

# ENROLMENT FORM



## SECTION 1: PERSONAL INFORMATION

Last Name: ..... Year Level Enrolling to: .....  
First Name(s): ..... Place in Family: ..... of .....  
Preferred First Name: ..... DOB: .....  
Previous School: ..... Birth Place: .....  
NZ Residency / NZ Citizenship:  Yes  No *(please tick)* If No, NZ Entry Date: .....  
Passport Status: Expiration Date: .....  
 Visitor  Work  Student  ..... Home Language: .....  
Iwi Affiliation of Maori Students: *(you may list up to 3 iwis)* .....

### EARLY CHILDHOOD EDUCATION

Did your child attend an ECE service 6 months prior to starting school?  Yes  No  
Name of ECE Service: ..... Hours per week: .....  
Regularly Attended:  Yes  No For the last ..... years

### HOME CONTACT DETAILS

Street Address: ..... Suburb: .....  
City: ..... Postcode: .....  
Email Address: ..... Home Phone: .....  
Physical Address: *(if different from above)* ..... Cell Phone: .....  
..... Fax: .....

### FATHER / GUARDIAN/ CAREGIVER: *(state details if different to above)*

Name: ..... Relationship to Student: .....  
Street Address: ..... Suburb: .....  
Email Address: ..... Phone: .....  
Occupation: ..... Cell Phone: .....  
Employer: ..... Business Phone: .....  
Citizenship:  NZ Citizen  Residency  Work / Visitor Father's Ethnicity: .....  
Place of Worship/Church: ..... Religion/Denomination: .....

### MOTHER/ GUARDIAN/ CAREGIVER: *(state details if different to above)*

Name: ..... Relationship to Student: .....  
Street Address: ..... Suburb: .....  
Email Address: ..... Phone: .....  
Occupation: ..... Cell Phone: .....  
Employer: ..... Business Phone: .....  
Citizenship:  NZ Citizen  Residency  Work / Visitor Mother's Ethnicity: .....  
Place of Worship/Church: ..... Religion/Denomination: .....

**EMERGENCY CONTACTS**

1. Name: ..... Relationship to Student: .....  
Address: ..... Phone: .....  
..... Cell Phone: .....

2. Name: ..... Relationship to Student: .....  
Address: ..... Phone: .....  
..... Cell Phone: .....

**IMMEDIATE FAMILY MEMBERS WHO CURRENTLY ATTEND THIS SCHOOL**

Name: ..... Year: .....  
Name: ..... Year: .....  
Name: ..... Year: .....

**FAMILY MEMBERS WHO HAVE ATTENDED THIS SCHOOL IN THE PAST**

Name: ..... Last Year Attended: .....  
Relationship to Student: .....  
Name: ..... Last Year Attended: .....  
Relationship to Student: .....  
Name: ..... Last Year Attended: .....  
Relationship to Student: .....

**FAMILY MEMBERS LIKELY TO ATTEND IN THE FUTURE**

Name: ..... Gender: .....  
Date of Birth: ..... Age: .....  
Name: ..... Gender: .....  
Date of Birth: ..... Age: .....  
Name: ..... Gender: .....  
Date of Birth: ..... Age: .....

**SECTION 2: MEDICAL DETAILS**

Doctor's Name: ..... Practice: .....  
Address: ..... Phone: .....  
Dentist's Name: ..... Practice: .....  
Address: ..... Phone: .....

**MEDICAL NOTES / MEDICATION / DISABILITY INFORMATION**

Consent to child tested for Hearing & Vision:  Yes  No Allergies: .....  
.....

Immunisation Certificate Sited:  (grey areas are for office use only)

- Hepatitis       Polio       Diphtheria       Tetanus       Pertussis
- HIB       Measles       Mumps       Rubella

**SECTION 3: FINANCIAL DETAILS**

**SCHOOL ACCOUNTS SENT TO** *(state details if different to above)*

Name: .....  
Street Address: ..... Suburb: .....  
City: ..... Postcode: .....  
Email account to: .....

**CUSTODY ACCESS DETAILS** *(if applies and add details if different to above)*

Names of Legal Guardians (Primary Caregiver): .....  
Custody Arrangements/Access Restrictions: .....  
.....  
.....

**EXTRA STUDENT NOTES / INFORMATION**

.....  
.....  
.....  
.....

Extra Copy of School Report to: .....  
Extra Copy of School Newsletter to: .....

