



Paengaroa School

Enrolment Form



To be completed by Parent / Caregiver and returned with identification
i.e. Passport or Birth Certificate of Student.

Pupil Details	
Legal Surname: _____ Legal First Names: _____	
Preferred Name: _____ Birth Date: ____ / ____ / ____	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Class Level on Entry: Year: _____	
School House that Older Siblings belonged to: <input type="checkbox"/> Kiwi <input type="checkbox"/> Hoiho <input type="checkbox"/> Tui <input type="checkbox"/> Weka	
Name of older sibling previously or currently attending Paengaroa School: _____	
Start date at Paengaroa School: ____ / ____ / ____ Last school attended: _____	
How will your child travel to and from school: <input type="checkbox"/> Walk <input type="checkbox"/> Bike / Scooter <input type="checkbox"/> Car <input type="checkbox"/> School Bus	

Full Names of Person(s) Student is Living With (Note: Mail will be sent to Caregiver 1)	
<u>Caregiver 1:</u> Surname: _____ First Name: _____ Relationship to student: _____ Address: _____ _____ Home Phone: _____ Work Phone: _____ Mobile: _____ Email: _____ Postal Address: (if different from residential: _____ _____	<u>Caregiver 2:</u> Surname: _____ First Name: _____ Relationship to student: _____ Address: _____ _____ Home Phone: _____ Work Phone: _____ Mobile: _____ Email: _____ Postal Address: (if different from residential: _____ _____

Access Rights
<p>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, i.e. custody orders. It is important that we are aware of these rights to protect the child.</p> <p>Custody / Court Order <input type="checkbox"/> Yes (if yes, please attach) <input type="checkbox"/> No</p>

Parent Not Living With Student
<input type="checkbox"/> Mother <input type="checkbox"/> Father Name: _____ Phone: _____ Address: _____ Email: _____

Emergency Contacts (After Caregivers)	
<u>Emergency Contact 1:</u> Name: _____ Relationship to student: _____ Phone: _____	<u>Emergency Contact 2:</u> Name: _____ Relationship to student: _____ Phone: _____

Medical Information

Any problems with: Sight Hearing Speech Allergies Asthma Bee Sting Allergy

Other Medical Conditions: _____

Is Medication required at School?: Yes No Name of Medication: _____

Does the school have permission to administer pain relief? (Panadol or Pamol) Yes No

Does the school have permission to act on your behalf in an emergency? Yes No

Has your child been immunised? (if yes, please attach evidence) Yes No

Doctor: _____ Phone: _____

Nationality

What Nationality is your child? _____ Iwi _____

Country of Birth: _____ If not NZ, please provide date of entry into NZ _____

Language spoken at home: _____

This child's place in the family: _____ / _____ (eg 1/2 or first child out of 3 children)

Names and birth dates of pre-schoolers _____

Has your child attended pre-school? Yes No Where? _____

Hours per week _____ How long attended _____ Before school health check Yes No

Parent / Caregiver Declaration

I / WE agree that our child shall abide by all school values, rules and regulations.

I / WE agree to pay all sport and activity fees and any reparation sought for damage to school property.

I / WE understand that the information on this form will be used by this school to maintain appropriate school records and effective contact with the enrolled student's parents / caregivers.

I / WE also agree to the school requesting and sharing relevant information about my child for enrolment purposes, class placements and to ensure positive educational and wellbeing outcomes.

I / WE agree to our child's name and/or photograph being published in school publications, eg: newsletter, website or magazine.

I / WE agree to the school releasing iwi data to local Iwi Authorities to support wellbeing outcomes for students, whanau, hapu and iwi.

Signature: _____ (Parent / Caregiver) Date: ____ / ____ / ____

Office Use Only

Home time group: Car / Walking / Bus 4 / Bus 5 / Bus 15 / Late Bus (please circle)

Date of Arrival: _____ Year Level: _____ Room No.: _____ School House: _____

Our Enrolment No.: _____ NSN: _____ Chromebook Agreement (Rm 7 up)

Birth Cert/visa: Early Notification Group (Edge): Enrol: Edge: Edge Finance: Welcome Cert:

Whole School Group: Library Card: Uniform Barcode: Internet Permission: Rheumatic Fever Consent:

Custody Order (if any): Signed Dental Consent: Signed Kahui Ako: Immunisation Evidence:

Reading Eggs (Rm3-Rm4): Core Lexia (Rm6): Google Classroom Login (Rm7-Rm11): SkoolBo Login (Rm7):

CHILD'S NAME: _____



PAENGAROA PRIMARY SCHOOL

INTERNET USERS CONSENT FORM & CONSENT TO PUBLISH

As part of the school's learning programs, 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



"Where Learning has no boundaries"
"He Akoranga Mutunga Kore"

I give permission for _____ to receive support through the services we are able to access in the Te Puke Kahui Ako.

