



Whangarei Adventist[™] Christian School

Educating for Eternity



APPLICATION FOR ENROLMENT



Enrolment Statement

Enrolment information for parents seeking enrolment at Whangarei Adventist Christian School.

State integrated schools select preference students based on the connection to the special character of the school.

- a. The agent for determining preference is the local church pastor, school chaplain, or designee
- b. The grounds for preference are the specific or general connection the family has to the beliefs, values, and lifestyle of the Seventh-day Adventist Church

State integrated schools have places for non-preference students.

- a. This school has a maximum of 5 non-preference places. If these places are taken, applicants can have their names recorded on a waiting list, ranked in order of the date of waiting list entry, for the next available place.
- b. Non-Preference places criteria:
 - i. The applicants accept that they will be attending a school of special character and that their place in the school is conditional on their participation in the program.
 - ii. The applicants accept that they will be required to pay attendance dues as set by the Proprietor and these are not voluntary.
- d. Non-Preference selection criteria that apply to this school.
 - 1. will be given to children of Board of Trustee employees;
 - 2. will be given to applicants who are siblings of current pupils;
 - 3. will be given to children of members of the Board of Trustees;
 - 4. will be given to applicants who are siblings of former pupils;
 - 5. will be given to applicants who are children of former pupils;
 - 6. Non-preference students coming from another Adventist School.
- e. Non-preference students who cannot enrol immediately may choose to be placed on a waiting list. Students on this list are wait listed by date and number and will be contacted if places become available.

Enrolment information is also available for this school in hard copy from the office.

Thank you for taking time to fill out this application of enrolment at our school;

Enrolment Process

1. Complete all parts of this application form

- I. Preference Determination Questionnaire
- II. Student & Parent/Caregiver details
- III. Emergency & Medical details
- IV. Previous ECE or School information
- V. ICT User Agreement
- VI. About my child
- VII. Referee form from ECE Teacher/School Teacher or someone who knows child well (but not related).
- VIII. School Transfer form if applicable
- IX. Commitment to Pay Attendance Dues
- X. Parent Declaration & Commitment

2. Office receives Application

Send this Application with supporting documents (Birth Certificate; Immunisation Records; School Reports and previous school notes; Medical Plans; Proof of Guardianship) to school Office.

3. Appointment Scheduled.

An appointment for Chaplain Interview will be made, you are welcome to bring family members.

4. Enrolment Status

Chaplain will determine enrolment status after interview and consult BOT and Principal.

5. Enrolment notice

Offer of Enrolment will be sent to successful applicants.



NEW ZEALAND SEVENTH-DAY ADVENTIST SCHOOLS

PREFERENCE DETERMINATION QUESTIONNAIRE

Please answer the following questions as best you can. If you wish to provide further information please write on a separate sheet of paper and attach. Please bring the questionnaire and any other material you feel will help to determine your preferential status to the interview.

PERSONAL INFORMATION

PARENT/CAREGIVER NAME(S):

ADDRESS:

PHONE:

STUDENT NAME: Applying to enter Year

RELIGIOUS INFORMATION

1. Are you members of the Seventh-day Adventist Church? ☐ Yes – go to question 2
☐ No – go to question 3

2. Which church is your membership held at?

Which church are you currently attending?

Name of church pastor

go to question 4

3. Are you regular active members of a church congregation? ☐ Yes
☐ No – go to question 5

If YES (in (a) above) which church congregation?

Please provide details of pastor or church leader who can be contacted to provide a reference.

Name: Position:

Phone

4. Describe your involvement in church life:

5. Please share briefly why you are applying for your child to attend this school:

6. Are you prepared to become involved in the life of the school and support the various activities of the school? (worship, Christian outreach, weeks of spiritual emphasis, church programs)

☐ Yes ☐ No

7. Are you prepared to support the special character of the school by providing a family environment consistent with the Christian aims and ideals of the school? (church attendance, family worship, prayers, healthy lifestyle, Bible Reading)