**SECTION 4: PARENTAL / CAREGIVERS CONSENT**

**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 on request at the school.
- I approve the forwarding of academic information when my child transfers to another school.
- I give permission for photos and video taken during school activities to be used for publicity (eg newsletters, website, church visits and other similar purposes).
- I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies.

**EDUCATION OUTSIDE THE CLASSROOM (EOTC) CONSENT**

- From time to time my child / children will be involved in Education Outside the Classroom for a part or whole day, and may include overnight camps and trips. I give consent for my child to be involved in EOTC activities.

Parent's Signature: ..... Date: .....



# PREFERENCE DETERMINATION FORM SUPPLEMENTARY ENROLMENT

Please answer the following questions as best you can to assist the Proprietors (NZ Seventh-day Adventist Schools Association) in the 'Preference Determination' process. If you wish to provide further information please write on a separate sheet of paper and attach. Please bring the questionnaire and any other material you feel will help to determine your preferential status to the interview.

### PREFERENCE DETERMINATION CATEGORIES

Please tick the category under which you are making application:

- At least one parent / guardian is a member of the Seventh-day Adventist Church (Particular Connection).
- The child is a baptised member of the Seventh-day Adventist Church (Particular Connection).
- With the agreement of the child's parent / guardian, a grandparent or other significant adult in the child's life, undertakes to support the child's formation in the faith and practices of the Seventh-day Adventist Church. (General Connection).
- At least one parent / guardian has membership with a Christian Church (General Connection).
- Applicant wishes to enrol as a Non-Preferential status and will participate and support the Special Character of the school (Non-Preferential Enrolment).

Please share briefly why you are applying for your child to attend Christchurch Adventist School:

.....  
.....

Are you committed to supporting the special character of the school by providing a family environment consistent with the Christian aims and ideals of the school?  Yes  No

Are you prepared to become involved in the life of the school and support the various activities? (worship, community outreach, church programmes)  Yes  No

If parent /s are unable to support the spiritual development of the child to be enrolled, please name the person / guardian or other significant person in the child's life that undertakes to support the child's spiritual formation in the faith and practices of the Seventh-day Adventist Church?  Yes  No

Name: ..... Relationship to Student: .....

Street Address: ..... Suburb: .....

Email Address: ..... Phone: .....

Are you a regular and active member of a church congregation?  Yes  No

If yes, what Church/Religion/Congregation? .....

Name of Pastor/Minister/Church Official: *(who will verify your comments)* .....

Phone contact details of the above: .....

Person responsible for payment of Attendance Dues: *(Compulsory Fees)* .....

Address: *(if details are different to this application form)* .....

### PLEASE COMPLETE ATTENDANCE DUE COMMITMENT FORM WHEN COMPLETING ENROLMENT PROCEDURE

Commitment to Attendance Dues payment: *(Please note: Attendance Due Payments are to be paid yearly or Term in advance)*

- By Term  Yearly  Automatic (Direct Debiting)

By signing below, you indicate that you will support and demonstrate commitment to the aims and objectives of the special character and the Spiritual dimensions of Christchurch Adventist School, and will commit to the Attendance Dues payments.

.....  
Student's Signature (Yrs 8-13)      Date      Parent / Guardian      Date



# STUDENT CHARACTER REFERENCE

To be completed by someone who knows this student well, but is not a family member or the person who fills in the current school pre-enrolment form.

## SECTION 1: REFEREE INFORMATION

Last Name: .....  Mr  Mrs  Ms  Miss  Pr  Dr

First Name: ..... Home Phone: .....

Address: ..... Work Phone: .....

..... Mobile: .....

How are you acquainted with the applicant? .....

.....

## SECTION 2: RECOMMENDATION

Please tick the appropriate boxes and make a brief honest comment about the applicant under each heading.

Student Name: .....

Morals, values and attitudes:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Developing	<input type="checkbox"/> Other
Relationship to Authority:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Developing	<input type="checkbox"/> Needs Direction	<input type="checkbox"/> Other
Standard of conduct:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Other
Social Adjustment:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Other
Health:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Of Concern	<input type="checkbox"/> Other

Is there anything else we should know about this student? .....

.....

.....

## SECTION 3: DECLARATION

I am pleased to provide the recommendation for the above applicant, understanding that my comments will be kept in confidence.

Signature: ..... Date: .....



# STUDENT'S SCHOOL TRANSFER INFORMATION FORM

This is to be completed by the applicant's current school teacher or Dean.

