

## Pupil File

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Mother

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Work Place \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

### Father

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Work Place \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

**Access Rights** In case of parents who are no longer together, the school needs to know if there are any restrictions to access of children.

**It is important that we are aware of these rights to protect the child.**

### Caregivers (If not the above)

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Work Place \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_  
Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Work Place \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

### Emergency Contact (In case we can't get hold of you)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Relationship to child (eg Nana) \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Relationship to child \_\_\_\_\_

### Medical Information

Any Problems with Sight Hearing Speech Allergies Asthma Bee Sting Allergy  
Other \_\_\_\_\_  
Is Medication required at school? \_\_\_\_\_  
Does the school have permission to administer pain relief? (Panadol or Pamol) Yes/No  
Has your child been immunised? Yes / No Does the School have permission to act on your behalf in an emergency Yes/No/  
Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**What Nationality** is your child? \_\_\_\_\_ Iwi \_\_\_\_\_

This child's place in the family \_\_\_\_ / \_\_\_\_ (eg 1/3 or first child out of 3 children)

Names & birth dates of pre-schoolers \_\_\_\_\_

School age siblings \_\_\_\_\_

Has your child attended pre school? Yes/No Where? \_\_\_\_\_

Hours per week? \_\_\_\_\_ How long attended? \_\_\_\_\_ Before school health check? Yes/No

Has your child ever been stood down, suspended, excluded or expelled from a school? Yes/No

Has had reading recovery Yes/No Is in reading recovery Yes/No

### Office use only

Home time group \_\_\_\_\_ (Roydon Downs, Maketu, Te Matai, Late bus, Walking or Car Line)  
Year \_\_\_\_\_ Room \_\_\_\_\_ School house \_\_\_\_\_ Date of arrival \_\_\_\_\_  
Our enrolment No \_\_\_\_\_ NSN \_\_\_\_\_ Finance \_\_\_\_\_ Chromebook email (Rm7 up) \_\_\_\_\_  
Birth Certificate saved \_\_\_\_\_ Early Notification Group (Edge) \_\_\_\_\_ Enrol \_\_\_\_\_ Edge \_\_\_\_\_ Whole School Group \_\_\_\_\_  
Library Card \_\_\_\_\_ Uniform barcode \_\_\_\_\_ File Card \_\_\_\_\_ Welcome Cert \_\_\_\_\_ Internet \_\_\_\_\_ Bible Permission \_\_\_\_\_

CHILD'S NAME: .....

## PAENGAROA PRIMARY SCHOOL

### INTERNET USERS CONSENT FORM & CONSENT TO PUBLISH

As part of the school's learning programmes, your child will need to use the Internet and e-mail to access information and communicate with others. The opportunities that this usage opens up are enormous and exciting.

When using the Internet and e-mail, your child will be supervised and have specific tasks to carry out. Care is taken to avoid children having access to unsuitable material. Sites are generally previewed by staff before children access them. However it is still possible, although unlikely, to stumble upon undesirable material and we do have procedures in place in the event of this happening. You are very welcome to view these, and further documentation, in the ICT Implementation Plan available from classroom teachers.

For the reasons listed above, we ask you and your child to sign and return this consent form, before your child is permitted to use the internet at Paengaroa Primary

I, ....., as the parent or legal guardian of ....., have discussed this with my child and give my consent for him/her to use the Internet and e-mail at Paengaroa Primary School. I also give Paengaroa Primary School the right to use my child's first name, photograph and published work for reproduction on the Internet and in e-mail. This material will only be used for activities related to school projects or Paengaroa Primary School's web site.

Signed: .....

Date: .....

I, ....., as a student of Paengaroa Primary School, agree to use the internet and e-mail at school in a correct and responsible way. I will carry out these activities with my teacher's permission and under the supervision of an adult. I give Paengaroa Primary School the right to use my first name, photograph and published work for reproduction on the Internet and in e-mail. This material will only be used for activities related to my school projects and/or to Paengaroa Primary School's web site.

Signed: .....

Date: .....

# PAENGAROA SCHOOL PERMISSION SLIP REQUIRED TO ATTEND BIBLE IN SCHOOL—RELIGIOUS INSTRUCTION

The School Board of Trustees have noted the challenging position St Heliers finds itself in after their Board of Trustees legislated to ban "Bible in School". We feel for both sides of the argument. To avoid a lengthy and divisive debate, the Board of Trustees have opted for a simple solution. Permission slips.

It was decided that the school would change its default position. In previous years, our pupils attended "Bible in School" unless parents excused their children from attending by writing a letter to the teacher.

The school will now do the opposite of this, which is, to ask for all parents to give permission for their children to attend "Bible in School". The school does this for all other extra-curricular activities such as sports teams, camps, Te Reo and Kapa Haka and so on. What the school also does is allow children, who do not bring a permissions slip back to school, to attend subject to a permission slip arriving at school in the future.

