

**BOARD OF TRUSTEES
STAFF & PARENT CODE OF CONDUCT
& PARTNERSHIP AGREEMENT**



The Board of Trustees and School Staff

Will provide an interesting, academic, cultural, sporting and social skills programme in a safe happy environment, which will ensure the best quality education possible.

Pupils and Parents: Our child will

- * Attend school every day
- * Arrive ready to start school every day by 8.40am
- * Wear the correct, tidy school uniform
- * Have all stationery supplies
- * Complete any homework including reading

All people at Bairds Mainfreight Primary School have

- * The right to feel safe
- * The right to learn
- * The right to be treated with respect courtesy and consideration

This is based on the premise that no person will say or do anything that deliberately annoys or upsets others.

- * We agree that a family member will visit school if requested to support their child's learning and/or behaviour
- * We will pay the maximum \$10.00 per term towards trips, visits and visitors which are heavily subsidised by the Board of Trustees

I / We accept the Code of Conduct / Partnership Agreement.

Parent / Guardian/Caregiver

Child

Mr Alan Lyth
Principal

Board of Trustees

DATE: / /

| Office use only | | | |
|--|---|--|--|
| CHECKLIST | | | |
| Birth Certificate <input type="checkbox"/> | Immunisation Certificate <input type="checkbox"/> | ESOL (Parents) <input type="checkbox"/> | |
| Passport <input type="checkbox"/> | Dental Form <input type="checkbox"/> | Ethnicity (Circled if joint heritage) <input type="checkbox"/> | |
| Eligible to Attend <input type="checkbox"/> | Parent Info Book <input type="checkbox"/> | Media Consent <input type="checkbox"/> | Internet Permission <input type="checkbox"/> |
| Bible in School (Middle School) <input type="checkbox"/> | Sunhat (NE) <input type="checkbox"/> | Rain Jacket(NE) <input type="checkbox"/> | Blue Folder <input type="checkbox"/> |

Revised and Approved
Office, Management Staff & BOT

BAIRDS MAINFREIGHT PRIMARY SCHOOL ENROLMENT FORM

SCHOOL STARTS AT 8.55AM

SCHOOL FINISHES AT 2.45PM

NAME: _____ D.O.B _____

NAME: _____ (as on birth certificate)

YEAR LEVEL

ROOM NO

ENROLMENT DATE:

ENROLMENT NUMBER:

CHILD DETAILS

Surname: _____ First Names: _____
Preferred Name: _____ Male / Female Date of Birth ____/____/____
Birth Certificate Verified: Yes / No Passport Number: Verified: Yes / No
Birth Certificate after 2006 NZ Citizenship: Yes / No
Home Address: _____
Home Phone: _____ Ethnicity: _____ Iwi: _____
Home Languages: 1 _____ 2 _____
Country of Birth: _____ Date of Arrival in NZ: _____
Permanent Resident: Yes / No Passport Eligible to Study: Yes / No

Names of preschool children living with you:
Name: _____ D.O.B _____ Name: _____ D.O.B _____
Name: _____ D.O.B _____ Name: _____ D.O.B _____

Last School Attended: _____
Early Childhood Education: Attended Yrs Mths Average hours per week

Name: _____ Location: _____
 Licensed Kindergarten
 Licensed Kohanga Reo
 Playgroup/Unlicensed Playcentre / Pacific Island Group
 Did not attend Early Childhood Education
Early Intervention at ECE: Yes / No _____
Teacher Aide support required: Yes / No _____

HEALTH: Immunisation Certificate Sighted: Yes / No
Family Doctor: _____ Phone: _____
Allergies: _____ Medical Conditions: _____ Medication: _____
Sight: _____ Speech: _____ Hearing: _____

Permission:

Information Technology Use - The children in our school use computers, other Information Technology tools and the Internet. I give permission for my child to use Information Technology as part of the school programme: yes no (please tick one)

Media Approval - Photographs or school movies of your child may be used in the school newsletter, website, class blogs, newspapers or on television. I give permission for my child to be used for school media purposes: yes no (please tick one)

Signed: _____ Date: ____/____/____

CONTACT DETAILS

FATHER Living With Yes / No Legal Guardian Yes / No
Surname: _____ First Name: _____
Country of Birth: _____ Mobile: _____
Address: _____
Home Ph: _____ Work Ph: _____
Work Place: _____ Occupation: _____

MOTHER Living With Yes / No Legal Guardian Yes / No
Surname: _____ First Name: _____
Country of Birth: _____ Mobile: _____
Address: _____
Home Ph: _____ Work Ph: _____
Work Place: _____ Occupation: _____

CAREGIVER: (If not living with mother or father) Legal Guardian Yes / No
Relationship to Child: _____
Surname: _____ First Name: _____
Address: _____ Mobile: _____
Home Ph: _____ Work Ph: _____
Work Place: _____ Occupation: _____

EMERGENCY CONTACT: (Grandparents / Aunt / Uncle / Niece / Nephew / Friend / Neighbour)
Surname: _____ First Name: _____
Address: _____ Mobile: _____
Home Ph: _____ Work Ph: _____

| | | | |
|----------------------|-----|----|-------|
| Custody Arrangements | Yes | No | _____ |
| Access Restrictions | Yes | No | _____ |
| Court Order | Yes | No | _____ |
| Other Agencies | Yes | No | _____ |

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 further approve the forwarding of my child's name and address on request to a potential intermediate or secondary 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.

All details on this form are correct.
Signature of Parent / Caregiver _____ Date ____/____/____