## SECTION 1: STUDENT INFORMATION

Last Name: ..... NSN: .....  
 First Name: ..... Gender: .....  
 Current School: ..... Ethnicity: .....

## SECTION 2: ACADEMIC PROFILE

Please indicate the Curriculum Level at which the student is currently working.

**PRIMARY STUDENTS (YEARS 1-8)**  
 National Standard or Curriculum Level of Achievement

### SECONDARY & PRIMARY STUDENTS

Reading Age: .....  
 PAT Reading Comprehension % Score: .....

Writing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ABOVE CURRICULUM LEVEL	AT CURRICULUM LEVEL	BELOW CURRICULUM LEVEL	WELL BELOW CURRICULUM LEVEL
------------------------	---------------------	------------------------	-----------------------------

### SECONDARY & PRIMARY STUDENTS NZ KEY COMPETENCIES

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Thinking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using Language, Symbols & Texts:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Self:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relating to Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating & Contributing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SECONDARY STUDENTS Level of Achievement

English:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXCELLENCE	MERIT	ACHIEVE	BELOW ACHIEVEMENT
------------	-------	---------	-------------------

## SECTION 3: LEARNING NEEDS

Previous and Current Learning Support: RTLb CYFS GSE ORRS ESOL RT:Lit  
 Other: (please specify) .....  
 Support/Resourcing/Agencies required at Christchurch Adventist School: .....  
 Special Abilities: (please state area/s) .....

## SECTION 4: PERSONAL CHARACTERISTICS

Attendance: Truancy Issues Frequent Illness Unsatisfactory/Unjustified Absence Satisfactory Attendance (85%+)  
 Behaviour: Disruptive Aggressive Shy Confident Co-operative Outgoing Stable  
 Social Skills: Victim Bully Poor Peer Relationships Immature Mature Leadership Relates well with others  
 Attitude/Effort: Lacks motivation Needs Constant Monitoring Responsible Conscientious Enthusiastic

For the purpose of educational support for the applicant's learning, please provide additional comments:  
 .....  
 .....

Name: ..... Position: .....

Signature: ..... Date: .....

# HEALTH PROFILE AND MEDICAL CONSENT FOR EOTC ACTIVITIES



## SECTION 1: MEDICAL INFORMATION

Name: ..... Medic Alert Number: .....

1. Please tick if you have any of the following:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Migraine            | <input type="checkbox"/> Colour Blindness | <input type="checkbox"/> Asthma                 |
| <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> ADHD             | <input type="checkbox"/> Fits of any type       |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Travel Sickness  | <input type="checkbox"/> Dizzy Spells           |
| <input type="checkbox"/> Chronic Nose Bleeds | <input type="checkbox"/> Heart Condition  | <input type="checkbox"/> Other (Please specify) |

For overnight events

- Sleepwalking       Bedwetting

2. Are you/your child currently taking medication?       Yes       No

If YES, please state: Health condition/s: .....

Name of medication/s: .....

Dosage and time/s to be taken: .....

Other Treatment: .....

3. Is a health plan required?       Yes       No

Have you had any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities?       Yes       No

If YES, please state the injury/illness: .....

.....  
 .....  
 .....

4. Are you allergic to any of the following?

- |                         |                              |                             |                      |
|-------------------------|------------------------------|-----------------------------|----------------------|
| Prescription medication | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Please specify ..... |
| Food                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Please specify ..... |
| Insect bites/stings     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Please specify ..... |
| Other allergies         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Please specify ..... |

What treatment is required? .....

5. When was your child's last tetanus injection? .....

6. Outline any dietary requirements: .....

.....  
 .....  
 .....

7. Panadol or similar medication may be given to your child if supplied by parent/caregiver.

.....  
.....  
.....

8. To the best of your knowledge. Has your child been in contact with any contagious or infectious diseases in the last four weeks?

Yes     No

If YES, please give brief details .....

.....

.....

9. Is there any information the staff should know to ensure the physical and emotional safety of you/your child? (For example cultural practices; disability; anxiety; about heights/darkness/small spaces; pregnancy; behaviour or emotional problems).

Yes     No

If YES, please state or attach the information .....

.....

.....

.....

**SECTION 2: PARENTAL / CAREGIVERS CONSENT**

- I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
- I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.
- I agree to my child/myself receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- Any medical costs not covered by ACC or a community service card will be paid by me.
- If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, s/he will be sent home at my expense.

To be read and signed by parent/caregiver of child participant.

Signature: .....

Name: ..... Date: .....