



**MAUNGAKARAMEA
PRIMARY SCHOOL**
Growing Our Future

MAUNGAKARAMEA SCHOOL UNIFORM PRICE LIST 2021

*Items range from kids sizes 4 - 14 and adults size XS-7XL
(excludes some items)*

DESCRIPTION	PRICE RANGE	QUANTITY
Polo Shirt	\$25.00 - \$27.50	
Fleece Jacket - 225gm	\$25.00 - \$27.50	
Sports T-shirt	\$18.70 - \$20.50	
Black Bucket Hat	\$15.50	
Black Softshell Jacket (optional)	\$65.00 - \$70.00	



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Parent Digital Citizenship Agreement

I understand that Maungakaramea Primary School will:

- Do its utmost importance to enhance learning through the safe use of ICT. This includes working to restrict access to inappropriate, illegal or harmful material on the internet or school ICT equipment.devices at school, or at school related activities.
- Keep a copy of this signed use agreement on file.
- Respond to any breaches in an appropriate manner.

My responsibilities include:

- I will discuss the Student Digital Citizenship Agreement with my child and explain why it is important.
- I will support the school's cyber safety programme by encouraging my child to follow the cyber safety rules, and to always ask the teacher if they are unsure about any use of ICT.
- I will contact the classroom teacher or principal to discuss any questions I might have about cyber safety and/or this use agreement and I am welcome to do this at any time.

Additional information can be found on the NetSafe website <http://www.netsafe.org.nz/>

Please note: The agreement for your child will remain current as long as he/she is enrolled at this school. If it becomes necessary to add/amend any information or rule, parents will be advised in writing.

Parents/Caregivers

I have read the Maungakaramea Primary School Parent Digital Citizenship agreement and understand that there may be severe consequences if the rules are broken, I have gone over this information with my child and explained the importance. I also understand that theft or willful damage to equipment could result in the parent/caregiver receiving a bill for the cost of replacement parts or repairs.

I give permission for:

(STUDENT NAME)

to be given access at school to use the computers and Internet. I am happy for my child to have access to a school based email account where appropriate for learning if the need arises.

Parent's name

Parent's signature

Date



Student Digital Citizenship Agreement

These are important rules that I must follow:

1. School devices are to help me with my classroom learning, they are not for play.
2. The only time that I can use the internet and e-mail at school is when a teacher is present.
3. When using the internet I am only allowed on suitable websites.
4. If I need to log on to any sites I will always use my own username and password.
5. Anything I write online or in an email must be suitable for my parents/caregiver and teacher to read.

SAFETY RULES

I will be responsible with our devices:

- I will look after any equipment or furniture.
- If I need to transfer work from home to school I will either email or bring it on a USB.
- I will never update or download any software.
- I will only go on approved sites. If I am unsure I will ask the teacher.
- I will ask the teacher before going on any device.
- I will not eat or drink when using any device.
- I will put the device away safely when I have finished using it.

I will be respectful of other users:

- I will share the equipment.
- 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 student.
- I will not change the settings on any device.
- I will be respectful when my time is up.

I will look after myself:

- I will 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.

I have read the Maungakaramea Primary School Digital Citizenship Agreement and I know what the school rules are about the use of devices and the internet. I know that if I break these rules my use of any devices will be jeopardised.

Parent's name

Parent's signature

Date



Maungakaramea School Enrolment Form

STUDENT DETAILS			
Legal First Names:		Legal Surname:	
Preferred First Name:		Preferred Surname:	
Gender: Female / Male (circle one)			
Date of Birth: __ / __ / ____	Place in Family: __ of __	Siblings under 5yrs (name, gender, D.O.B):	
Primary Residential Address:			
PARENT / CAREGIVER 1 DETAILS			
Parent / Caregiver 1 Name:		Title: (Mr/Mrs/Miss/ Ms/Dr etc)	Relationship:
Phone:	Mobile:	Work:	
Email:			
Residential Address:		Postcode:	
Postal Address (if different from above):		Postcode:	
Occupation:		Language Spoken:	
BoT Voting Rights: Yes / No (circle one) (Must be a legal guardian to have BoT voting rights)		Lives With: Yes / No (circle one)	
PARENT / CAREGIVER 2 DETAILS			
Parent / Caregiver 2 Name:		Title: (Mr/Mrs/Miss/ Ms/Dr etc)	Relationship:
Phone:	Mobile:	Work:	
Email:			
Residential Address:		Postcode:	
Occupation:		Language Spoken:	
BoT Voting Rights: Yes / No (circle one) (Must be a legal guardian to have BoT voting rights)		Lives With: Yes / No (circle one)	