☐ Yes ☐ No



STUDENT DETAILS

Legal Surname		Date of Birth	dd / mm / yyyy	
Legal First Name(s)		Are you a New Zealand Citizen?		
Preferred Surname		<input type="radio"/> Yes <input type="radio"/> No		
Preferred First Names		Copy of official identity verification document <input type="radio"/> NZ Birth Certificate <input type="radio"/> NZ Passport <input type="radio"/> Overseas Birth Certificate <input type="radio"/> Overseas Passport <input type="radio"/> Other		
Other names known by		<input type="radio"/> Male		<input type="radio"/> Female
Physical Address		Ethnic origin(s) <hr/> <hr/> IWI Affiliation(s) <hr/> <hr/>		
Is English a first language? Yes / No		Languages Spoken at home:		

PARENT/ CAREGIVER/ LEGAL GUARDIAN DETAILS

Full Name		Full Name	
Physical Address		Physical Address	
Occupation		Occupation	
Employer		Employer	
Home Phone		Home Phone	
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
Email:		Email:	
Relationship to student		Relationship to student	
Denomination and church attended		Denomination and church attended	

Any court orders against parents? Any individuals denied access to child?
Please provide details and discuss with Principal. Legal documentation will need to be sighted.

EMERGENCY CONTACTS /For Medical emergencies and school pick ups.			
Name		Name	
Address		Address	
Contact numbers		Contact numbers	
Relationship to Child		Relationship to Child	
IF YOU ARE UNABLE TO PICK YOUR CHILD UP, ONLY THE ABOVE-NAMED PEOPLE WILL BE GIVEN AUTHORITY TO COLLECT YOUR CHILD FROM SCHOOL EMERGENCY CONTACT PEOPLE MAY BE REQUESTED TO PROVIDE IDENTIFICATION TO STAFF UPON COLLECTION			
MEDICAL INFORMATION			
Doctors Name			
Medical Centre			
Phone Number			
Address			
Illness/Allergies/diagnosis or health issues? (Eczema, Asthma, Hay fever, Epilepsy, FASD, ASD Spectrum, Hearing, ODD, ADHD) Please Provide details on severity and treatments: PLEASE PROVIDE ACTION PLAN FROM DOCTOR F YOU HAVE ONE			
Immunisations up to date?	YES	NO	*Please Provide Immunisation Certificate
MEDICAL TREATMENT/EMERGENCY AND MEDICATION CONSENT			
If I am unable to be contacted; I give permission for the school to seek medical care if necessary: Yes / No_____			
I agree to pay for treatment if my child is taken to a doctor: Yes /No_____			
I agree to a staff member or ambulance transporting my child to a Doctor if necessary: Yes /No_____			
In the event of basic first aid, non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) not ingested, will be available for use. Do you approve basic first aid preparations to be used on your child? Yes /No _____			
I acknowledge that written authority (signing the medication register) from a parent is to be given at the beginning of each day should a prescription or non-prescription medicine need administering, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.			
Parent/Guardian Signature: _____		Date: ____/____/____	

PREVIOUS EDUCATION

B4 School Check: The Ministry of Education shares information about five-year olds enrolled in school with Ministry of Health professionals as part of the B4 School Check Ministry of Health initiative.

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 hours per week for up to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten <i>or</i> 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.

Name of Early Childhood Centre attended	
Previous School attended <i>*Please provide latest Student Report.</i>	
Start and end dates of previous school attended	
Current Year level	
Reason for leaving	
Does your child have high health/ORS/RTLB/ or other specialist intervention and support? Or do you think they should? Please provide details.	
Does your child require learning support for any core curriculum areas? (Reading, Writing, Math)	
Anticipated start date at WACS	

IT and Cybersafety: WACS Student User Agreement

Important rules all WACS students using Information Technology must follow.

WACS Students are supplied devices for learning. No students are permitted to bring cameras/phones/tablet/laptops or any other personal IT device to school.

1. School information and communication technology (ICT) is to be used for my classroom learning.
2. It is important to keep safe when using the Internet, e-mail and other ICT, this means I must follow the school's safety rules.
3. The only time I will use the Internet, e-mail at school is when a teacher has given me permission and is supervising me.
4. I am not allowed to try and look at things on the Internet which I know are not for children, do not reflect the special Christian character of our school or are against the law.
5. I will immediately report anything that I find on the Internet, or other technologies that I should not have access to, to the teacher.
6. I must be sensible when using e-mail and not send messages which I would not want my parents or teacher to read, even as a joke.
7. Any password used at school must be shared with the teacher but must not be shared with any other person.

