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

2025 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
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 Yes / No Cell Phone

Email address

GUARDIAN/CAREGIVER DETAILS [If not living with parents]

First Name Surname

Address

Home Phone Work Phone

Living with Yes / No Cell Phone

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 Yes / No Cell Phone

OFFICE USE ONLY:

REGISTRATION No:		**CLASS LEVEL:**		**DATE OF ENTRY:**
Immunisation Certificate:	YES / NO	**Room No:**		
Verification Document Type:		**Teacher:**		**Entered on:** Enrol ☐ eTap ☐
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:	
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: ____/____/____

Glenbrae School

103 Leybourne Circle
Glen Innes
Auckland 1072
PH: +64 9 528 5025
E: accounts@glenbrae.school.nz W: www.glenbrae.school.nz

INVOICE/QUOTE

QUOTE/INVOICE TO:

DATE: _____
Invoice/Quote # _____
Customer ID _____
GST # 52 910 439

SCHOOL UNIFORM - from January 2025

ITEM	SIZING	PRICE	SIZES									TOTAL
			3	4	6	8	10	12	14	16		
Polo Shirt	4 to 14	$32.00										
Polar Fleece	6 to 14	$43.00										
Track Pants	5 to 14	$39.00										
Cargo Pants	6 to 14	$43.00										
Cargo Shorts	6 to 14	$35.00										
Knit Shorts	limited Szs	$32.00										
Girls Skort	6 to 10	$38.00										
Girls Skort	12 to 18	$43.00										
Sunhat T1 & T4	55cm to 61	$11.00										

BLACK SHOES MUST BE WORN AS PART OF OUR UNIFORM Subtotal $ _____

ITEM	SIZING	PRICE	SIZES								TOTAL
			S	M	L	XL	2XL	3XL	4XL	5XL	
Polo Shirt	S - 5XL	$35.00									
Polar Fleece	S - 5XL	$49.00									
Track Pants	S - 3XL	$44.00									
Cargo Pants	S - 6XL	$45.00									
Cargo Shorts	S - 5XL	$41.00									

BLACK SHOES MUST BE WORN AS PART OF OUR UNIFORM Subtotal $ _____

PAYMENT OPTIONS:

TOTAL ORDER $ _____

Bank Deposit/Internet Banking:

Bank /Branch: ASB Lunn Ave Account: 12-3041-0273375-00
Reference: _____ **Childs Intial and surname**

Please Note: Quotes are only valid for 14 days from date above

If you have any queries about this quote/invoice, please contact:
Margaret Card-Tauri Ph: 09 528 5025 / Email: office@glenbrae.school.nz

"Grow Believe Succeed"

Order completed: Yes / No School Receipt No: _____

Health checks at school
Consent Form

Starship Community

Please read this information carefully.

When you have made a decision, please fill in the consent form, sign it and return it to your child's school.

Thank You

Health New Zealand
Te Whatu Ora
Te Toka Tumai Auckland

Haere Mai Welcome | Manaaki Respect | Tūhono Together | Angamua Aim High

DEC318

Consent form to let us know if you want your child to have Health Checks at school.

PARENTS/GUARDIANS – please fill out all of Section A (blue).

- If you **DO** want your child to have the checks, please fill out all of **Section B (green)**.
- If you **DO NOT** want your child to have the checks, please fill out all of **Section C (red)**.

PLEASE PRINT CLEARLY

A Section A: CHILD'S DETAILS – All parents/guardians please fill out this section

School:

Room name or number:

Surname (last or family name):

First name:

Middle name(s):

Other surnames the child has had:

Date of birth:

☐ Male ☐ Female

Home address:

Postcode

Phone: (day)

(evening)

(mobile)

Email: (Provide only if you are happy for ADHB to communicate with you by email. Note: information may be less secure when sent via email.)

With which ethnic group does your child most closely identify? (You may tick more than one.)

☐ NZ European ☐ Māori ☐ Samoan ☐ Cook Islands Māori ☐ Tongan ☐ Niuean ☐ Chinese ☐ Indian

Other (such as Dutch, Japanese, Tokelauan) please state:

Family doctor's name:

Child's NHI number* (if known):

Medical centre name:

Medical centre phone number:

Medical centre address:

* An NHI (National Health Index) number is a unique number assigned to each person who accesses publicly funded health services in New Zealand.

