

Westminster Christian School

est. 1981

Educating for Time and Eternity

Student Enrolment Form

Student Information

Surname / Family Name: _____ Given Names: _____

Date of Birth: ____ / ____ / ____ Preferred Name: _____

Male / Female (circle one) Age When Commenced School: 5 / 6 (circle one)

Current School Year: _____ Current School: _____
(If child currently attending school)

Home Address: _____ Phone Number: _____

_____ Post Code: _____

Email (for school notices and newsletters etc.): _____

Siblings Attending Westminster Christian School: _____

Place In Family: Child Number _____ of _____

Ethnicity:

Ethnicity: _____ First Language : _____

Language Spoken at Home: _____

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

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

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	Cook Island Maori	Samoan	Other _____

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

Custodial Arrangements

Are there any custodial arrangements in place that the school should be aware of: Yes / No
If Yes, please indicate below and explain in further detail. Please provide all relevant documents.

Custody Parent Access Issues Court Order CYFs Involvement

Early Childhood Education

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.

Did your 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**.

Name of ECE Provider: _____

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 or 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	

Early Intervention

Has your child received any any support from Early Intervention Teams such as :

Please tick appropriate box	
Paediatric Care	
Vision / Hearing Specialist	
Speech / Language Specialist	
Behavioural Support	
Occupational Therapist	

If you child has received any early intervention support Please provide us with any reports / referrals or recommendations.

Church Attendance

Name of Church Attending: _____ Denomination: _____

How long attending: _____

Please provide your Pastor with the Preferential Applicants Reference Form included I this enrolment pack.

We are actively seeking a Church Home

Or

We do not attend any Church.

Parent / Caregiver Information

Mother / Legal Guardian 1:

Nationality: _____ Ethnic Group: _____ Country of Origin: _____

Family Name: _____ 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 / Legal Guardian 2:

Nationality: _____ Ethnic Group: _____ Country of Origin: _____

Family Name: _____ Mr / 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

Emergency Contact 1 (must be different from Parents / Legal Guardian)

Mr / Mrs / Miss / Ms / Dr (circle one)

Surname / Family Name: _____ Given Name: _____

Home Telephone: _____ Cellphone: _____

Relationship to Student: _____ Work Telephone: _____

Emergency Contact 2 (must be different from Parents / Legal Guardian)

Mr / Mrs / Miss / Ms / Dr (circle one)

Surname / Family Name: _____ Given Name: _____

Home Telephone: _____ Cellphone: _____

Relationship to Student: _____ Work Telephone: _____

Medical Details

Doctors Name: _____ Telephone: _____

Medical Centre: _____

Please list any known medical condition / life threatening allergic reactions (eg. Asthma, Diabetes, Epilepsy, allergy to penicillin etc.) or disabilities which the school should be aware of (as well as action required by the school in these circumstances):

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 my general approval for the student enrolled to participate in off-site programmes of learning, within his or her normal classroom time allocation and approved by the Principal, whereby children might travel on a charter bus or private vehicle. Overnight trips / camps / high risk activities will require the completion of a parent consent form.

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, newsletters or for school publicity. Please advise the school if you have any concerns about publication of your child's photos.
4. I agree to my telephone number being used as part of a class telephone tree, eg. Friends of Westminster.
5. I allow information which is obliged by law to give information to Government Departments (eg. Ministry of Education, and Ministry of Health) but it will not otherwise be disclosed without your authorisation.
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.

Permission to Administer

I give permission for Westminster Christian School staff to administer non-prescription medicines to my child if required, such as Pamol/Panadol, Anti-histamine, Arnica & Sunscreen. YES / NO

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. I understand that the Board of Trustee is not responsible for any accidents or injury that may occur whilst my child is in the school grounds outside of the hours of 9.00am – 3.00pm and while attending any pre-school visits.

Request of Information

I agree and understand that the school may contact any previous schools or churches, where appropriate, to request information which might assist in the enrolment and placement within the school.

Declaration

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

Signature: _____
Mother / Father / Caregiver

Dated: _____ / _____ / _____

CREATION STATION – Before & After School Care

The Board of Trustees of Westminster Christian School oversee the running and administration of Creation Station. This is a Before & After School Care service run by Westminster Christian School staff. Our Creation Station Fee Policy is as follows:

All bookings (casual or permanent) are charged at the same rate:

Mornings from 7:30am are \$9 per session
Afternoons up to 5:45pm are \$16 per session

Permanent Bookings are where a child is enrolled in a set pattern for the duration of the school term. To retain a permanent booking, payment is required one week in advance. Placement is guaranteed. One week's notice, in writing, must be provided if a child is to be withdrawn from the programme or there is a change required to the days of care, otherwise one week's fees are payable based on the existing booking. No refunds are given for absences or public holidays that occur on your child's fixed days.

Casual Bookings are where a child requires care at short notice, when needed. Casual bookings will only be taken if space permits and there is no guarantee of placement. You will only pay for the sessions booked and attended. Casual Bookings must be paid at the end of each session, or if booked for a week, then payment can be made at the end of that week.