I will be careful when using ICT:

- I will not damage equipment
- I will not download or copy any files such as music, videos, games, programmes or software without the permission
- I will not bring software from home to use on a School ICT
- I will not print anything without the permission of the teacher

I will be considerate of other users:

- I will not deliberately disrupt the ICT or the schools network
- I will not be involved in electronic vandalism like viruses or abuse
- If I accidentally come across offensive, dangerous or illegal material I will immediately remove it from the screen and tell the teacher, without showing any other students
- I will not take information from Internet sources and use it in my work without saying where I got the information from

I will be cautious when finding, using and sharing information:

- I will not give anyone on the Internet information about myself or others-this includes names, email addresses, phone numbers, addresses or photos
- I will only use ICT in constructive ways that do not break the rules of my family, School, religion or government.
- I will tell the teacher if I come across any problems

Google for Education guidelines:

- I will not use the school Google login to set up other accounts on the Internet without teacher permission, e.g. registering for a Facebook account.
- I understand that my Google account used to log into Google for Education software is under the school domain, and that teachers can access my account at any time and are able to monitor my use.

Student

I have read this agreement and understand that if I break this agreement in any way I may lose the right to use ICT at school. The School may also take disciplinary action against me in line with their discipline policy. This may include shutting down my Google account.

Student Name: _____

Signed: _____ Date: _____

Parent/Caregivers

I have read this Agreement and understand that my child is responsible for using school equipment and the Internet as outlined.

I have gone through the Agreement with my child and explained its importance, and that there may be consequences for breaking the Agreement. I understand while the School will do its best to restrict student access to offensive, dangerous inappropriate or illegal material on the Internet and through e-mail, it is the responsibility of my child to not be involved with such material.

I give my permission for _____ to be given access at school to global information systems such as the Internet to or Google for Education software.

Signed: _____ Date: _____

ABOUT MY CHILD (Circle the words below which you feel best describe your child):

Confident	Curious	Helpful	Learns quickly	Happy	Attentive
Anxious	Responsible	Shy	Nervous	Co-operative	Friendly
Stressed	Thoughtful	Creative	Sensitive	Restless	Kind
Concerned	Risk-taker	Loves learning	Easily angered	Easily frustrated	

My child as a learner

- Tick the statements below that best describe your child's current development
- Please note these descriptions are for a wide age range and some may not be applicable.

Managing self

- Can recognise own name
- Is willing to attempt new things
- Takes care of own belongings
- Able to dress self after swimming
- Can behave appropriately in different situations
- Can concentrate for short periods of time
- Understands right from wrong
- Knows when to follow others and be appropriate
- Has a 'can do' attitude.
- Can set goals, make plans and organise him/herself.
- Has sensible ideas for solving day to day problems.
- Is reliable.
- Behaves responsibly.
- Displays leadership
- Can work independently and/or contribute to group discussions.

Thinking

- Can ask & answer questions
- Enjoys craft or construction
- Knows to ask for help
- Can organise thoughts in sequence
- Is open to new learning
- Knows where/how to find information
- Can choose activities independently
- Has creative ideas
- Can find information to problem solve.
- Reflects and makes changes where needed.
- Can organise and explain own ideas.
- Asks questions to find help or information

Using language and symbols

- Can write name
- Speaks clearly in full sentences
- Listens to and follows instructions
- Recognizes numbers
- Solves number problems
- Enjoys being read to
- Reads at a level appropriate for age.
- Reads for enjoyment.
- Can express ideas clearly in writing.
- Speaks and listens effectively.
- Enjoys participating and creating in performing arts.
- Can use different strategies to solve problems.

Relating to others

- Share equipment
- Listens to others
- Understands how to join in a game
- Understands games may have rules
- Plays regularly with others.
- Waits for their turn
- Works cooperatively with others
- Accepts and respects own and others' rights and differences.
- Understands and accepts the ideas and opinions of others.
- Resolves conflict positively.
- Can work well in a group or team.

Participating and contributing

- Able to help or care for others
- Keen to join in activities or groups
- Knows how to include others
- Able to talk in front of others
- Can convey a message to another person
- Enjoys taking part in sporting/cultural activities.
- Confident to take responsible risks.
- Confident to share ideas with others.

My Child's Hobbies/Activities/Interests	As a family, we value:
<ul style="list-style-type: none">••••	<ul style="list-style-type: none">••••

I believe my child is good at:
I believe my child may need support with:

Is there any other information you would like to say about your child or family circumstances?

