



# KINGSGATE SCHOOL

To know, to love, to serve. Kia mohio, kia aroha, ki te mahi.

## KingsGate School Induction Pack

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#### Parent Information Book

#### Our School (book for students)

#### Preparing Your Child to Start School

#### Direct Debit and Fee Payment Information

#### School Stationery List

#### School Transport Allowance Form

(Complete only if you live more than 3.2km away from the school)

# Medical Information

Student's Name (First Name) .....(Surname) .....

Date of Birth .....

Student's Class Level on entry to KingsGate .....

**THE INFORMATION SUPPLIED ON THIS FORM IS SUBJECT TO THE PROVISIONS OF THE PRIVACY ACT 1993.  
INFORMATION IS CONFIDENTIAL TO THE STAFF OF KINGSGATE SCHOOL ONLY.**

**\*\*\*\*PLEASE ADVISE THE SCHOOL IMMEDIATELY OF ANY CHANGES TO  
CONTACT DETAILS OR MEDICAL CONDITIONS\*\*\*\***

**1. Does your son/daughter suffer from any of the following: *(Please circle)***

Anaphylactic shock	Yes	No		Fits of any type	Yes	No
Allergies	Yes	No		Diabetes	Yes	No
Blackouts	Yes	No		Asthma(explain severity)	Yes	No
Migraine	Yes	No		Back problems	Yes	No
Heart Condition	Yes	No		Arthritis	Yes	No
Travel Sickness	Yes	No		ADD or ADHD	Yes	No
Dizzy Spells/seizures/epilepsy	Yes	No		Other	Yes	No

**If you indicated YES** for any of the above conditions: please supply any relevant details that may be necessary for emergency care, ongoing care during school hours or on school trips. Indicate any medication that is needed at school (these must be provided by you and will be kept in the school medical care room).

Condition:
Details:
Condition:
Details:
Condition:
Details:

**2. Does your son/daughter have: (please circle)**

Eyesight Problems	Yes	No		Hearing Difficulties	Yes	No
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Specify:

**3. Does your son/daughter have any allergies: (please circle)**

Food	Yes	No		Bee / Wasp Stings	Yes	No
Drugs	Yes	No		Penicillin	Yes	No
Aspirin	Yes	No		Other	Yes	No

Specify:

**4. My son/daughter has had a full tetanus immunization: (Please circle)**

Yes

No

**5. Please indicate whether your child is allowed to be given the following medication: (Please circle)**

Pamol liquid for <12 years – dose appropriate to age(headaches / pain relief)	Yes	No
Paracetamol capsule / tablet – 1 Tab only(headaches / pain relief)	Yes	No
Paracetamol capsule / tablet – 2 Tabs only(headaches / pain relief)	Yes	No
Propolis throat lozenge	Yes	No
Arnica (homeopathic cream for bruises)	Yes	No
Soov (or similar antihistamine ointment for bites)	Yes	No
Anti-Flamme (or similar herbal relief cream for aches & pains)	Yes	No

**No medication can be given without permission.** In the event of your son/daughter becoming unwell at school, this provides staff with permission to administer these forms of medication.

Any other medications your child should receive during school hours must be clearly labelled and will be kept in the medical room. Students (Years 1-6) must not carry medications in their school bags or keep them in their desks. They must be taken to the school office.

6. Children who become unwell during school hours are sent to the medical room. If the child does not improve within an hour, parents are contacted to collect the child. Please supply the name of a friend or relative who can collect your son/daughter in the event of staff being unable to contact parents or caregivers.

Mother:	(hm)	(wk)	(Mob)
Father:	(hm)	(wk)	(Mob)

Name of alternate caregiver:
Relationship:
Address:
Phone Number: (home) (Mob)

Please ensure that the person you have named above is aware they have been listed as a contact.  
**IN THE EVENT WE CANNOT CONTACT YOU AND THEM IN AN EMERGENCY A STAFF MEMBER WILL TAKE YOUR CHILD TO THE NEAREST MEDICAL CENTRE AND ACT IN 'LOCO PARENTIS'**

**7. Additional Information**

The information supplied is to assist staff in risk management planning. Please supply any additional information that you consider important for staff to know in the treatment and care of your child at KingsGate School.

Name of doctor:
Phone number of doctor:
Name of dentist:
Phone number of dentist:

Parent/Caregiver Name:.....

Signed:.....

Date:.....



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## Private Vehicle Transport Safety Details

### Transport of students by volunteer

Thank you for your offer of providing transport assistance for the school during the current year. We are very grateful for your support and for the gift of your time in assisting us.

In order to ensure that our students are safe at all times and that Ministry of Education guidelines are followed, we ask all volunteers to complete the following declaration with regard to themselves and their vehicle.

Please tick the appropriate boxes to indicate that you have/will ensure the following for yourself and for your vehicle: Tick:

I hold an appropriate current drivers licence/s for the vehicle I will be driving and my licence is:

Full car licence.....

Passenger service licence.....

Large passenger service and heavy traffic .....

The vehicle I drive will be registered .....

The vehicle I drive will be road worthy and have a current (tick one):

Warrant of Fitness .....

Certificate of Fitness .....