Bible in School or Religious Instruction as it is often called, has been delivered at Paengaroa School by a small, yet caring group of adults for over twenty years. The school has always made arrangements for any children who do not attend "Bible in School" and this will continue.

The Programme is morals based and reinforces the schools core values education and personal qualities we are trying to instill in our pupils. Including such values and qualities as: honesty, respect, integrity, reliability, co-operation, consideration, responsibility, independence in thinking, forgiveness, making good choices and building resilience. The idea of "treating others as you would like to be treated" is a main message—golden rule / theme. All theses ideas are introduced through stories and parables that aim to show that our choices and actions have consequences for ourselves and others.

Please complete the permission slip below and return this to the office as soon as possible.

Thank you.

Kind regards  
Bruce Lendrem  
Principal, Paengaroa School (for the Board of Trustees)

✂ \_\_\_\_\_

## Paengaroa School Permission Slip—Bible in School—Please return to the School Office.

My Child/ Children's name and class numbers are:

_____	in room _____
_____	in room _____
_____	in room _____
_____	in room _____

### Please tick one option in the box.

☐ I give permission for my child / children to attend "Bible in School".

☐ I do not give permission for my child / children to attend "Bible in School".

Signed \_\_\_\_\_ Date \_\_\_\_\_



## CODE OF HEALTH & DISABILITY SERVICES CONSUMER RIGHTS

- Right 1 The right of be treated with respect
- Right 2 The right to freedom from discrimination, coercion, harassment and exploitation
- Right 3 The right to dignity and independence
- Right 4 The right to services of an appropriate standard
- Right 5 The right to effective communication
- Right 6 The right to be fully informed
- Right 7 The right to make an informed choice and give informed consent
- Right 8 The right to support
- Right 9 Rights in respect of teaching or research
- Right 10 The right to complain

The purpose of collection of your health information is primarily for your child's care and treatment and will remain confidential. Health information can be used for quality and health audits, training and research also.

*The Bay of Plenty District Health Board has an active commitment to the Treaty of Waitangi  
and the improvement of Māori health.*

Our Values

**CHARE**  
Māorakitanga

Tauranga Hospital 07 579 8000 Whakatane Hospital 07 306 0999  
[www.bopdhb.govt.nz](http://www.bopdhb.govt.nz)

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408D

# Free Community Dental Service (for Children & Youth) 0800 TALK TEETH (0800 825 583)

## Enrolment and Consent for Dental Examination



Patient Family Names

Patient First Names

Also known as

Date of Birth

Male

Female

Day Month Year

Street Address

Suburb

Town / City

Post Code

Home Phone

Work Phone

Mobile Phone

Email Address

Your Family Doctor's Name / Medical Practice

Medical Practice

Ethnicity

Tick all the boxes that apply

National Health Index Number (NHI if known)

☐ New Zealand European

Previous School / Education Institution Attended

☐ Maori Iwi/hapu

School Year

☐ Samoan

☐ Cook Island Maori

☐ Tongan

☐ Niuean


☐ Chinese

☐ Indian

☐ Other (such as Dutch, Japanese, Tokelauan. Please state

If not, please specify

If you want your child / youth to be seen by the Community Dental Service please complete and sign the GREEN agree sections. 

If you DO NOT want your child / youth to be seen by the Community Dental Service please complete and sign the ORANGE do not consent forms. 

## CONSENT (AGREE)

### Medical History

Some medical conditions and some medicines can affect dental care. Please indicate if your child has any of the following by ticking Yes or No.

Yes No

Rheumatic Fever

☐ ☐

Asthma

☐ ☐

Diabetes

☐ ☐

Heart condition

☐ ☐

Epilepsy

☐ ☐

Hep A, B, C

☐ ☐

Bleeding problems

☐ ☐

Latex allergy (rubber)

☐ ☐

HIV / AIDS

☐ ☐

Other Conditions /

Allergies

Medications

### CONSENT FOR SERVICES PROVIDED

☐ I AGREE to my child / youth receiving regular dental examinations. I understand that I have the right to change this consent at any time.

☐ I AGREE to dental x-rays being taken at examination, if necessary.

Print Your Family Name

Today's Date

Print Your First Name

Day Month Year

Signature

Relationship

☐ Mother

☐ Father

☐ Legal Guardian

☐ Self

### DO NOT CONSENT (DO NOT AGREE)

☒ I DO NOT AGREE to my child / youth receiving regular dental examinations from Community Dental Services

Print Family Name

Today's Date

Print First Name

Day Month Year

Signature

Relationship

☐ Mother

☐ Father

☐ Legal Guardian

☐ Self