

Student Enrolment Pack

Welcome to Aorangi School.

Thank you for considering our kura for your child's primary school education.

To complete your child's enrolment we require the following items at the time of, or prior to, their enrolment:

- Your child's birth certificate **OR** New Zealand passport.
- Citizenship Certificate, Resident Certificate **OR** Student Visa
(If no NZ birth certificate or NZ Passport.)
- Your child's Immunisation certificate – current (from their GP).
Please let us know at enrolment if your child has NOT been immunised.



Please feel free to discuss any items within this enrolment form with our office staff.
All coloured areas require a response.

STUDENT INFORMATION

Legal Surname (as per birth certificate):	Gender: (Please circle) Boy / Girl Other:	Birth Date: DD/MM/YYYY	Year Level:
Legal First Names (as per birth certificate):	Place of Birth: (City, if in NZ OR Country if overseas)		Place in Family: ____/____
Preferred Full Name (How you would like your child known, and what name appears on their reports etc.)	Eldest child at this school:		
Address where student lives:	Names of all Legal Guardians:		
Ethnicity (up to three):	Iwi (up to three):	Number of schools previously attended:	
Name of Previous NZ School Attended:	Does your child (or any member of your whanau) affiliate to Ngati Whakaue? YES / NO		

Future Siblings

For planning purposes please list your child's younger siblings who may attend our school in the future:		
Child's Name	Gender	Date of Birth

Caregiver Information

Main Parent/Caregiver (First contact for emergencies, illness and attendance)	Main Parent/Caregiver (Second contact for emergencies, illness and attendance)
Relationship to child:	Relationship to child:
First & Last Names:	First & Last Names:
Title: MR MRS MS MISS Please circle	Title: MR MRS MS MISS Please circle
Address:	Address:
Mobile:	Mobile:
Home Phone:	Home phone:
Work Phone:	Work Phone:
Place of Work:	Place of Work:
Occupation:	Occupation:

Emergency Contact (Required if the above contacts are unsuccessful)	Emergency Contact (Required if the above contacts are unsuccessful)
Relationship to child:	Relationship to child:
First & Last Names:	First & Last Names:
Mobile:	Mobile:
Home Phone:	Home phone:
Work Phone:	Work Phone:

BoT Election Voting Information

Details of Birth Parents (For BoT election (voting) purposes only) We are obliged to ask for this information. It is up to the enrolling parent/caregiver to provide this information to us. During a Board of Trustees Election (every three years) legal inclusion in the Electoral Roll (Eligibility to vote) is given to both birth parents and one other caregiver – if the MAIN caregiver is not one of the birth parents. For more information please see school admin staff.			
Birth Parents	Name	Has custody? Yes / No	Has contact with child? Yes / No
Mother's Name			
Father's Name			
Main Caregiver (Only if not one of the above).			

Prior-Participation in Early Childhood Education (Pre-School)

Did your child attend one or more Early Childhood Education Service(s) in the six months prior to starting school? Please complete the table below:	Please tick the appropriate box: <input checked="checked" type="checkbox"/>
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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)	Attended pre-school, but only outside of New Zealand.	
Kohanga Reo				Attended pre-school, but don't know what type of service.	
Play-centre				Did not attend any pre-school education.	
Kindergarten or Education and Care Centre				Unable to establish if child has attended pre-school education or not.	
Home Based service					
Playgroup					
The Correspondence School – (Te Aho o Te Kura Pounamu)					
Did your child regularly attend Early Childhood Education (ECE)? (“Regularly attend” means 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?)	YES <i>My child attended ECE regularly.</i>	Not Regularly <i>My child only attended ECE occasionally</i>	NO <i>My child did not attend ECE.</i>	Attended Aorangi Prep-Class as well as other pre-school.	
				Only Attended Aorangi Prep-Class.	
PLEASE TICK ONE				Name of ECE , and any other relevant information:	
STATE NUMBER OF YEARS ATTENDED ECE:	For the last _____ years				

Custody / Access Arrangements

Is there a Custody arrangement for your child? Yes / No
<p>Please provide details. (A copy of the Custody Order / Protection Order / parenting Order may be required). We may also request a photograph of anyone referenced in the court orders to ensure the safety of those involved). A copy of this can be obtained from your lawyer or the District Court.</p>

Communications & Connectivity

Family Email Address: Please provide us with a contact email address for your family. This is essential for us in times of emergency or restricted communication. This is also required for distribution of essential and important information.	
Email Address:	YES NO I want to / don't want to receive school newsletters by email.

