



# Grant's Braes School

137 Belford Street  
Waverley  
Dunedin 9013

Ph 03 454-4717  
email: [office@grantsbraes.school.nz](mailto:office@grantsbraes.school.nz)  
[www.grantsbraes.school.nz](http://www.grantsbraes.school.nz)

We look forward to your child joining us here at Grant's Braes School.

To complete their enrolment, we require a copy of your child's **Birth Certificate or current Passport**. We are happy to make a copy of your 'original' here at the office.

If you have moved here from overseas and are on a **Visa/Permit** to live in New Zealand, we also need to take a copy of this too please.

Please also bring your child's **Immunisation Details**, found in the back of your child's Plunket Book or a Certificate signed by your Doctor.

Finally, we need to also have **proof of your residential address** on file, and therefore we request that you provide **TWO documents** in confirmation. These can be Mortgage or Rental Agreements, Bank Statement or a utilities account (such as electricity or telephone account with your address on).

Thank you.



# PUPIL ENROLMENT FORM

Please write firmly using a ballpoint pen. Copy 1: Office Copy 2: Dental Therapist Copy 3: Teacher

PUPIL	Legal surname:	Legal first name/s:		
	Preferred surname:	Preferred first name:		
	Place in family: of	Boy / Girl	DoB: / /	Current class/year level: Eldest child at this school:
	Home Address:	Zone: In / Out / NA		
	Previous school/centre:	Address:		
	Rural Emergency No:	Home language:		
	Ethnicity 1: 2: 3:	Iwi/Hapu 1: 2:		
Residency/Citizenship? Yes / No	If No, Date of NZ entry:		Country of birth:	

PARENTS/CAREGIVER/S	Title: Legal surname:	First name/s:	Relationship to pupil:
	Home address: (if different to pupil)	Country of birth:	
	Workplace/Hrs:	Occ:	Ph Hm: Ph Wk:
	Mob:	Email:	
	Title: Legal surname:	First name/s:	Relationship to pupil:
	Home address (if different to pupil)	Country of birth:	
	Workplace/Hrs:	Occ:	Ph Hm: Ph Wk:
	Mob:	Email:	
	Emergency contact name 1:	Relationship to pupil:	Ph Hm: Mob:
	Emergency contact name 2:	Relationship to pupil:	Ph Hm: Mob:
	Doctor:	Ph:	Dental clinic:
	Name of legal guardian/s:		

EARLY CHILDHOOD EDUCATION	Was ECE regularly attended? <input type="checkbox"/> Yes, for the last year/s <b>OR</b> <input type="checkbox"/> Not regularly, only occasionally or with no on-going schedule <b>OR</b> <input type="checkbox"/> No, did not attend ECE			
	Did your child attend an ECE service in the six months prior to starting school?			
	Please enter the number of <b>hours per week</b> for up to three services (a-f) <b>or tick the appropriate box</b> (g-j).			
		ECE 1 (hrs/wk)	ECE 2 (hrs/wk)	ECE 3 (hrs/wk)
	a) Kōhanga Reo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Playcentre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Kindergarten <i>or</i> Education and Care Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) Home based Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) Playgroup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f) Correspondence School - Te Aho o Te Kura Ponamu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CUSTODY ACCESS	Court order issued? Yes / No / NA
	(attach further information as required)
Extra copy of school report to:	Address:

HEALTH, LEARNING & BEHAVIOUR	Has your child had a B4 School Check? Yes / No	B4SC health?
	B4SC developmental?	B4SC behavioural?
	Immunisation Cert Sighted? Yes / No	Requested? Completed: Yes / No
	Vision:	Hearing:
	I consent to my child's vision and hearing being tested. Yes / No	
	Allergies:	Medication:
	Speech:	Serious problems:
	Learning/Behaviour Needs:	
	Special Needs/Resourcing/Agencies:	
	Other information/requests (attach further information as required):	

## DECLARATION

I have read and accept the privacy statement and parent declaration on the reverse of this form. Parent/Caregiver signature: \_\_\_\_\_ Date: / /

OTHER	Members of your family likely to attend this school in the future.	1. Birth date: / /
	2. Birth date: / /	3. Birth date: / /
	Additional information:	

OFFICE USE	Birth date verification: <input type="checkbox"/> Birth certificate/number or <input type="checkbox"/> Passport/number	School admission to:
	Records/information requested: / /	Records/information received: / / Bus route: Date of entry: / /
	<input type="checkbox"/> Academic NSN: <input type="checkbox"/> Attendance Data entered: / /	No previous schools/enrolments: Year level: School stamp:
	<input type="checkbox"/> Behavioural Other: <input type="checkbox"/> Custodial	Teacher: Room: Issued... Health card <input type="checkbox"/> School info/pack <input type="checkbox"/>
	<input type="checkbox"/> Health <input type="checkbox"/> Personal	Additional information:

Not to be photocopied. Order from NZPF: office@nzpf.ac.nz.