Our Commitment to Pay Attendance Dues in 2025

The New Zealand
Seventh-day Adventist
Schools Association Limited
GST Reg Number: 60-663-459



Adventist Education
New Zealand

Private Bag 94200
Howick, Auckland 2145
Toll Free: 0800 4 MY DUES
Email: attendancedues@adventist.org.nz

This enrolment document is a legal contract between The New Zealand Seventh-day Adventist Schools Association Limited as the Proprietor and the Person(s) Accepting Responsibility for the Payment of Attendance Dues.

**Family
Code**

Family Details:

Family Details	Parent/Caregiver/Guardian	Parent/Caregiver/Guardian
Legal Given Names:		
Legal Surname:		
Role/Relationship to students: (e.g. Mother)		
Telephone:		
Email:		

As the person(s) enrolling the student(s), I (we) accept responsibility for the payment of all dues, and have read and accept the conditions of enrolment as set out on Page 2 of this document.

Signature of Parent/Caregiver/Guardian	Date	Signature of Parent/Caregiver/Guardian	Date

Account Payer's Details:

Account Name:		Contact Number:	
Postal Address:			
I agree to pay the Attendance Dues for 2025 for the student(s) listed below	Signature of Account Payer	Date	

Students' Details Kindly provide the details of all students in your family who are currently enrolled at Seventh-day Adventist Schools in New Zealand.

Legal Surname	Legal Given Name(s) (place preferred name in brackets)	2025 Year Level	Start Date	School Code See p2

**PLEASE READ OUR CONDITIONS OF ENROLMENT CAREFULLY BEFORE SIGNING
ON THE FIRST PAGE OF THIS ATTENDANCE DUES DOCUMENT**

Attendance Dues are compulsory as permitted by legislation. Unpaid fees may lead to your child being excluded from all Seventh-day Adventist Schools. In the event of a default in payment, then any recovery costs levied by a debt-collection agency will be charged to the account payer.

ATTENDANCE DUES ARE DUE IN FULL AT THE BEGINNING OF EACH TERM.

Payment plans are available by prior arrangement.

Having applied for enrolment at a New Zealand Seventh-day Adventist Integrated School, I understand the following Terms and Conditions:

1. Attendance at a Seventh-day Adventist School is conditional upon the payment of Attendance Dues.
2. Payment of Attendance Dues is due at the commencement of each school term.
3. Attendance Dues will be invoiced for each student in Term 1, or on enrolment:
Years 1 – 8: \$630 per year (i.e. \$157.50 per term, or \$15.75 per school week)
4. Accounts in arrears at the end of the term may result in exclusion
5. Payment plans can be applied for provided the account is up to date by the end of each term.
6. Failure to maintain payment plans up to date may result in exclusion
7. The parent or caregiver who enrolls the student is ultimately responsible for payment. Where another person or organisation is paying the Attendance dues, they must agree to do this by signing in the Yellow section of the Form.
8. Any costs, commissions, disbursements and legal fees incurred in the course of The Proprietor recovering outstanding Attendance Dues, will be recovered from the account payer.

I understand that the information given in this form may be disclosed to The Proprietor, or his/her agent for the purposes of collection of Attendance Dues and any other purposes provided for or envisioned in law as promulgated in the Privacy Act (1993)

I have read, understood and agree to comply with all terms and conditions as contained in this document. –

- *As Parent/Caregiver/Guardian please sign in the Purple/Green Section overleaf.*
- *If a sponsorship or scholarship arrangement is in place, please sign in the yellow section overleaf.*

School Codes										
ASDAH	ASDAH		Longburn	LAC		Rotorua	ROT		Waitakere	WAI
Balmoral	BAL		New Plymouth	NPL		South Auckland	SASDA		Wellington	WEL
Christchurch	CAS		Palmerston North	PNACS		Southland	SACS		Whakatane	WHK
Hamilton	HAM		Parkside	PRK		Tauranga	TAU		Whangarei	WACS

PARENT DECLARATION AND COMMITMENT

Please discuss these with Principal if you have any questions.