Do you have internet access at home?	Yes / No
Do you have any devices at home that your child can use for Online Learning?	Yes / No
If “yes” – what devices are available? (Please tick).	
PC (Personal Computer)	Laptop
Table / IPad	Mobile Phone

Permissions / “Opt Ins” & “Opt Outs”

I give permission for my child to participate in the following programs:	Write yes if you agree.
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Fruit in Schools Program (Children receive fruit most days, supplied by NZ Government).	
Milk in Schools Program (Children received milk most days, supplied by Fonterra NZ).	
Free Healthy Lunches in Schools Program (Children received a free healthy school lunch supplied by Ka Pai Kai Rotorua, on behalf of NZ Government).	

I give permission for my child's name, photograph, work to be published:	Write yes if you agree.
In our school newsletter (Our school newsletter is published on our school website as a PDF file).	

I give permission for my child's photograph and/or work to be published:	Write yes if you agree.
On our school Website (no names are attached to photos of children).	

I give permission for my child to participate in	Write yes if you agree.
Class trips within the Rotorua City Boundary.	
Visiting groups, including educational and performing arts groups	

I understand Aorangi School has multiple ways of communicating with parents any events and news happening at school. I will ensure I am aware of the following methods of communication used by the school. For any assistance or further information of these communication methods please ask school admin staff or your child's teacher).	Please write yes if you have familiarised yourself with these communication methods, and provided us with your appropriate contact information
Aorangi School Website (www.aorangi.school.nz)	
Aorangi School App (search "Aorangi" in your device's app store)	
Class Dojo (search class dojo in your device's app store)	
School Email (office@aorangi.school.nz) – have you provided us with your email address?	
School mobile (027-248-6285) – have you provided us with your mobile contact number?	

I am would like to opt in for my child to participate in the following programs run by "outside agencies" at Aorangi School:	Write yes if you agree.
Rheumatic Fever Throat Swabbing Program. (If you wish to opt out of this program please request a form from school admin).	
Go Bananaz Religious Instruction Program. I _____ give permission for my child _____ to participate in the Religious Instruction Program held at Aorangi School, run by Go Bananaz.	
Signed _____	

AORANGI SCHOOL CYBERSAFETY STUDENT USE AGREEMENT

Please read this document carefully before signing and returning to school. This agreement *MUST* be signed before any students access the Internet. Students who do not return this Agreement will not be able to access the Internet.

These are the important rules I must follow:

1. I cannot use the Internet at school without signing and handing in this Use Agreement.
2. School ICT equipment is to help me with classroom learning. They are not for play.
3. It is important to keep safe while using the Internet and e-mail. This means I must follow the school's safety rules.
4. The only time I can use the Internet and e-mail at school is when a staff member is supervising me.
5. I am not allowed to try and look up things on the Internet which I know are not for children. This might be mean or rude material, or information which is dangerous. Some of it is against the law. (If I do not understand I will ask my teacher.)
6. I must be sensible when using the Internet and other communication technologies. I know that I must not do anything that would hurt me or someone else, even as a joke.
7. I understand that my personal mobile phones and tablets are not to be brought to school.

I agree that I will take care of our ICT equipment. I will not damage any equipment or furniture, copy any software, bring software from home to use on school ICT equipment or print anything without the permission of the teacher.

I will be considerate of other users and not monopolise equipment. I will not deliberately disrupt ICT equipment or the school's network. I will not be involved in electronic vandalism, like viruses. If I accidentally come across dangerous, mean or rude material I will immediately tell the teacher, without showing any other students.

