



## ***Enrolment Procedure***

Dear Parent / Guardian,

Thank you for requesting a prospectus and an enrolment application form. This section contains our enrolment procedure for entry to Christchurch Adventist School.

It is important that all sections of the enrolment forms are filled out in order for your application to be processed. Please note however, there is no need to keep writing out the same address over and over. The space is simply there to allow for separate addresses as the need arises in some situations. Writing 'as above' is often satisfactory.

The enrolment procedure involves at least two separate interviews. Firstly, interview with the School Principal, and later with a representative of the Proprietors. Often, in the case of Primary school children, we may also arrange an interview with the Head of School in charge of the Primary Campus.

In order to ensure that your application is processed as smoothly as possible, please ensure that you have included the following documents:

- ☐ Birth Certificate (compulsory regardless of Year level)
- ☐ Student Passport (Applies Only for Migrant families to NZ or verification of Date of Birth)
- ☐ Parent/Caregiver's Passport (Applies Only for Migrant families to NZ)
- ☐ Immunisation Certificate
- ☐ Copy of last School Report (except New Entrants applicants)
- ☐ Information concerning any special assessments (if any)
- ☐ Completed Enrolment Form
- ☐ Completed School Transfer Information Form (except new entrants)
- ☐ Completed Student Character Reference and Supplementary Forms

Thankyou, I look forward to meeting with you,

Yours Sincerely

D C Carrasco  
PRINCIPAL



15 Grants Road, PO Box 5197, Christchurch  
Ph (03) 3529173, Fax (03) 3523470  
[www.cas.school.nz](http://www.cas.school.nz)

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# STUDENT ENROLMENT FORM

Update September 2013

## SECTION 1: PERSONAL INFORMATION

(Grey areas are for office use only)

Family Name (surname) \_\_\_\_\_ First Name(s) \_\_\_\_\_

Preferred First Name \_\_\_\_\_ Year Level Enrolling to \_\_\_\_\_ Place in family \_\_\_\_ of \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth (City / Country) \_\_\_\_\_ Gender \_\_\_\_\_

NZ Residency / NZ Citizenship Yes / No (Please circle) If No, Date Entry to NZ \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport Status (Visitor / Work /

Student/ Other \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Language \_\_\_\_\_

Iwi Affiliation of Maori Students (You may list up to 3 iwis) \_\_\_\_\_

### **Early Childhood Education**

Did you child attend an ECE service 6 months prior to starting school? Yes / No \_\_\_\_\_ Hours per week \_\_\_\_\_

Name of ECE Service \_\_\_\_\_ Regularly Attended Yes/No for the last \_\_\_\_ years.

### **Home Contact Details:**

Street Address \_\_\_\_\_ Suburb \_\_\_\_\_

City \_\_\_\_\_ Postcode \_\_\_\_\_ Home phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

Physical Address (if different from above) \_\_\_\_\_

### **Father / Guardian/ Caregiver: (State details if different to above)**

Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Suburb \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_ Business phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Father's Ethnicity \_\_\_\_\_ Citizenship Status (NZ Citizen / Residency or Work / Visitor) \_\_\_\_\_

Religion / Denomination \_\_\_\_\_ Place of Worship/ Church Membership \_\_\_\_\_

### **Mother / Guardian/ Caregiver: (State details if different to above)**

Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Suburb \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_ Business phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Father's Ethnicity \_\_\_\_\_ Citizenship Status (NZ Citizen / Residency or Work / Visitor) \_\_\_\_\_

Religion / Denomination \_\_\_\_\_ Place of Worship/ Church Membership \_\_\_\_\_

### **Emergency Contacts:**

1.Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

2.Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

**Immediate Family Members who currently attend this school:**

Names \_\_\_\_\_

**Family Members who have attended this school in the past: (continue overleaf if needed)**

Name \_\_\_\_\_ Last Yr attended \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Last Yr attended \_\_\_\_\_ Relationship to student \_\_\_\_\_

**Future family Members likely to attend in the future:**

Name \_\_\_\_\_ Age \_\_\_\_\_ gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

**SECTION 2: MEDICAL DETAILS**

Doctor's Name \_\_\_\_\_ Address/phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Address/phone \_\_\_\_\_

Medical Notes / Medication / Disability Information \_\_\_\_\_

Consent to child tested for Hearing and Vision: Yes / No Allergies: \_\_\_\_\_

Immunisation Certificate sited ☐ (Grey areas are for office use only)

Hepatitis	Polio	Diphtheria	Tetanus	Pertussis	HIB	Measles	Mumps	Rubella
<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"/>

**SECTION 3: FINANCIAL DETAILS**

**School Accounts sent to: (State details if different to above)**

Name \_\_\_\_\_ 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 \_\_\_\_\_

**Parental Approval**

*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.

..... (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:

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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? Name \_\_\_\_\_ Contact details \_\_\_\_\_

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 Form** when completing enrolment procedure

**Commitment to Attendance Dues payment:** By Term ☐ or Yearly ☐ or 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 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

Mr/Mrs/Ms/Miss/Pr/Dr (title) \_\_\_\_\_ *Last name* \_\_\_\_\_ *First name* \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Work \_\_\_\_\_ 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**      ☐ Excellent      ☐ Good      ☐ Developing      ☐ Other

**Relationship to Authority**      ☐ Excellent      ☐ Developing      ☐ Needs Direction      ☐ Other

**Standard of conduct** ☐ Excellent ☐ Satisfactory ☐ Needs Improvement ☐ Other

**Social Adjustment**      ☐ Excellent      ☐ Good      ☐ Satisfactory      ☐ Other

**Health** ☐ Excellent ☐ Good ☐ Of Concern ☐ 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.

Signed \_\_\_\_\_ Date \_\_\_\_\_

***Please send this form to Christchurch Adventist School as per details below:***



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## Student's School Transfer Information Form

*This is to be completed by the applicant's current school*

### Section 1: Student information

Name \_\_\_\_\_ NSN \_\_\_\_\_ Gender M/F  
Current School \_\_\_\_\_ Ethnicity \_\_\_\_\_

### Section 2: Academic Profile

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

Reading Age \_\_\_\_\_

PAT Reading Comprehension %ile \_\_\_\_\_

### Section 3: Key Competencies

*Tick appropriate boxes*

(1 =weak, 5=strong)

Writing	1 2 3 4 5	_____ Curriculum level
Reading	1 2 3 4 5	_____ Curriculum level
Mathematics	1 2 3 4 5	_____ Curriculum level
Science	1 2 3 4 5	_____ Curriculum level
Other subjects		
_____	1 2 3 4 5	_____ Curriculum level
_____	1 2 3 4 5	_____ Curriculum level
_____	1 2 3 4 5	_____ Curriculum level

	Below Average	Average	Above Average
Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using language, symbols and 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"/>

### Section 3: Learning Needs

Previous and current Learning support (Please circle): RTL, B, 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

*Circle all that are applicable*

Attendance: Truancy, Frequent Illness, Unsatisfactory, Satisfactory  
 Personality: Disruptive, Aggressive, Shy, Confident, Co-operative, Outgoing, Stable  
 Social Skills: Victim, Bully, Poor peer relationships, Immature, Mature, Leadership  
 Attitude/Effort: Hard to motivate, Needs constant monitoring, Responsible, Conscientious, Enthusiastic  
 General comment (Academic, Behavioural, Social...) – continue overleaf if needed.

Signed by (print name) \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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