CUSTODIAL STATEMENT

Are there any custodial arrangements concerning your child? Yes / No (circle one)

Details: _____

* Please attach legal documents outlining custodial arrangements if applicable *

Additional Person/s who **CAN** pick your child up from school:

Name: _____

Phone: _____

Name: _____

Phone: _____

Only people named on this enrolment form will be authorised to pick your child up unless you contact the school beforehand to advise that someone other than person/s named will be collecting your child.

Person/s who **CANNOT** pick your child up from school:

Name: _____

Phone: _____

Name: _____

Phone: _____

OTHER EMERGENCY CONTACT 1

Emergency Contact 1 Name:

Title:
(Mr/Mrs/Miss/
Ms/Dr etc)

Relationship:

Phone:

Mobile:

Work:

Email:

Residential Address:

Postcode:

OTHER EMERGENCY CONTACT 2

Emergency Contact 2 Name:

Title:
(Mr/Mrs/Miss/
Ms/Dr etc)

Relationship:

Phone:

Mobile:

Work:

Email:

Residential Address:

Postcode:

ETHNIC BACKGROUND

Ethnicity (up to 3):

1. _____
2. _____
3. _____

Iwi (if applicable - up to 3):

1. _____
2. _____
3. _____

First Language:	Country of Origin:
Status: NZ Citizen / Permanent Resident / Permit (circle one)	Eligibility Doc: NZ Birth Certificate / NZ Passport / Other (please specify) _____
	Document Number: _____
	Expiry Date: (if not NZ citizen) _____

MEDICAL INFORMATION

Doctor: _____ Phone: _____	Medical Practice Address:
Dentist: _____ Phone: _____	Dentist Address:

Does your child have any allergies: Yes / No

Details: _____

Does your child have any medication requirements etc: Yes / No (if yes please give details)

Is your child up to date with immunisations? Yes / No (please circle one) (please provide immunisation verification)	OK for paracetamol: Yes / No (circle one)
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ECE (Early Childcare Education) / PREVIOUS SCHOOL DETAILS

ECE Provider Name:	# Hours attended per week:	Years / Months Attended:
Previous School:		Year Level:

OTHER INFORMATION

Please provide any special interests, hobbies or special learning needs:

Please read the important information below:

If the child you are enrolling is a NEW ENTRANT and starting school for the first time, we need you to show us the child's birth certificate and immunisation records. For all other enrolments, a verification of your child's date of birth and eligibility is required. i.e. birth certificate, passport, citizenship certificate, domestic visa.

B4 School Check

Please be informed that the information provided on this enrolment form is passed on to the Ministry of Education who shares information about five year olds enrolled in school with the Ministry of Health professionals as part of the B4 School Check Ministry of Health initiative.

Policy Statement

This school has in place a number of policies that set out procedures for the care and education of the children who attend. These are available to read on request. The Parent Information Handbook contains most of the information that you will need, regarding the day to day operation of the school.

Declaration

I have read and understand the above information and I declare that all the above information provided on this enrolment is correct. I give permission for the school to sanction any required emergency medical treatment and agree and abide by the BoT policies.

Print Name: _____ Date: _____

Signed: _____
(legal parent or guardian)

OFFICE USE ONLY

D.O.B Verified: _____ Immunisation(new entrants): _____

ENROL: _____ HERO: _____

NSN Number: _____ Enrolment Date: _____

Room Name: _____ Teacher: _____

Whanau Group: _____

NOTES: _____