- I understand that this is an integrated school and enrolment acceptance is determined on the preferential status of your enrolment. This includes an interview with our Chaplain.
- The Board of Trustees have the right to refuse enrolment on the grounds of special character preferential ratios and/or if the school cannot reasonably provide services, resources and facilities that are required for your child.
- Attendance dues payable to the proprietor are compulsory fees, and I commit to paying these on time as outlined in the commitment to pay form that I have signed.
- I acknowledge the importance of transition periods and will support the teaching staff to transition my child into this school based on my child's needs as discussed with staff.
- In times of medical absences, I will provide a medical certificate on the third consecutive day of absence. All absences will be explained to the school via email to the office or phone message.
- I understand that if my child has regular absences from school I will be required to discuss attendance with the Principal and my child may be referred to Attendance Services.
- I understand that as the primary caregivers and legal parents or guardians; issues involving my child will only be addressed to me. Complaints involving my child will only be responded to by the school where I have followed the complaints process step by step.
- I understand that this school does not tolerate behaviour that harm others, and in the event of my child being involved in such activity, I will be required to follow the Guidance Policy which includes stand downs, suspensions or expulsion for extreme or ongoing harm to self or others.
- I acknowledge that Teachers are trained professionals responsible to a stringent code of conduct, and I endeavour to promote respect and support for my child to work with their teacher to enable positive learning experiences.
- I acknowledge safety for children is a priority and I will follow the normal pick up and drop off car park safety rules. I will sign in and out in the office if visiting the school or if taking my child out during the normal class hours. NB: Sunscreen is a parental responsibility and the school does not supply sun screen.
- I have a copy of the School Handbook, I understand my obligations and have discussed this handbook and rules with my child. We agree to abide by the boundaries set in this handbook.

I have read the above and understand my obligations.

Signed: _____ **Date** _____

WACS STAFF ONLY

Complete	TASK	DATE/ CHECKED	INITIALS	Complete		CHECKED	INITIALS	Start Date at WACS
	Principal Interview				Eligibility (NZ Citizen)			NSN NUMBER
	Preferential Interview				Residency/Visa copy			Year Level
	Preference Status <ul style="list-style-type: none"> o Specific o General o Non-Preferential 				Identification copy			ENTERED IN <ul style="list-style-type: none"> o ENROL o ETAP
	BOT Acceptance				Immunisation cert copy			
	Offer of Enrolment letter				ECE attended			
	Scholarship Granted (details)				NZPUC Dues commitment			
	Medical Allergy Cert?				ICT User Agreement			
	Public photos allowed? Y/ N							

CHAPLAIN INTERVIEW.

Present:

Date:

Discussed:

Salvation
 State of Dead
 Stewardship
 Healthy Living
 Encounter Units
 Bible
 E.G. White
 Participation
 Bible study
 Church
 Family Worship
 Counselling

Chaplain Recommendation: Pref Specific/ Pref General/ Non Pref

Signed by Chaplain:



Student Character Reference Form

This form is to be completed by someone who knows this student well, but not a family member. Preferably an Early Childhood Teacher (or School Teacher if student is transferring).

Name of applicant:

PLEASE EMAIL a scanned copy or a photo of this page to office@wacs.school.nz or send to PO BOX 4467 Kamo; alternatively you can drop this off in person at school, 82 Whau Valley Road.

Referee Information

Full Name	
Contact Number	
Email	
How are you acquainted with student?	

Circle the words that describe the student:

Confident	Curious	Helpful	Learns quickly	Happy	Attentive
Anxious	Responsible	Shy	Nervous	Co-operative	Friendly
Stressed	Thoughtful	Creative	Sensitive	Restless	Kind
Concerned	Risk-taker	Loves learning	Easily angered	Easily frustrated	

Tick statements that are applicable to student: (designed for a wide range of ages so some may not be applicable).