PLEASE COMPLETE CONSENT FORM, TEAR OFF AND RETURN TO SCHOOL

B Section B – Yes I DO want my child to have health checks at school

☐ **Yes** I agree to my child having health checks at school

PLEASE TICK ONE

I am: ☐ mother ☐ father ☐ guardian

A day-time contact name:

A day-time contact phone number:

Your full name:

Your signature:

Date: (day / month / year)

C Section C – No I DO NOT want my child to have health checks at school

☐ **No** I do not want my child to have health checks at school

PLEASE TICK ONE

I am: ☐ mother ☐ father ☐ guardian

A day-time contact name:

A day-time contact phone number:

Your full name:

Your signature:

Date: (day / month / year)

THANK YOU. PLEASE RETURN THIS TEAR-OFF PORTION TO SCHOOL.

Health checks at school

From time to time your child may be brought to see the nurse by school staff if your child has a health problem.

Signing this form gives permission for the nurse to check your child without you being present, for any minor concerns.

For example:

- **General Health Checks**
- **Skin health checks and supply of treatment if needed**
- **Rheumatic fever prevention and treatment of sore throats**
- **Ear and Hearing Checks/ Assessments**

Preventing **rheumatic fever**

Rheumatic fever continues to be health problem in New Zealand. Rheumatic fever often starts with a sore throat, caused by the strep germ.

It is important you follow up with your Family Doctor or School Nurse.

How are **strep throats** treated?

Your child will need to take an antibiotic medicine for 10 days. This is the best way to treat strep throat and prevent Rheumatic fever. We or your Family Doctor will provide this medicine for free.

Adults with a sore throat will need to go to their family doctor for a check.

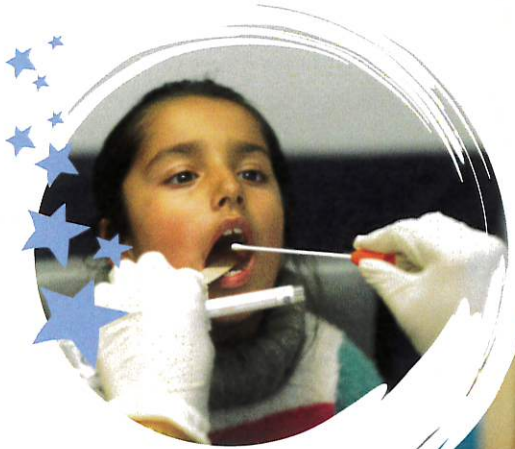
You will also be given advice on how to stop the strep germ spreading to other people.

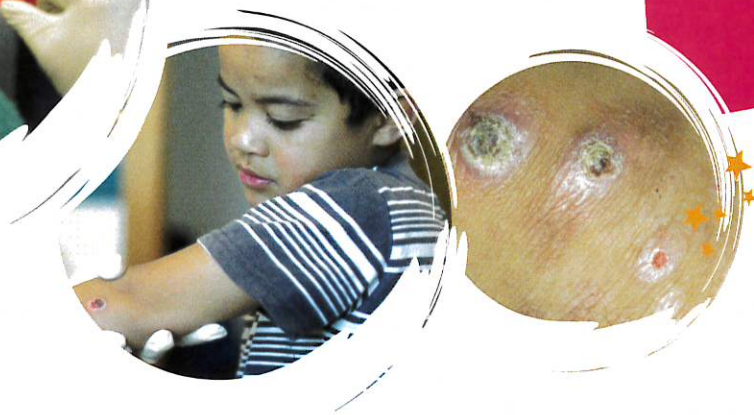
Skin problems

Skin problems are common in children and include:

- **Infected insect bites**
- **School sores (impetigo)**
- **Scabies - an itch rash and blisters caused by small insects that get under the skin**
- **Eczema**
- **Boils**
- **Cellulitis**

Anyone can get a skin infection. Many skin infections, such as scabies and impetigo, are easily spread from the infected person to their family and whānau. If one person in your family has a skin infection, it is important to check everyone else as other family members may have an infection that needs to be treated.





Stop sore throats hurting hearts – get them checked!

Starship Community

Stop sore throats hurting hearts – get them checked!

How are **skin infections** treated?

Early skin infections are usually treated by cleaning and covering with a plaster so the infection doesn't spread.

Bigger skin infections can be treated with antibiotic cream or antibiotic medicine. We will provide this free of charge.

We will also provide dressings to cover the infected area.

Treating skin infections early is important to stop a more serious problem.

Other health issues

The Starship Community Nurse who visits your school can also provide advice and support to you and your whanau for a range of other health problems.

These health problems can make it hard for children to learn at school.