I will look after myself sensibly and not give anyone on the Internet information about myself or others – this includes addresses and phone numbers. I will tell the teacher if I come across any problem or if I am not feeling safe.

If I break this agreement in any way I may lose the right to use the Internet and ICT equipment at school. As well, the school may tell my parent/caregiver and may also take disciplinary action against me.

AORANGI SCHOOL CYBERSAFETY ACCEPTABLE USE AGREEMENT

I understand and will abide by the above rules. I also understand that if I break any of these rules that there will be serious consequences; my parents could be informed, I could be banned from using school equipment and if very serious there may be disciplinary procedures.

I understand that the school will do its best to restrict student access to offensive, dangerous or illegal material on the Internet or other communication technologies. However, it is the responsibility of my child to have no involvement in such material or activities.

Signature of User: _____
(Student) (Date)

Name of Parent or Guardian: _____

Signature: _____
(Date)

Medical information

Doctor Name:	Medical Centre:	Local to Rotorua? Yes / No	Doctor / Medical Centre Phone	Permission to contact doctor if necessary? Yes / No
Public Health Nurse <i>The Public Health Nurse (PHN) is a community nurse funded by the Ministry of Health. The PHN visits our school and can do home visits also.</i>				

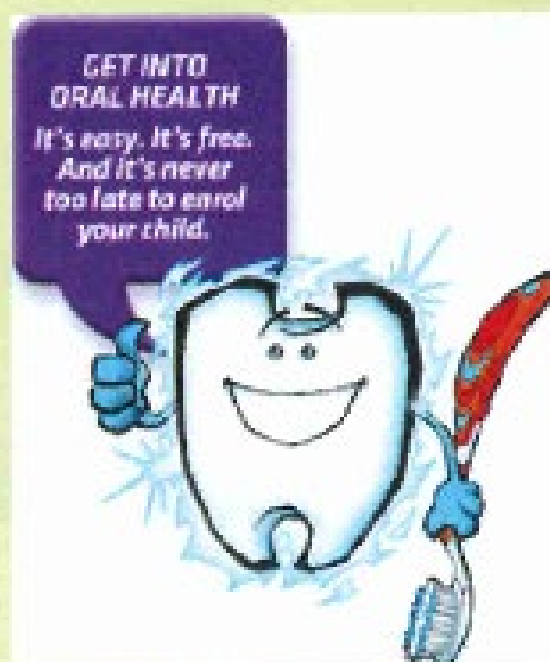
Permission for school to contact the Public Health Nurse if there are any minor health concerns from school? Yes / No		Permission for the Public Health Nurse to contact Parent / Caregiver if required? Yes / No		Permission to have my child's vision and hearing being tested? Yes / No
Does your child have any allergies?	Please list:			
Medical History: Has your child ever had: (tick if applicable)				
Asthma / Wheeze	Bleeding condition	Diabetes	Epilepsy	Heart Condition
Hepatitis	Blood disorder Blood condition	Rheumatic Fever	Skin / Hair Problems	Toileting Issues
Behaviour Issues: ADHD Asperger's Other	Clumsiness	Earache Ear Infection Frequent Ear Infections	Hearing concern Gromit's Y/N Runny Ears	Frequent coughs & colds
Fits / Turns / Faints	Eating Concern	Eyes Eyesight	Vision concern Glasses Y/N	Other
Please note any other medical concerns you may have for your child:				
Please note <u>any</u> medications your child is currently on, (name of medicine, amount and frequency, and condition the medication is for). If your child requires medication during school hours, we require written permission from you to administer. Please discuss with school admin staff.				

Dental Health Enrolment Form	Write yes if you agree.
I have completed the enclosed dental health enrolment form for my child to be enrolled with the Ministry of Health's Dental Health at School.	
I understand that the Mobile Dental Clinic visits Aorangi School. Aorangi School will notify parents in their school newsletter when the Mobile Clinic is on site.	