Changes to Bookings. The office must be notified before 3pm if your child is booked in for after care but will not be attending to ensure that staff do not spend valuable time searching for your child. A penalty charge of \$5 per incident will apply for failure to notify the programme in advance of your child's absence.

Late Pick-ups will incur a fee of \$20 per 15 minutes from 6pm onwards.

If you wish to enrol your child for Before and/or After School Care, please fill in the details below. You will receive confirmation upon enrolment as to whether spaces are available.

Child's Name: _____

Casual (as needed)

Permanent (please select sessions below):

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (\$9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (\$16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adults authorised to collect my child:

Name: _____ Relationship: _____ Contact Number: _____

Name: _____ Relationship: _____ Contact Number: _____

Name: _____ Relationship: _____ Contact Number: _____

Name: _____ Relationship: _____ Contact Number: _____

Terms & Conditions

1. I agree to abide by Westminster Christian School and Creation Station rules as set out from time to time by management. I accept that management reserves the right to revoke enrolment to Creation Station.
2. I understand that the terms and conditions in this form are not exhaustive and that others are contained in published Creation Station documents, Rules, Notices etc. I accept that Creation Station reserves the right to add, amend, clarify or delete terms, conditions, policies by reasonable consultation and advise this by issuing Newsletters, Notices or posting notification on the Creation Station Notice Board.
3. In accordance With Westminster Christian School's Special Character I understand and agree that Christian values will be taught and used in daily routines of Creation Station.
4. I will not bring my child to Creation Station in the event of sickness or any infectious illness.
5. I give permission for my child to use the school playgrounds in the company of Creation Station Staff.
6. I agree to be fully responsible for the safety and well-being of my child at all times including when I am dropping off or collecting.

7. I agree to sign my child in and advise a staff member of my arrival before leaving my child at Creation Station. I will sign my child out and advise a staff member before taking my child from Creation Station. Only people listed as authorised may collect my child.
8. I agree and will adhere to the Fees Policy as stipulated in this form and take full responsibility for payments as they fall due, irrespective of payment arrangements with a third party (eg. ACC, other adult, Income Support etc). I understand and accept that if any fees remain unpaid, beyond the time specified in the Fee Policy, my child's enrolment may be forfeited, the debt passed on to a Debt Collection Agency and that I will be responsible for any costs incurred in this process.
9. I declare that the information given on this form is true and correct.

I agree to the above Terms and Conditions for Creation Station and will adhere to the payment due dates as stipulated.

Signature: _____

Dated: _____ / _____ / _____

Name: _____

Mother / Father / Caregiver

Conditions of Enrolment

Please read and sign that you will accept all the conditions of enrolment at Westminster Christian School.

I/We understand that Westminster Christian School educates children of Christian parents and that, through the Special Character of the school, it provides a Christ-centred curriculum with a Biblical worldview.

I/We believe that it is important as parents to support the school in all aspects of school life, and therefore we will commit to attending parent information evenings, as well as reading the fortnightly newsletter to stay informed.

Student Information

I/We will answer any questions truthfully about our child/ren, and will make relevant information about the child or family available to the school. I/We understand that this information will be confidential to the school and withholding such information may result in an unsuccessful application or later dismissal from the school

I/We hereby give our permission for the school to contact the previous school/s for any extra information that might be of assistance with this application.

Attendance

I/We acknowledge that

- The school requires punctual and regular attendance from all students, which is also a legal requirement from the Ministry of Education.
- The school must be contacted to explain any lateness or absence.
- Permission must be granted by the Principal for Leave from school during term time prior the Leave being taken.

Please Turn Over

School Fees

I/We have read the information about school fees and attendance dues as laid down by the Board of Proprietors and Board of Trustees. I/We accept responsibility for the payment of school fees one term in advance no later than the first week of term.

In a case where school fees remain unpaid and no financial arrangement has been made between the school and us, I/we agree to pay debt collection fees. This may also jeopardise our child's position in the school.

I/We will inform the school a term in advance if we wish to withdraw our child/ren. I understand that payment of one term's fee may be requested in lieu of the defined notice period.

Standards of Conduct

I/We have sighted the school's policies, including the Behavioural Management Policy, and will ensure that the policies and rules as laid down by the Board of Trustees and School Management are observed.

I/We will support the school in the enforcement of school and uniform rules.

My/our child/ren placement in the school could be reviewed if the Special Character and school rules are not adhered to.

I/We understand that we have a right to appeal to the Board of Proprietors if our application was declined on the grounds of Special Character, but accept that the Board of Proprietor's decision is final.

