

Glenbrae School
Ph: (09) 5285025
Email: office@glenbrae.school.nz



2024 ENROLMENT PACK

Dear Parents and Caregivers,

On behalf of the Glenbrae School Community it gives me great pleasure to extend a very warm welcome to you, your child and your family.

At Glenbrae School we pride ourselves on creating a supportive environment where we learn and grow together. We are proud of our children, their academic achievements, their sporting ability, their artistic flair, when they try their very best, and when they make the right choices.

We are delighted that you have chosen to send your child to Glenbrae School. We look forward to working with you in that very special partnership where home and school join forces to educate your child.

Please find attached:

- Enrolment Form
- Internet Acceptable Use Contract
- Permission of Legal Guardian
- School Activities Form
- Uniform Order
- Vision & Hearing Consent Form
- Parent help at school Form
- Volunteer Code of Conduct
- Consent for health checks at school
- Hearing and Vision Consent form

Welcome again, and if you have any concerns or any praise we would love to hear from you.

Yours sincerely

Robbie Perreau
Principal



Glenbrae School Enrolment Form

Pupil details

Surname	_____	Ethnicity	_____
First Names	_____	Iwi/Hapu	_____
Boy/Girl	_____	Country where born	_____
Date of Birth	_____	Date of Arrival in NZ	_____
Address	_____	Passport Sighted	Yes / No
	_____	New Zealand Resident	Yes / No
Home Phone	_____	Home Language	_____
Mobile Phone	_____	Mother's Place of Birth	_____
Place in Family	_____	Father's Place of Birth	_____

Name of other siblings / children at Glenbrae School

Name	Room	Name	Room

Names of Younger Family Members likely to attend

Birth Date

Birth Date

Whanau details

MOTHERS DETAILS

First Name	_____	Surname	_____
Address	_____		
Home Phone	_____	Work Phone	_____
Living with	Yes / No	Cell Phone	_____
Email address	_____		

FATHERS DETAILS

First Name	_____	Surname	_____
Address	_____		
Home Phone	_____	Work Phone	_____
	_____		_____

Living with _____ Cell Phone _____
 Yes / No

Email address _____

GUARDIAN/CAREGIVER DETAILS [if not living with parents]

First Name _____ Surname _____

Address _____

Home Phone _____ Work Phone _____

Living with _____ Cell Phone _____
 Yes / No

Email address _____

EMERGENCY CONTACT DETAILS – A family member or friend who can be contacted if you are unavailable

Name _____ Relationship to child _____

Address _____ Email address _____

Home Phone _____ Work Phone _____

Living with _____ Cell Phone _____
 Yes / No

OFFICE USE ONLY:

REGISTRATION No:		CLASS LEVEL:		DATE OF ENTRY:
Immunisation Certificate:	YES / NO	Room No:		
Verification Document Type:		Teacher:		Entered on: Enro <input type="checkbox"/> eTap <input type="checkbox"/>
Serial Number of Document:		Age of Child:		NSN:

Previous School:	_____	Place / Town:	_____ -
Current Year Level:		H.I.P.P.Y Programme:	YES / NO
Previous Kindergarten / Play Centre / Te Kohanga Reo:			
How Long:			

Allergies:		Sight:	
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Medication:		Speech:	
Serious Problems:		Hearing:	
DOCTORS DETAILS:	Doctors Name: Phone No :		

I understand that the school will take action on my behalf in case of sudden illness or injury. I agree to abide by school policies.

I agree to support the school in all decisions they make in regards to discipline and behaviour management.

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 by me on request. I approve the forwarding of all information when my child transfers to another Primary, Intermediate or Secondary School. I further approve that it may be used by other professionals for the educational benefit of my child.

If my child has a specific difficulty, I understand that I will be contacted.