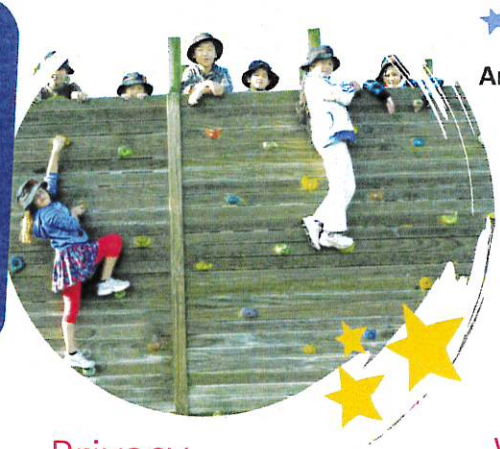
Such as:

- **Breathing and chest problems like asthma or coughing all the time**
- **Toileting problems**
- **Ear problems such as runny or sore ears or difficulty hearing**
- **Diet and healthy eating**
- **Allergies**

And many other health concerns

To keep skin healthy:

***check** skin often*
***clean** and dry hands often*
***cut** fingernails short*
***cover** sores with a plaster.*



Where can I get more information?

Contact the Starship Community Nurse at the school if you would like more information about filling in this consent form.

Speak to your family doctor or practice nurse at any time.

About Us

Starship Community is made up of a team of health professionals who provide community nursing, allied health and cultural support to children, young people and their families in Auckland City

If you would like to know more about what we do and how we could help **you are welcome to contact us on:**

09 639 0200 or email:
StarshipCommunity@adhb.govt.nz

Privacy

Your child's privacy will always be protected. Information about any throat swabs taken or any treatment your child receives will be recorded on a health database. Only health staff, including your family doctor, can see your child's information. Your family doctor will be told if your child is receiving treatment for strep throat ora skin infection.

Important:

We will always contact you if we have seen your child for a minor health problem at school.

What do I need to do?

Talk about these health checks with your child and with your family and whānau. When you have decided, please fill in the form, sign it and return it to your child's school.

Remember you can change your mind at any time by letting us or the school know.

If you want your child to have these free health checks, please fill in the blue part of the form and then sign the green part of the form.

Starship Community

Health New Zealand
Te Whatu Ora
Te Toka Tumai Auckland

Vision and Hearing Screening Results

Your child's name, date of birth, ethnicity and National Health Index (NHI) and the screen results will be stored in the B4 School Check or ENROL database. The results of the test are given to your child's preschool or school. Results in the B4 School and ENROL databases are kept in accordance with the national information system privacy policy. http://www.moh.govt.nz/b4schoolcheck. https://enrol.education.govt.nz

For _____ Date _____

Ears	PASS	RETEST	REFER
Hearing	○	○	○
Middle Ear check	○	○	○

Eyes	PASS	RETEST	REFER
	○	○	○

○ Your child did not pass today, they will be retested for eyes/ears.

○ Your child needs to go for further assessment for their ears or eyes.

We will send you a letter.

MedPhotos&Graphics | TE TOKA TUMAI AUCKLAND | DEC24 | CC6720

Starship Community

Consent Form

Hearing and Ear Health

Vision & Hearing Screening

Te Kāwanatanga o Aotearoa
New Zealand Government

Health New Zealand
Te Whatu Ora

Consent Form

Hearing and Ear Health
Vision & Hearing Screening

Name of child:

Date of birth: NHI:

Preschool/School: Ethnicity:

Name of Parent/Guardian: Phone:

Address:

Signature: Date: / /

I consent to the following checks being carried out on my child as part of the screening programme.

Ear Test

Does your child have (had) grommets? YES Month /Year NO

Comments/relevant past history:

Eye Test

Comments/relevant past history:

Information

Hearing and Ear Health
Vision & Hearing Screening

Health New Zealand/ Te Whatu Ora provides a free screening programme for children.

This programme is run by Vision Hearing Technicians, from the Hearing and Ear Health Team, who visit pre-schools and schools.

Your child will have their hearing and distance vision tested as either a 4-year-old or new entrant to school.

Ears

Hearing (Audiometry)

The child wears headphones and responds every time they hear a sound.

Middle Ear check (Tympanometry)

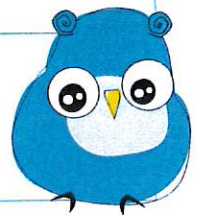
A soft tip is placed in the ear canal and the air pressure is changed to measure how the ear drum moves. This test can show whether your child has glue ear - a build-up of fluid in the middle ear which can affect hearing.

This test will only be done if your child fails the hearing test.

Eyes

Sight (Vision) test

This is done at 4 years old or as a new entrant.
A letter matching test or letter naming test is used.



You will be informed of all results from these tests and notified of any problems so that you can get treatment for your child.