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## PRIVACY ACT – CONSENT FORM

Parent/Guardian of .....

To meet the requirements with the Privacy Act, we need your permission to manage information about your child. To assist in this management, we would like your approval to:

- (1) Collect such data as is relevant to the educational and social needs of your child from the child's previous school or preschool;
- (2) Pass on such data as is relevant to the educational and social needs of your child to the next school your child attends;
- (3) Collect, whilst your child is attending Grant's Braes School, such data as is deemed necessary to ensure your child's academic and social needs are met while at Grant's Braes School;
- (4) Allow, with the identity of the individual being protected, such information as is legitimately requested by Government agencies to be passed on to these agencies;
- (5) Allow your child's name and address to be given to the school's Public Health Nurse, visiting teacher or other Education/Health agency in the event that the Principal deems the passing on of this information is in the best interests of the child;
- (6) Allow the educational information gained at the school to be used for research purposes on the condition that the information does not reveal the identity of the individual;
- (7) Pass your child's name and address onto 'local' Intermediate School so as a prospectus and enrolment information can be sent out during their Year 6 year.

### Approval:

I approve Grant's Braes School taking the action listed in Clauses 1-7 above.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date



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Dear Parents/Caregivers

Please read this page carefully as it includes information about safety and security issues associated with privacy.

- Indicate your preference with regards to the sharing of your child's personal information
- Complete and sign the form
- Return this form to the school

You are welcome to contact the school to discuss this agreement if you wish. In the interest of safety and security, Grant's Braes School requires parent permission for the publishing of student's names, work or photographs on school or class websites, and in our newsletters.

We believe it is important to celebrate children's achievement, but are aware of the potential risks when such personal information or material is published on a global information system such as the internet.

We will share, if given permission, no more than a student's first name, and/or photograph via the newsletter, or the wider community via a school based website.

Please indicate your wishes by ticking the relevant box.

☐

***I am happy for my child's first name, photograph or work to appear in the school newsletter, or on a school-based website***

☐

***I do not give permission for my child's first name, photograph, or work to appear in the school newsletter, or on a school based website***

Child's Name ..... Room .....

Your Name .....  
(Parent/Guardian)

Signature ..... Date .....





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## Permission slip for day trips away from school

Dear Parents/Caregivers

Throughout the year, as part of our Outdoor Education Programme, classes frequently leave the school, for educational activities such as swimming, museum visits, beach education lessons, field trips etc.

This year we are asking that parents complete this generic permission slip giving permission for their child/ren to attend all educational activities and trips for 2021. This permission slip only covers activities which are of a day or less in duration.

You will continue to receive information about what the children are doing and the trips they are going on via classroom notices, school newsletters, emails and class wikispaces. Classes will need parent help for these activities and therefore notices will still contain return slips seeking your support in this way.

For activities of more than a day's duration, such as camps, overnight stays etc, individual permission forms will be sent to you.

If you have any queries or concerns about a school or class activity, do contact your child's classroom teacher.

Remember, that we are always dependent on parents accompanying trips. They are fun, and it is a great way for you to gain an insight into how the class works and to meet other parents. We would love to have you join us.

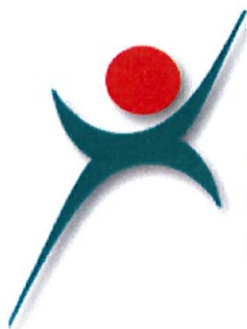
Please complete and return the form at the bottom of this page to school  
Thank you.

Gareth Taylor  
Principal

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I give permission for ..... of .....  
(Child's name) (Room number)  
to attend any outdoor education programme of no greater duration than one day. I understand that notification of such activities will be through the class notices and newsletters.

Signed: \_\_\_\_\_  
(Parent/Guardian)



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## **EDUCATION OUTSIDE THE CLASSROOM – HEALTH AND CONSENT FORM - 2021**

Before taking a student on any trip outside the school, we require the following information:

**Student Name** ..... **Room** .....

Does your child have to take any medications?  
If yes, please specify \_\_\_\_\_

Please circle correct answer  
YES NO

(It will be assumed that your child will be carrying all appropriate medication and is competent in it's administration. Tick the box if your child needs assistance with their medication. List the medication, administration times, amounts and other details on reverse of this form)



Does your child suffer from an allergy or disability?  
If yes, please specify \_\_\_\_\_

YES NO

Would your child be limited in any way, in taking part in physical activities?  
If yes, please specify \_\_\_\_\_

YES NO

Has your child had an anti-tetanus injection in the last five years?

YES NO

Is your child allergic to penicillin or any medications?

YES NO

Has your child been in contact with an infectious disease in the last month? If yes, please specify \_\_\_\_\_

YES NO

Is your child a competent swimmer?