Mobile Ear Clinic	Write yes if you agree.
I understand that the Mobile Ear Clinic visits Aorangi School. Aorangi School will notify parents in their school newsletter when the Mobile Ear Clinic is on site. (The Mobile Ear Clinic is to check the health of a child's ear – NOT their hearing)	
I understand if I would like my child's ear health (not hearing) to be checked I can complete the Ear Van Referral form anytime, and my child's details can be passed on to the nurse who visits. If I want to be present during the test I will note that on the referral form.	

*Please return this form to either the dental clinic,
school office, day care office or COHS dental office (see back page).*

Enrolment Form



**Enrol your child
and receive **FREE** oral health
services from birth to 17 years of age.**

Community Oral Health Service



CHILD'S INFORMATION COMPLETE ALL FIELDS

Surname		First name	
Middle name	Date of birth / /		
Place/country of birth	Female <input type="checkbox"/> Male <input type="checkbox"/> MHI <input type="checkbox"/>		
ETHNICITY: <input type="checkbox"/> NZ European <input type="checkbox"/> Maori <input type="checkbox"/> Pacific Island <input type="checkbox"/> Other: _____			
RESIDENCY: Are you a NZ resident? YES NO If not a NZ Resident, do you have a work permit for 2 years or more? YES NO <small>Please tick one of the following boxes to indicate your status: Permanent Resident, Temporary Resident, Visitor, etc.</small> Date of Entry to New Zealand: _____			
Interpreter and Translation Services can be provided if English is not your first language YES NO			
Current School/Preschool: _____			
SIBLINGS (brothers/sisters names): 1: _____ dob: _____ 3: _____ dob: _____ 2: _____ dob: _____ 4: _____ dob: _____			
PARENT/GUARDIAN INFORMATION			
PARENT First name: _____ Surname: _____ Relationship to child: _____		PARENT (OR LEGAL GUARDIAN) First name: _____ Surname: _____ Relationship to child: _____	
Home number	Home number		
Work number	Work number		
Mobile number	Mobile number		
<input type="checkbox"/> Permission to send text appointments to this number.		<input type="checkbox"/> Permission to send text appointments to this number.	
Street address:	Street address:		
Suburb:	Suburb:		
Town:	Town:		
Postcode:	Postcode:		
Please circle if this is the residential and postal address for your child? Yes / No		Please circle if this is the residential and postal address for your child? Yes / No	

MEDICAL INFORMATION

Some medical conditions and/or medications affect dental care.

Does your child have (circle yes or no):

Rheumatic Fever	YES NO	Bleeding condition	YES NO
Heart Condition	YES NO	H/V/AIDS	YES NO
Hepatitis A, B or C	YES NO	Diabetes	YES NO
Epilepsy	YES NO		
Asthma	YES NO		

Has your child been admitted to hospital for asthma: YES / NO (Date if yes: _____)

Allergies (if yes please state): _____

Does your child require an aspirin: YES / NO

Health issues/concerns: _____

Is your child taking any pills or medicines prescribed by a doctor? Yes / No

Name and dosage from the medicine label: _____

I give permission for my family doctor to be contacted: Yes / No

Family doctor's name/medical practice: _____

CONSENT

☐ I, _____ (parent/guardian name) **CONSENT**
to my child being enrolled in the Lakes COHS and receiving free routine dental examinations and preventative care up to their 18th birthday.

I also consent to my child receiving at each dental check up (See reverse for further details):

Yes / No Dental X-Rays
 Yes / No Clean and Seal
 Yes / No Fluoride Varnish
 Yes / No Fissure Sealant/Protectants

Your comments for us: _____

You can withdraw or change consent at any time. Please note you will need to provide us if any information changes. If any other dental care is required we will contact you for consent before proceeding.

SIGNATURE _____ Today's date: _____

☐ I DO NOT CONSENT (do not agree) to my child enroll with the Lakes COHS and receive free routine dental treatment.