Signed: _____

Date: _____

SHARING INFORMATION ACROSS OUR KAHUI AKO

Sometimes we are required to share information across our learning schools in the Te Puke Area to access suitable assistance in the form of funding or experts in their field. The information is also used to gather data across our schools so funding can be more readily allocated to needs identified AND to access services that we may need. You will be informed if your information is shared at across school's meetings—where a panel works together to get best outcomes for your child. This is not used in all circumstances.

I give permission for _____ information to be shared if required by the Te Puke Kahui Ako.

Signed: _____

Date: _____



Rheumatic Fever Prevention Programme Information

Kia Ora Whānau,

Poutiri Wellness Centre will be providing a weekly school-based throat swabbing and Kiri Ora skin assessments to reduce the high rates of Rheumatic Fever and skin infections in the Te Puke region.

Rheumatic Fever is highly preventable. The Strep A Bacteria can lead to Rheumatic Fever. Strep A can be found in sore throats can also be found in various skin infections.

This will aim to reduce the rate of GP visits and long wait times for whānau to be seen by a GP. Children while at school will be offered a throat swab which is processed within 2 days. If your child returns a positive result for Strep A – The Rheumatic Fever Team at Poutiri will contact your whānau with a 10-day course of antibiotics which can be collected or delivered.

There is no cost for this service or medication.

There is **no** criteria for your child to have a swab – other than a sore throat and/or any sores that you are concerned about. We will need to record your child's name, date of birth and weight in case of a positive Group A Strep (GAS) result and antibiotics will need to be prescribed. If your child has any skin infections or injury (grazes/minor cuts or burns) we will assess and treat with wound care.

If your child skin injury is accident related we can lodge a ACC claim on behalf with your consent.

This claim would include your child details. ACC may collect medical or other information for their records. You will receive notification that we have lodged this claim. ACC support can be helpful with assuring sufficient ongoing wound care if required.

For more complex skin conditions, we can refer to specialist nurses, your GP. In the event of this, whānau will be notified to discuss if a referral is necessary. We have access to online GP service- with your consent- we can have this assessed on the day and treated. This may require an image not identifying your child but rather the 'skin condition' or 'wound'.

Alternatively, if your child is under 13 years and has a sore throat or has a skin condition you can also visit your local Pharmacy who are able to also assess for Rheumatic Fever and skin conditions.

These services will be offered to all tamariki at the kura. **IF YOU WISH TO OPT OUT** of this programme, please complete the opt-off form available at school office or alternatively contact us at Poutiri Wellness Centre if you have any concerns or if you wish to have this service in our clinic, we can arrange this.

Consent Form

Throat swabbing and Kiri Ora (Healthy Skin) Assessment

School	Form #	Date of Birth	M/F
SURNAME*	FIRST NAME*		
Ethnicity (Please select one)	<input type="radio"/> European <input type="radio"/> Māori	Any Allergies:	
Parent/Caregiver Name*	<input type="radio"/> Pasifika <input type="radio"/> Other		
Address			
Contact Phone Numbers*			
Emergency Contact Person & Contact number		Preferred pharmacy	
GP Practice (if known)			
Signature:		Date:	
Throat Swabbing Please tick appropriate circle below	Kiri Ora (Healthy Skin) Assessment Please tick appropriate circle below		
<input type="radio"/> I DO CONSENT <input type="radio"/> I DO NOT CONSENT	<input type="radio"/> I DO CONSENT <input type="radio"/> I DO NOT CONSENT		
To my child(ren) taking part in the Poutiri Wellness Centre Rheumatic Fever Prevention Throat Swabbing Programme, I understand that if my child has a positive result from a throat swab for Group A Streptococci, I will be required to collect a 10-day course of Antibiotics (Amoxicillin) FREE from Poutiri Wellness Centre. Your child(ren) weight will be recorded to prescribe the correct dose of antibiotics. The Rheumatic Fever Team will follow up with your whānau and provide any resources you might need. Your GP will also be informed of the results and if required any follow up.	With your consent the Rheumatic Fever Team will be able to assess and treat your child while at school for any skin conditions and if required basic wound care, education and follow up. If any other referral are required we will contact whānau to inform them if this is considered.		

OPT-OFF Programme Form

Date:	
Name(s) Child(ren) request to be withdrawn from the programme:	
Parent/Caregiver (s) Relationship to Child(ren)	
Full name:	
Signature:	

I hereby request that my child/ren DO-NOT take part in the Poutiri Wellness Centre Rheumatic Fever & Kiri Ora Programme

- School-based throat swabbing Programme
- School-based Kiri Ora/Healthy Skin Programme

A parent/caregiver may choose at any time to re-engage with the program. For local support and information please contact our Rheumatic Fever Team at Poutiri Wellness Centre.

For any enquiries please contact:

Poutiri Wellness Centre
(0800) 573 0091



Poutiri Wellness
Team

Mauora Pahl (Community Team)
(027) 621 8449



STOP
SORE THROATS
HURTING HEARTS
Preventing Rheumatic Fever