YES NO

**Please supply an address and contact number where you can be contacted during trips.**

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### **Alternative emergency contact person:**

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

- ❖ I agree that my child will abide by the school rules while on any trips
- ❖ I agree that my child will follow instructions given to them by the staff in charge
- ❖ I give staff the authority to arrange and administer, if necessary, any medical treatment for my child
- ❖ I give staff in charge the authority to contact me and arrange travel home, at my expense, should it be required for reasons of ill health or discipline

Please sign and return this form to the school office.

**The above information is true and accurate and I agree to the conditions of school trips.**

Signed \_\_\_\_\_

Date \_\_\_\_\_



# CYBERSAFETY AT GRANT'S BRAES SCHOOL

Please read this document carefully. If there are any points you would like to discuss with the school, let the school office know as soon as possible. We would also encourage you to discuss it with your child prior to signing and returning the agreement to school.

The school's computer network, Internet access facilities, computers and other school ICT equipment/devices bring great benefits to the teaching and learning programmes at Grant's Braes School and to the effective operation of the school.

The overall goal of the school in this matter is to create and maintain a cybersafety culture which is in keeping with the values of the school, and legislative and professional obligations. In order to achieve this the school maintains a rigorous filtering system to restrict access to inappropriate sites and material. They also have the ability to monitor traffic and material sent and received using the school's ICT network.

## ***RULES TO HELP KEEP GRANT'S BRAES STUDENTS CYBERSAFE***

1. I cannot use school ICT equipment until my parent(s) and I have signed my use agreement form and the completed form has been returned to school.
2. I can only use the computers and other school ICT equipment for my schoolwork.
3. If I am unsure whether I am allowed to do something involving ICT, I will ask the teacher first.
4. I can only go online or access the Internet at school when a teacher gives permission and an adult is present.
5. I understand that I must not, at any time, use the Internet, email, mobile phones or any ICT equipment to be mean, rude, offensive, or to bully, harass, or in any way harm anyone else connected to our school, or the school itself, even if it is meant as a 'joke'.
6. While at school, I will not:
  - Attempt to search for things online I know are not acceptable at our school. This could include anything that is rude or violent or uses unacceptable language such as swearing
  - Make any attempt to get around, or bypass, security, monitoring and filtering that is in place at our school
7. If I find anything mean or rude or things I know are not acceptable on any ICT, I will:
  - **Not show others**
  - **Turn off the screen and**
  - **Get a teacher straight away.**
8. I understand that I must not download or copy any files such as music, videos, games or programmes without the permission of a teacher. This is to ensure we are following copyright laws.
9. I must have permission from home and permission from school before I bring any ICT equipment/device from home. This includes things like mobile phones, iPods, games, cameras, and USB drives. These are my responsibility at all times.
10. I will not connect any device (such as a USB drive, camera or phone) to school ICT or run any software, without a teacher's permission. This includes all wireless technologies.
11. I will not put personal information about myself or others online.

**Personal Information includes: Full Name, Address, Email address and Phone numbers**

12. I will respect all school ICT and will treat all ICT equipment/devices with care and I will report any breakages / damage to a teacher immediately.
13. I understand that if I break these rules, I will lose ICT privileges and that the school may need to inform my parents. In serious cases the school may take disciplinary action against me. I also understand that my family may be charged for repair costs.

## USE AGREEMENT FORM

To the parent/caregiver/legal guardian, please:

1. Read this document carefully
2. Discuss it with your child
3. Sign the appropriate section on this form
4. Detach and return this form to the school office
5. Keep page one of the document for future reference,

I understand that Grant's Braes School will:

- Do its best to enhance learning through the safe use of ICT.
- Work progressively with children and their families to encourage and develop an understanding of the importance of cybersafety
- Maintain systems that protect children in their use of ICT including filtering and monitoring of useage.
- Respond to any breaches in an appropriate manner
- Welcome enquiries from parents or students about cybersafety issues.

My responsibilities include:

- I will read this cybersafety use agreement document
- I will discuss the information with my child and explain why it is important
- I will return the signed agreement to the school
- I will support the school's cybersafety programme by encouraging my child to follow the cybersafety rules.
- I will contact the principal or classroom teacher to discuss any questions I might have about cybersafety and/or this use agreement.

**Additional information on cyber safety can be found at [www.netsafe.org.nz/ua](http://www.netsafe.org.nz/ua)**

Please detach and return this section to school.

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I have read this cybersafety use agreement and discussed it with my child. We are aware of the responsibilities of both the school and myself as a parent. My child has agreed to abide by these cybersafte rules and I support the school in the implementation of them.

Name of student: ..... Student's signature: .....

Name of parent/caregiver/legal guardian: .....

Parent's signature: ..... Date: .....

Please note: This agreement for your child will remain in force 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.