Managing self	Thinking	Relating to others
<ul style="list-style-type: none"> Can recognise own name Is willing to attempt new things Takes care of own belongings Able to dress self after swimming Can behave appropriately in different situations Can concentrate for short periods of time Understands right from wrong Knows when to follow others and be appropriate Has a 'can do' attitude. Can set goals, make plans and organise him/herself. Has sensible ideas for solving day to day problems. Is reliable. Behaves responsibly. Displays leadership Can work independently and/or contribute to group discussions. 	<ul style="list-style-type: none"> Can ask & answer questions Enjoys craft or construction Knows to ask for help Can organise thoughts in sequence Is open to new learning Knows where/how to find information Can choose activities independently Has creative ideas Can find information to problem solve. Reflects and makes changes where needed. Can organise and explain own ideas. Asks questions to find help or information 	<ul style="list-style-type: none"> Share equipment Listens to others Understands how to join in a game Understands games may have rules Plays regularly with others. Waits for their turn Works cooperatively with others Accepts and respects own and others' rights and differences. Understands and accepts the ideas and opinions of others. Resolves conflict positively. Can work well in a group or team. <p>Participating and contributing</p> <ul style="list-style-type: none"> Able to help or care for others Keen to join in activities or groups Knows how to include others Able to talk in front of others Can convey a message to another person Enjoys taking part in sporting/cultural activities. Confident to take responsible risks. Confident to share ideas with others. <p>Using language and symbols</p> <ul style="list-style-type: none"> Can write name Speaks clearly in full sentences Listens to and follows instructions Recognizes numbers Solves number problems Enjoys being read to Reads at a level appropriate for age. Reads for enjoyment. Can express ideas clearly in writing.



Student's School Transfer Information Form

This form is to be completed by Student's Teacher or Principal. INCLUDE ALL guidance/behaviour notes

Teacher/ Principal NAME: _____

Email: _____

School name: _____

Name of student: _____

PLEASE EMAIL a scanned copy or a photo of this page to office@wacs.school.nz or send to PO BOX 4467 Kamo; alternatively you can drop this off in person at school, 82 Whau Valley Road.

Academic Profile

	Above Curriculum Level	At Curriculum Level	Below Curriculum Level	Well Below Curriculum Level
Reading OTJ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing OTJ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Math OTJ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Competencies

	Above Average	Average	Below Average	Comments
Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Using Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Managing Self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Relating to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Participating & Contributing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Learning Support

Please circle if the student has had support from any of the following:

RTLb OT ORRS ESOL READING RECOVERY COUNSELLING LEARNING SUPPORT

CHILD MENTAL HEALTH GP/PAEDATRICS SCHOOL CHAPLANCY OR GUIDANCE STAND DOWN/SUSPENSION

Is the student gifted or talented? Please Explain:

Does the Student have guidance/behaviour/chaplaincy Stand down or Suspension notes? Please include these with form.

General

Attendance %:

Comment:

Behaviour (please circle)

Disruptive Aggressive Shy Confident Cooperative Outgoing Stable

Comment:

Social Skills (please circle)

Victim Bully Poor Relationships Immature Mature Leader Relates well with others Inappropriate

Comment:

Attitude and Effort (please circle)

Lacks Motivation Needs constant monitoring responsible conscientious enthusiastic

Comments:



Blanket Consent form EOTC & Media 2025

This form is to cover events which occur during the course of a school day or weekend Church service.

Examples: (not limited to the list, but as examples only)

Playing in the playground

Playing with loose play parts (e.g: sticks, rocks, pallets, cable reels, spouting, bamboo)

Spontaneous local Walk/ van trip (no longer than 5km return trip)

Climbing trees

Church visits within Whangarei

Rest home visits within Whangarei

EOTC within Whangarei

Media: Facebook closed private whanau page; Public school page, website, advertising material or other school or church related film or photos which may be used in wider media.

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.

Student Name: _____

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.

- 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 the sea or in open inland water? Yes ☐ No ☐ Don't know ☐
- Is your child safety conscious in and around water? Yes ☐ No ☐ Don't know ☐

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 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.
- ☐ 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.
- ☐ I agree to hearing and vision screening of my child.

Are there any changes or medical/allergy notes for 2025?

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Student Contract for Years 5, 6, 7, 8 only

(To be read and signed by all participating students)

☐ I understand that any 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/...../.....

Parental Consent

☐ I acknowledge the need for my child to behave responsibly.

☐ I understand that there are risks associated with involvement in school's events and that these risks cannot be completely eliminated.

☐ I understand school 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 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 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.

☐ I give consent for my child to attend local walks and EOTC events during 2024, including Swimming, Gymnastics and other planned school trips within Whangarei.

☐ I give consent for my child to be filmed and photographed for events relevant to School and church life.

I give permission for my child's photograph to be taken for:	YES	NO
Newsletters and private WACS Whanau Facebook group.		
Documenting learning		
Public School Facebook Page & School Website		
Prospectus; or other public marketing communication		

Signed: Date/...../.....

(Full name of parent/Caregiver)

Contact phone number

Address:.....

Email:.....