Signed by:

Parent/Legal Guardian: _____

Signature: _____

Date: ____/____/____

Behaviour: I understand that the school has a positive reinforcement behaviour programme and is part of the School Wide Positive Behaviour for Learning programme. I acknowledge it is a condition of enrolment that I support the school in this programme and that I accept the consequences of any misbehaviour of my child by supporting the school in how it deals with that misbehaviour. As we have a CCTV security system, images from this may be used if a behavioural incident arises that CCTV footage can confirm, or otherwise, actions of your child. I also guarantee that my child will attend school regularly and on time.

Parent/Caregiver: _____

Student: _____ Date: _____

Financial - I agree to reimburse the school for any damage my child causes through vandalism, wilful damage, negligence or theft of/ to school property. This includes the laptop they are given to use at school.

Parent/Caregiver: _____

Student: _____ Date: _____

Food Preparation - I give permission for my child to take part in the preparation and making of food in classroom programmes.

Parent/Caregiver: _____

Date: _____

School Uniform - I understand that the wearing of the full and proper Glenbrae School Uniform is a condition of enrollment and I will support the school by providing this uniform for my child and I will ensure my child wears this at all times.

Parent/Caregiver: _____

Student: _____ Date: _____



Glenbrae School Internet Acceptable Use Contract

Internet Acceptable Use Contract

The internet is a powerful resource which can enhance learning. It is an enormous source of information, some of which may not be suitable for students. Glenbrae School will monitor and screen Internet use. However, we strongly believe that students need to learn in a responsible way.

Glenbrae School wishes to make the Internet available to all students and staff. The school will pay for such costs necessary to do this providing the following conditions are adhered to. Action will be taken against irresponsible and unacceptable behaviour.

Conditions

1. The Internet is used for educational purposes and under teacher supervision.
2. For safety reasons students do not use family names or give personal identification details.
3. Students promptly tell their teacher if they see or receive a message that is inappropriate or makes them feel uncomfortable.
4. Students use appropriate language and relay accurate information only.
5. Users respect the intellectual property rights of information and abide by Copyright laws.
6. My child is ultimately responsible for what they choose to do online and I will not hold the school responsible for what my child does online.

The above conditions have been discussed with my child.

The undersigned agree to all of these conditions.

Signed by:

Child: _____

Date: _____

Parent / Guardian: _____

Date: _____

Teacher: _____

Date: _____



Glenbrae School Permission of Legal Guardian

I have read and understand Glenbrae School's Policy on Internet, Media & Publication.

As the Parent/Guardian of:

[Name of Student]

I authorise the following activities at Glenbrae School:

Student use of the Internet at school, in accordance with the stated policy.

Please circle Yes / No

Use of Student Photographs - Samples of Work and Filming: Images of students and/or their work are published to recognise student achievement or their learning needs, report on learning to the school and wider community, and to promote the school. Occasionally student work or photographs are used in such publicity material e.g. the prospectus, Website, School Facebook page, external publications, in displays; or filming work. I agree that Glenbrae School School can use this material and that they will own those photos/footage and that they can edit and use them indefinitely in the media.

Signed by:

Parent/Legal Guardian: _____

Signature: _____

Date: _____/_____/_____

Glenbrae School provides free lunches. Does your child have any dietary requirements?

- Halal
- Vegetarian
- Vegan
- Gluten Free
- Dairy Free
- No red meat (including pork, beef and lamb)
- No seafood and shellfish (including sea related)
- No Dietary requirements



Glenbrae School : School Activities Permission

Date: _____

Dear Parent/Guardians

We need your permission for various school activities and often have difficulty getting notices or letters returned.

Please read this letter carefully, fill in and sign.

I give permission for my child to go on school trips Yes / No

I understand that I may withdraw my permission at any
Time for any event or trip by ringing the office or sending
a written note Yes / No

I understand that any information provided on my child will be used to assist my child and will be used according to the provisions of the Privacy Act, 1993.

Child's Name: _____

Signed by:
Parent/Legal Guardian: _____

Signature: _____

Date: ____/____/____