SIGNATURE _____ Today's date: _____



Mobile Ear Clinic Registration Form

Please read both sides.

Parent/caregiver to complete, sign and return to the school office or Ear Nurse.

LAKE DISTRICT HEALTH BOARD

Please Print the Child's Details	
Child's First Name:	Child's Last Name:
Date of Birth:	Age:
Address:	Please circle: Male or Female
Telephone:	Ethnicity:
School/Preschool:	
Parent/Caregivers Name:	Relationship with child (i.e. Mum/Koro):
Name of Doctor:	
Any Allergies:	
What is your ear health concern? What would you like us to check?	
Previous Ear Health History	

Informed Consent – Mobile Ear Clinic

I am the Parent/Guardian of _____ (Child's name)

I consent to my child's ears being examined. ☐ YES ☐ NO

I consent to ear treatment as required until complete. ☐ YES ☐ NO

I consent to my child's results being shared with their doctor, relevant health professionals and teacher. ☐ YES ☐ NO

A report will be forwarded to you on any treatment carried out on your child. You will be advised if a further referral is needed.
Please note this is not a hearing test

Signature _____ (Parent or legal guardian) Date _____

Ear Nurse Specialist
Rotorua: Ph 348 1199 extn 8985 or phone/text 0272 747 542
Taupo: Ph 376 1000 extn 5934 or phone/text 0275 130 930

Information for Parent/Guardian

What Is Ear Examination?

- Use of a specialised "torch" (otoscope) to look inside the ear canal to view the eardrum.
- Tympanometry** - a machine which measures how an eardrum moves indicating fluid in the middle ear.
- Audiometry** – a machine which indicates the level of hearing in each ear.

What Is Ear Treatment?

- Use of microscope and suction equipment to clear wax and/or mucous from the ear canal when:
- the ear has a discharge;
 - the child has a failed tympanometry test and wax needs to be removed to examine the eardrum;
 - a large amount of wax is blocking the ear canal.

OFFICE USE ONLY – Health History This section is to be completed by the Ear Nurse Specialist/Public Health Nurse

CHILDS NHI:

ORL Specialist: _____ Surgery: _____ Date: _____

ORL Specialist: _____ Surgery: _____ Date: _____

Ear/Hearing Problems: _____

Birth: _____ Developmental: _____

Medical : _____ Hospitalisation: _____

Medication: _____ Referral Source: _____

AUDIOMETRY DATE:

Right Ear		Left Ear	
500Hz	30dB	500Hz	30dB
1000Hz	40dB or 20dB	1000Hz	40dB or 20dB
2000Hz	20dB	2000Hz	20dB
4000Hz	20dB	4000Hz	20dB
<input type="checkbox"/> Pass <input type="checkbox"/> Fail		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Right Ear		Left Ear	
500Hz	30dB	500Hz	30dB
1000Hz	40dB or 20dB	1000Hz	40dB or 20dB
2000Hz	20dB	2000Hz	20dB
4000Hz	20dB	4000Hz	20dB
<input type="checkbox"/> Pass <input type="checkbox"/> Fail		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

ADMINISTRATION OF PRESCRIBED MEDICINES PROCEDURES

PURPOSE

- To ensure students receive prescribed medication in school hours where required.
- To ensure staff record all and any medication administered.
- To ensure medication is stored or locked away as appropriate.

GUIDELINES

Students have a right to receive prescribed medication in school hours if this enables them to access education.

School staff will not administer prescription medication at school unless there is written permission from parents and the Principal agrees.

3. No non-prescription medication is to be sent to school. Staff will not administer these under any circumstances.

For long term medication, parents/caregivers will be required to complete an Administration of Medicines at School form.

For short-term medication such as anti-biotics, it will be sufficient for the parent / caregiver to write a note requesting that the medication be given.

6. Staff will voluntarily administer medication. This will be recorded in the Administration of Medications register and initialised.

1. Parents may choose to allow their child to self-medicate.

2. All medication will be kept secure in the first aid room or the fridge.

Parents of children who require on-going medication will receive a copy of the policy and procedure at the beginning of each school year.

