing. It is also possible to purchase goods and services. While the school has in place measures to make this unlikely, exceptions may not be ruled out.

As parent or caregiver of a student at Titahi Bay School, I have read this form and the attached documents and conditions. I have discussed this with my child.

1. I understand that school computers, the internet and ICT equipment are used for educational purposes.
2. I understand that failure to act as a good user will result in loss of access to the internet and ICT resources.
3. I understand that the school cannot be held responsible or liable for material found by students or for goods purchased.
4. I understand that photographs of my child or a piece of their work may from time-to-time be published on our school website/school Facebook or class blog site and give consent for this.
5. I understand the signed copy of this agreement will be kept at school.

As parent or caregiver, I give consent for.....to have access to the internet, ICT equipment and to be published on the internet (see 4 above).

Parent/Caregiver name.....(please print)

Parent/Caregiver signature.....Date.....

TĪTAHI BAY SCHOOL'S CYBERSAFETY EXPECTATIONS- For Students

Note for Parents/Legal Guardians/Caregivers:

At Tītahi Bay School we aim to utilise Information and communication technology throughout all classes and across all ages. To ensure that all children learn to use the equipment appropriately and keep safe, please read and discuss these expectations with your child. **I can use the school computers and other school ICT equipment only for school work.** *This helps to ensure the equipment is available when students need to use it for their learning. It will also help to reduce the likelihood of any inappropriate activities taking place which put at risk the safety of the learning environment. If I am not feeling safe at any time or accidentally find mean or rude or dangerous things on the computer or other ICT equipment, I will tell the teacher straight away, without showing any other children.*

Because anyone at all can publish material on the Internet, It does contain material which is inappropriate, and in some cases illegal. The school has taken a number of steps to prevent this material from being accessed. However, there always remains the possibility that a student may inadvertently stumble across something inappropriate. Encouraging the student to tell a teacher immediately if they find something which they suspect may be inappropriate, encourages critical thinking and helps children to take responsibility for their actions and keep themselves, and others, safe. This way, they contribute to the cyber safety of the school community. I will not use ICT equipment to be mean or rude.

Bullying is not tolerated at Tītahi Bay School. When I have my own password, I will only log on with that password. I will not share my password with any other student and I will log off before letting someone else use the computer.

Passwords perform two functions. Firstly, they help to ensure only approved persons can access the school ICT facilities. Secondly, it ensures that students own work is identifiable and kept safe. I will check with the teacher before giving anyone information about myself or others when using the internet or a mobile phone- this includes home and email addresses, and phone numbers.

This reduces the risk of your child, or other children, being contacted by someone who wishes to upset or harm them, or use their identity for purposes which might compromise the child's privacy or security online.

I will not download any files or programmes(such as games or music) without the teachers permission.

Not downloading files keeps both the student and the equipment safe. Many files available on the internet are covered by copyright and although they can be easily downloaded, it may be illegal to do so.

Sometimes even innocent-looking files may contain malicious content such as viruses, or spyware(software that searches for personal information from your computer and transmits it to others on the internet). As well, some files may contain inappropriate or illegal material.

I will acknowledge where work has come from, if I have copied it from somewhere. This includes graphic and sound files I use in my schoolwork.

The internet has allowed easy access to a huge range of information which can be incorporated into students' work by simply cutting and pasting. The value to students' learning is questionable if they have not processed the information themselves and it is unethical to claim others work as your own.

I understand that the computer is like my exercise book. The staff may view my work and select items for sharing at times. I may not access or alter the work of other children without their permission.

From time-to-time we would like the opportunity to place either a photograph or piece of work from your child on our website or class blog sites. As professionals we will always be thoughtful and only publish material that is suitable.

Titahi Bay School
Medical Form

NAME	
DOCTOR / PHONE	
MEDICATION – any the child is on daily	
ALLERGIES	
VISION	
HEARING	
ANY SERIOUS CONCERNS	
LEARNING NEEDS	
BEHAVIOUR NEEDS	
ANY AGENCIES INVOLVED	
ASTHMA – Does the child have a plan YES / NO	
MEDICINE THAT WILL BE LEFT AT SCHOOL - DOSE / HOW OFTEN	
DOES YOUR CHILD REQUIRE MEDICATION BEFORE/AFTER EXCURSIONS YES / NO	
IF YOUR CHILD HAS AN ASTHMA ATTACK AT SCHOOL WHAT IS THE REQUIRED MEDICINE TO BE ADMINISTERED	

PLEASE CONTACT THE SCHOOL IF THERE ARE ANY CHANGES TO MEDICINES.

It is the parent’s responsibility to talk with the family doctor about their child with asthma.

I agree to the school administering a reliever inhaler to my child in an emergency. I understand that the school will inform me if this medicine is used.

Signed..... Date.....

ALL INCLUSIVE CONSENT FORM - TĪTAHI BAY SCHOOL

The ministry of Education guidelines identify different types of EOTC activities each with recommended types of caregiver consent. In brief, they are:

Category A: On-site - *In the school grounds*

Category B: Off-site - *Events in the local community occurring during school hours*

Category C: Off-site - *Events finishing after school finishes*

Any activities involving high-risk activities and/or overnight stay will always require separate caregiver consent. This form is designed for your convenience to give permission for all trips and events for 2024.

1. Child's Full Name.....
2. 2024 Room Number.....
3. Year.....
4. Full Name of Parent.....
5. Parent Email.....
6. Contact Number.....
7. Does your child have any relevant health information? Eg: medication, food allergies etc - if so please ensure you list below.
.....
.....
8. Health & Food, please list any relevant health or food information we should be aware of.
.....
.....
9. Swimming. Please tick what best describes your child's swimming ability?

Not confident in water.....
Has some water confidence.....
Can swim 25 metres independently.....
Can swim 50 metres or more independently.....

10. Parent Support on Trips.

In order for us to provide a fully rich curriculum for our students, we need parent support to make it happen. Please tick yes if you are happy to be approached for potential support on trips your child is involved in. Please tick below.

Yes - I can help sometimes.....

No - I am never in a position to help.....

11. By ticking yes, I understand that I am giving my child permission to attend any school day trips in the Wellington, Hutt Valley, Wairarapa, Kapiti Coast or Porirua areas during the year of 2024. This includes transport options including:

- Private cars
- Train
- Bus
- Cycling (seniors in public spaces)
- Walking

Please tick only one:

Yes.....

No.....

Explanation if No is ticked -

Please briefly explain why you ticked 'no' so we can make contact with you.

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