Signed: _____
Mother / Father / Caregiver (please circle)

Date: ____ / ____ / ____

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Preferential Applicants Reference Form (To be completed by a recognised leader of the Church)

Name of Applicant Family: _____

Name of Student(s): _____

Name of Referee: _____

Position Held in Church: _____

Contact Number: _____

Name of Church: _____

Denomination: _____

The applicant(s) attending this church (please tick appropriate box):

<u>Husband</u>	Regularly <input type="checkbox"/>	<u>Wife</u>	Regularly <input type="checkbox"/>	<u>Child(ren)</u>	Regularly <input type="checkbox"/>
	Irregularly <input type="checkbox"/>		Irregularly <input type="checkbox"/>		Irregularly <input type="checkbox"/>
	Seldom <input type="checkbox"/>		Seldom <input type="checkbox"/>		Seldom <input type="checkbox"/>

Church Members: Yes / No (please circle)

How would you describe this family's Church involvement: _____

Positions of service: _____

Westminster Christian School is a state-integrated, co-educational school from Year 1-8. It has a Special Christian Character and is interdenominational. It educates the children of Christian parents by providing a Christ centred academic curriculum founded on a Biblical World-View.

Please return within five working days to:

The Secretary
Westminster Christian School
31 Westminster Gardens
Unsworth Heights 0632
Auckland

Please Turn Over

Statement of Faith

1. The unity of the Father, the Son and the Holy Spirit in the Godhead:
2. The sovereignty of God in creation, providence, redemption and final judgement:
3. The Divine inspiration, inerrancy and trustworthiness of Holy Scripture, as originally given, and its supreme authority in all matters of faith and conduct, knowledge and teaching;
4. The universal sinfulness and guilt of human nature since the fall, rendering man subject to God's wrath and condemnation:
5. The deity of the Lord Jesus Christ, His virgin birth, His sinless life, His miracles, His vicarious and atoning death through His shed blood, His bodily resurrection, His ascension to the right hand of the Father, His present mediatorial work, and His personal return in power and glory;
6. Redemption from the guilt, penalty, pollution and power of sin only through the sacrificial death (as our Representative and Substitute) of Jesus Christ, the Incarnate Son of God, and received by the grace of God through faith alone:
7. The necessity of the work of the Holy Spirit to make the death of Christ effective to the individual sinner, granting him repentance towards God and faith in Jesus Christ;
8. The indwelling and sanctifying work of the Holy Spirit in the believer;
9. The bodily resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation;
10. The one holy, universal Church, which is the Body of Christ, to which all true believers belong and in which they are united through the Spirit.

Enrolment Preference

All enrolments are subject firstly to places being available in the year level requested.

Preference for enrolment must be given firstly to those of the household of faith: "Westminster Christian School, through the Spirit of God, educates children of **Christian** parents for time and eternity....."

1. Preference - Children of Christian parents with documents that support their active participation in their respective congregations and signed by their church leadership.
 - (a) Children of Staff and Society members, followed by:
 - (b) Siblings of preference students currently attending Westminster Christian School, followed by:
 - (c) Children of past students, followed by:
 - (d) Children from other preference families, followed by:
2. Non-Preference Enrolments – Children from non-Christian families or have not been able to show an active membership in their respective congregation.
 - (a) Children of non-preference siblings currently attending Westminster Christian School, followed by:
 - (b) Children of other non-preference families.

Note: The Government has set a maximum non-preference roll at 25 students for Westminster Christian School.

Background Information for Transferring Students

TO BE COMPLETED BY EXISTING TEACHER ONLY
FOR THOSE STUDENTS ALREADY ATTENDED SCHOOL

Student Information

Surname Family Name: _____ Given Names: _____

Other Information

Specify length of involvement in activities.

Involvement in school activities:

Cultural: _____

Sport _____

Other _____

Extra-curricular involvement:

Cultural (Music, Drama, etc): _____

Sport _____

Other _____

Awards/Achievements (Cups, Certificates) _____

School Responsibilities: (Monitors, Captain, Prefect): _____

Academic Strengths

Academic Weaknesses

Behavioural or personal issues:

Has the student receive any support from (please tick):

- | | | |
|------------------------------------------------------------------|-----------------------------------------------|-------------------------------|
| <input type="checkbox"/> Teacher Aide | <input type="checkbox"/> Out of class support | <input type="checkbox"/> RTLB |
| <input type="checkbox"/> Supplementary Learning Support Teachers | | <input type="checkbox"/> ESOL |
| <input type="checkbox"/> Other _____ | | |

Has the student been referred to (please tick):

- | | |
|---------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Educational Psychologist | <input type="checkbox"/> Behavioural Optometrist |
| <input type="checkbox"/> Marinoto | <input type="checkbox"/> Occupational Therapist / Speech |
| <input type="checkbox"/> Other _____ | |

Further comments:

Teacher's Signature: _____ Date: _____

Please return within five working days to:

The Secretary
Westminster Christian School
31 Westminster Gardens
Unsworth Heights 0632
Auckland

Forms Required to Complete Enrolment

Please provide the following information and photocopies as below:

- Birth Certificate / Passport (with appropriate Student Visa / Residency Visas if required)
- Enrolment Form
- Immunisation Certificate
- Conditions of Enrolment
- Preferential Applicants Reference Form – to be signed by Leader of the Church Attended
- Background Information for Transferring Students – must be completed by current Teacher and supplied with most recent school report (for transferring students only)

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