

Student Enrolment Form

FOR OFFICE USE ONLY

Interview Date/Time: _____ Accepted / Declined / Waitlisted
 Start Date: _____ / _____ / _____ Acceptance Letter and Pack Sent: ___ / ___ / ___
 School Visits Arranged: _____ / _____ / _____

Student Information

Family Name: _____ First Names: _____
 Date of Birth: _____ Preferred Name: _____
 Male / Female (circle one) Age on Enrolment: _____
 Address: _____
 _____ Post Code: _____
 NZ Home Phone Number: _____ Email: _____

Did the child attend one or more Early Childhood Education service(s) in the six month prior to starting school? *Please complete the table below for the last service(s) attended.*

1. If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
3. If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of **hours per week**.

Please enter the number of hours per week for up to three services:	Service 1 (hrs / week)	Service 2 (hrs / week)	Service 3 (hrs / week)
a. Kohanga Reo			
b. Playcentre			
c. Kindergarten <i>or</i> Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

or

Please tick appropriate box	
g. Attended, but only outside New Zealand	
h. Attended, but don't know what type of service	
i. Did not attend	
j. Unable to establish if attended or not	

Did the child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

- Yes, for the last _____ year(s).
- Not regularly, only occasionally with no on-going schedule.
- No, did not attend ECE.

Current Year Level: _____ Age When First Commenced School: 5 / 6 (circle one)

Siblings Attending Westminster Christian School: _____

Place In Family: Child Number _____ of _____

Ethnicity:

Ethnicity: _____ First Language : 1. _____

Other Languages: 2. _____

Country of Birth: _____ Mother's First Language: _____
(Other than English)

New Zealand Citizen / Resident / Student Visa (Please circle) Date of Entry into New Zealand: ____ / ____ / ____

Ethnic Group: (Please circle up to three for Ministry of Education purposes):

- | | | | |
|--------------------|------------------|----------------|-------------------|
| NZ European/Pakeha | NZ Maori | Other European | Korean |
| Tongan | Niuean | Fijian | Tokelauan |
| Other Pacific Is | South East Asian | Indian | Chinese |
| Other Asian | Other | Samoan | Cook Island Maori |

Iwi (Maori Group Areas): (Please list up to three for Ministry of Education purposes – if appropriate):

International Student Information Only

First Day of Attendance: ____ / ____ / ____ Last Day of Attendance: ____ / ____ / ____

First Name of Parents: _____

Address In Home Country: _____

Home Country Phone Number: _____

Emergency Contact Number (in Home Country): _____

Emergency Email Address (in Home Country): _____

Living / Travelling With: Family / Sister School Visit / Home Stay - Caregiver

Parent / Caregiver Information – All Students

Mother / Caregiver 1:

Nationality: _____ Ethnic Group: _____ Country of Origin: _____
Family Name: _____ Mr / Mrs / Miss / Ms / Dr (circle one)
First Name: _____ Relationship To Student: _____
Address: _____

Post Code: _____
Home Phone Number: _____ Work Phone Number: _____
Email: _____ Cell Phone Number: _____
Occupation: _____ Work Place: _____

Father / Caregiver 2:

Nationality: _____ Ethnic Group: _____ Country of Origin: _____
Family Name: _____ Mr / Mrs / Miss / Ms / Dr (circle one)
First Name: _____ Relationship To Student: _____
Address: _____

Post Code: _____
Home Phone Number: _____ Work Phone Number: _____
Email: _____ Cell Phone Number: _____
Occupation: _____ Work Place: _____

Emergency Contact Information – All Students

Emergency Contact 1 (In the event that Parents cannot be contacted)

Family Name: _____ Mr / Mrs / Miss / Ms / Dr (circle one)
First Name: _____ Relationship To Student: _____
Home Phone Number: _____ Work Phone Number: _____
Email: _____ Cell Phone Number: _____

Emergency Contact 2 (In the event that Parents cannot be contacted)

Family Name: _____ Mr / Mrs / Miss / Ms / Dr (circle one)
First Name: _____ Relationship To Student: _____
Home Phone Number: _____ Work Phone Number: _____
Email: _____ Cell Phone Number: _____

Medical Details:

Doctors Name: _____

Phone Number: _____

Known medical condition / life threatening allergic reactions (eg. Asthma, Diabetes, Epilepsy, allergy to penicillin etc.) – please specify:

NB: *If it is necessary for staff to administer medication to your child, please complete the necessary details at the School Office*

Water Safety Activities

I give permission for my child to take part in this programme, which involves water safety.

Out Of School Activities

In accordance with the school's *Education Outside the Classroom Policy*, I give permission for my child to participate in organised activities outside the school grounds.

Privacy Act

1. I give permission for the information to be stored and accessed by the Principal and staff of Westminster Christian School. Also I allow relevant data to be passed on to the next school my child attends.
2. I understand that the relevant information provided in this enrolment form may be passed to agencies of Westminster Christian School namely School Health Nurse, Dental Therapist or any other education/health agencies.
3. I understand that photographs may be taken of school activities, which could include my son/daughter and used on the school website, newsletter or for school publicity.
4. I agree to my telephone number being used as part of a class telephone tree, eg. Friend of Westminster.
5. I allow, with the identity of the individual being protected, such information as is legitimately requested by official Government agencies to be passed on to these agencies.
6. I 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.

School Policies

I confirm that I will support the policies of the school.

Accident/Illness

I agree and understand that the school will take action on my behalf if I cannot be contacted in case of injury or sudden illness and will meet the costs incurred.

Request of Information

I agree and understand that the school may contact any previous schools, where appropriate, to request assessment information which might assist in the correct placement in their new class.

Declaration

I have read, understand and agree to the information enclosed in this enrolment form.

Signature: _____
Mother / Father / Caregiver

Dated: _____ / _____ / _____

Please ensure you provide all relevant information.

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Date Entered E-Tap: _____

NSN Number: _____

Start Room: _____

Teacher: _____

Start Date: _____ / _____ / _____

Year: _____

Information Received:

- Birth Certificate / Passport
- Immunisation Certificate
- Conditions of Enrolment
- Preferential Applicants Reference Form
- Parent-Teacher Partnership Declaration
- Background Information for Transferring Students Only
- School Reports (if required)
- Computer Contract
- VHT Form
- Student Visa / Residency Visa / Permit (if required) / Parents Work Permit
- Insurance Information (for International Students only)
- Letter of Consent for Homestay (for International Students not living with Parents)

Forms Required to Complete Enrolment

- Birth Certificate / Passport
- Immunisation Certificate
- Conditions of Enrolment
- Preferential Applicants Reference Form – to be signed by Leader of the Church Attended
- Parent-Teacher Partnership Declaration
- Background Information for Transferring Students – must be completed by current Teacher (for transferring students only).
- Computer Contract
- School Reports (if Transferring from another School)
- School Vision and Hearing Test Form
- Student Visa / Residency Visa / Permit / Parents Work Permit (if required)
- Insurance Information (for International Students only)
- Letter of Consent for Homestay (for International Students not living with Parents)

Please ensure all the relevant forms are completed and returned with the enrolment forms.