The vehicle I drive is covered by one of the following insurances (tick one):

Third party property.....

Comprehensive .....

Each passenger in the vehicle will use a seat belt (if required by law).....

The seating capacity of the vehicle will not be exceeded.....

Cellphones will not be used by the driver while at the wheel.....

I will take responsibility for driving safely and legally at all times while transporting students from KingsGate School.....

Signed

Date

Name



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## Student ICT Contract

Name: .....

Class:.....

I/we would like to use the computers at school in 2019.

I/we understand and will follow to guidelines set out below:

- I will only use the computer when I have the teacher's permission.
- When I am granted permission to use the computer for a specific purpose, I will only use it for that purpose.
- I will always ensure the teacher is directly supervising me when I am using a search engine such as *Google* for research. I understand that this is to protect me from websites that are undesirable.
- I will only print things that the teacher has given me permission to print. I understand that this is to save the school from wasting paper and ink.
- I will not change any of the computers' settings without direct permission from a teacher.
- I will not go into, alter or remove any other students' work.
- Never download programmes, files or applications, or share files over the internet.

Signed:

Student: ..... Date:.....

Parent: ..... Date:.....

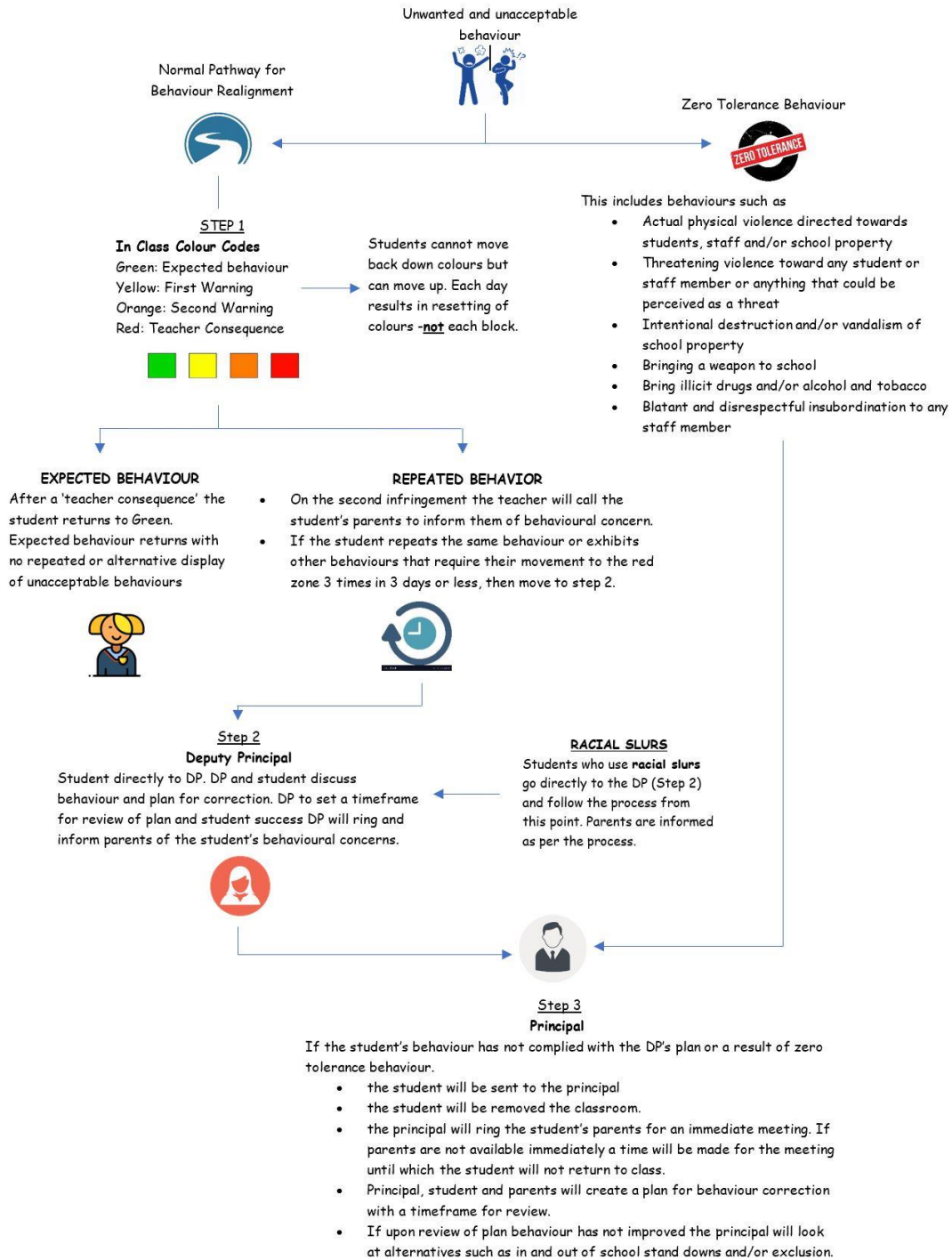


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## Procedure for Behaviour Management

### School Behaviour and Discipline Flow Chart



Signed:

Student: ..... Date: .....

Parent: ..... Date: .....