ADMINISTRATION OF MEDICINES AT SCHOOL

Child's Name: _____

Date of Birth: _____ Parent / Caregiver: _____

Daytime

Phone: _____ or _____

My child requires the following prescription medication at school:

It needs to be taken at _____ (time) or when needs dictate (please circle)

Start Date _____ Finish Date _____

My child will administer his/her own medication

YES / NO

My child needs supervision with taking his/ her medication

YES / NO

My child requires an adult to give the medication

YES / NO

My child is taking this medication because s/he has:

I accept full responsibility for maintaining supplies, having my child's name, the name of the drug and the correct dose on the container, and that the supplies will not have passed the expiry date. I have given permission for a member of staff to administer the medication according to my child's needs as indicated above and accept that this may not be the same staff member each time. I accept that Aorangi School will take due care with the administration of this medication but I release the school and staff from any responsibility associated with it.

Name: _____ Signed: _____

Parent’s Notes

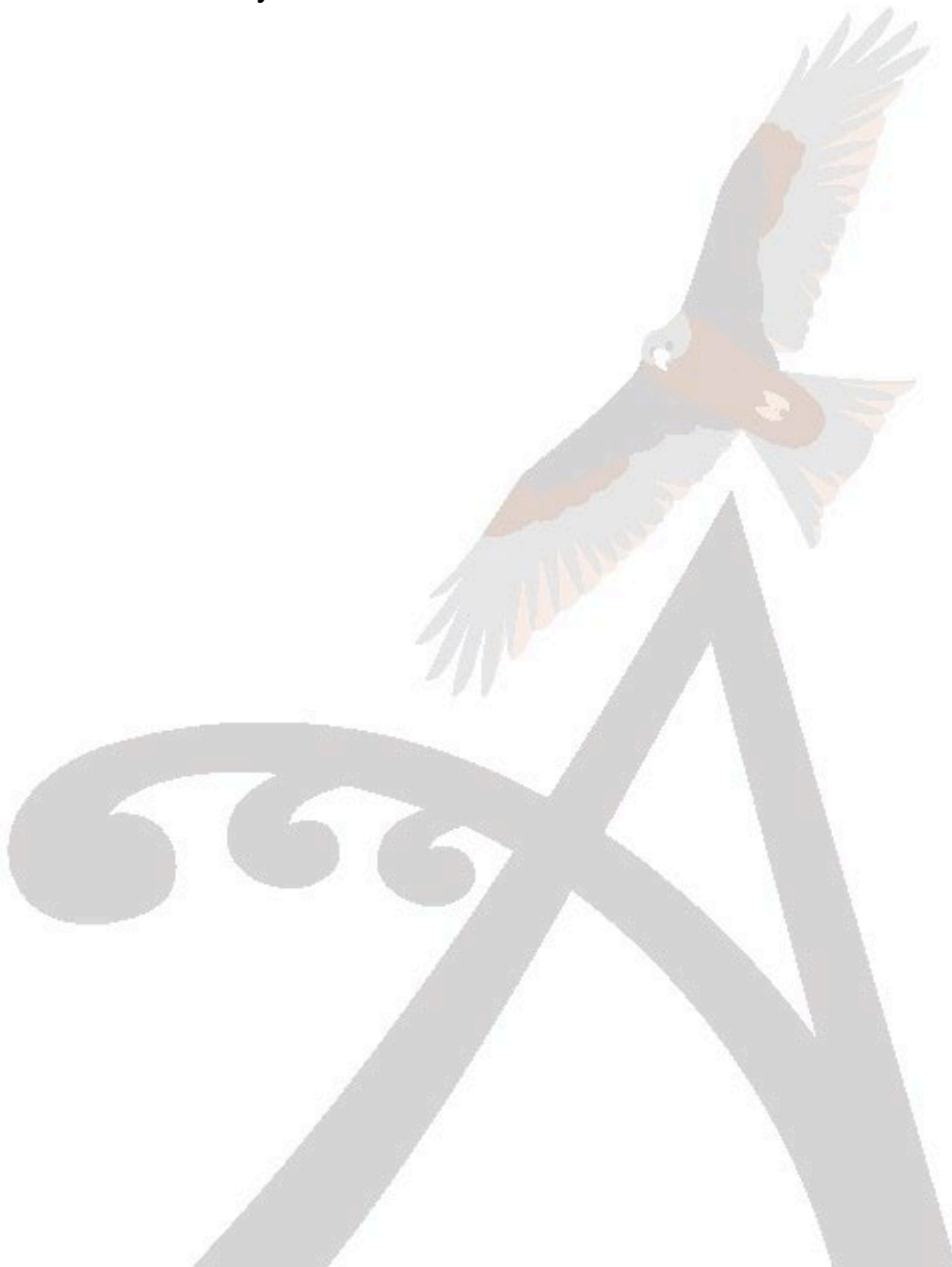
Please note down any questions you would like to ask, or anything you would like to request further information on:

For School Admin Use Only:

Year Level	Class	Area	Teacher	Date of Entry	Enrol Loaded
Previous School	Records Requested	Date Started Any School	Enrolment Number	NSN	Teaching & Learning Notes
Academic	Attendance	Behavioural	Custodial	Health	Personal
Previous Schools					
Year 0 Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Mathletics	Login		Password		Completed
Sunshine classics	Login		Password		Completed
Google/G-Mail	Student Email		Password		Completed
Notes					

The following information will be issued to you after enrolment has been completed:

- Welcome to Aorangi Booklet
- Information regarding your child's year and class (for school app notification groups)
- Your child's online learning program logins & passwords
- Automatic Payment information.



Aorangi School Uniform Price List

School uniform is compulsory

Black Polar Fleece	\$50.00
Taupe Polo Shirt	\$32.00
Bucket Hat	\$16.00
Black Shorts (boys - summer)	\$35.00
Black Skort (girls – summer)	\$35.00
Black Bootleg Pants (girls – winter)	\$35.00
Black Cargo Pants (boys – winter)	\$35.00
Black Track Pants (both boys & girls)	\$???.00

Students can wear any black shorts/pants/skorts/leggings etc. as long as they are plain black, with no writing, decorations or tears. Must be appropriate for the season (warm in winter, cool in summer), and not be faded. These items can be purchased elsewhere.

Prices are subject to change at manufacturer's discretion.

In certain situations, Work & Income NZ assistance is available. If you would like a quote, please contact the school librarian on 07-347-8448.



Aorangi School has a School App!

Go to the App Store on your Apple or Android device and search “Aorangi School” (School Apps NZ) to download the App to your phone or tablet.

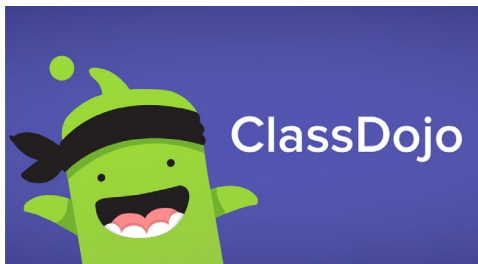
To set up your Alert notifications, select the lines at the top left corner.

Select Alert Subscriptions.

On our School App you will find:

- Weekly newsletters
- Sports Draws
- Events Calendar
- Term Dates

You can also submit your child’s absentee notification through our App.



Class Dojo

Go to the App Store on your Apple or Android device and search “Class Dojo” to download the App to your phone or tablet.

Our teachers use Class Dojo in their classrooms to keep you informed about what is happening in



Aorangi School Website

Our school has a comprehensive and easy to use website packed full of information, photos and more!

Visit: www.aorangi.school.nz

Please feel free to contact our school at any time you have any questions or queries. Here are our contact details for you to store in your devices:

Email: office@aorangi.school.nz

Phone: 07-347 8448

School Mobile: 027-248-6285