

Childs Name: \_\_\_\_\_



**SOUTHCITY CHRISTIAN SCHOOL**

**APPLICATION FOR ENROLMENT**

Date of Application: \_\_\_\_\_

Family Name: \_\_\_\_\_  
*Legal surname*

Child's Name: \_\_\_\_\_  
*Legal First and Middle Names*

Date of Birth: \_\_\_\_\_ Gender:    Male            Female  
*Please circle one*

**Address**

*The school will use this address to contact you. You must advise the office if your contact details change.*

Number and Street: \_\_\_\_\_

Suburb: \_\_\_\_\_

City: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

**Ethnic Identity**

*To which ethnic group do you belong? If Maori, please state which Iwi.*

1. \_\_\_\_\_

2. \_\_\_\_\_

**Citizenship**

*Please supply evidence of your citizenship*

Do you hold?

\_\_\_\_\_ New Zealand citizenship *Supply a copy of your birth certificate*

\_\_\_\_\_ Permanent residency in New Zealand *Supply a copy of your residence permit and passport*

\_\_\_\_\_ a New Zealand work permit *Supply a copy of your work permit*

Country of Citizenship \_\_\_\_\_

If not born in New Zealand on what date did your child arrive in New Zealand \_\_\_\_\_

Language predominantly spoken at home:    English    Other \_\_\_\_\_

**Family Profile**

*Please state the names of parents / carers the child is living with*

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Caregiver: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother or Father's Name and Address **if not living with the child.**

Name: \_\_\_\_\_

Number and Street: \_\_\_\_\_

Suburb: \_\_\_\_\_

City: \_\_\_\_\_ Post Code: \_\_\_\_\_

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

**Emergency Contact Details**

*Name of person the school can contact in an emergency if they are unable to contact parent/caregiver*

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Number and Street: \_\_\_\_\_

Suburb: \_\_\_\_\_

City: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Prior-participation in Early Childhood Education

Did your child attend one or more Early Childhood Education service(s) in the six months 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 number of hours per week for up to 3 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 the 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 your 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).

Where are they currently attending: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Not regularly, only occasionally with no on-going schedule.

\_\_\_\_\_ No, did not attend ECE.

**If your child is not entering Southcity Christian School at Year 0 or 1, which school/s has your child attended?**

School	Dates
_____	_____
_____	_____
_____	_____
_____	_____

**How did you hear about Southcity Christian School?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why do you want your child to attend Southcity Christian School?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical**

Yes / No      **Southcity Christian School may act on my behalf in an emergency**

Yes / No      **Southcity Christian School may administer pain relief**

**Immunisation**

*(Please tick one)*

My child is fully immunised     My child is partially immunised     My child is not immunised

Please supply a copy of your child's immunisation certificate

Doctor: \_\_\_\_\_

Medical Centre: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Any medical details the school should know?

\_\_\_\_\_  
\_\_\_\_\_

Any educational, physical, emotional, or behavioural difficulties that could affect learning?

\_\_\_\_\_  
\_\_\_\_\_

Any other comments regarding your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Character Details (Preference Position)**

To apply for a Preference position, please attach a letter from your Pastor.

I / We have read the Statement of Faith and fully subscribe to the principles stated therein.

Signed: \_\_\_\_\_

Church Fellowship: \_\_\_\_\_

Pastors Name: \_\_\_\_\_

**Check List**

Have you?

- \_\_\_\_\_ Provided a copy of your birth certificate / passport and permits
- \_\_\_\_\_ Provided proof of residency status if child not born in New Zealand
- \_\_\_\_\_ Provided a letter from your pastor if applying for a preference position
- \_\_\_\_\_ Provided a copy of Immunisation Certificate

I / we agree to support the school policies and codes.

I / we understand that attendance dues are compulsory and we will make every effort to keep these paid on time. **Should two terms of Attendance Dues remain unpaid, with no correspondence undertaken to the Trust, Southcity Educational Charitable Trust reserves the right to hand this debt over to a debt collector.**

I / we understand that a month's notice must be given if a child intends leaving the school - or a month's attendance dues will be charged.

Signed: *Only one signature is necessary*

Father: \_\_\_\_\_ Date: \_\_\_\_\_

Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Enrolment Form Received: \_\_\_\_\_

Principal Meeting: \_\_\_\_\_

Start Date: \_\_\_\_\_ Room: \_\_\_\_\_

NSN: \_\_\_\_\_

\_\_\_\_\_ Accepted

\_\_\_\_\_ Declined

\_\_\_\_\_ Preference Position

\_\_\_\_\_ Non-preference position

\_\_\_\_\_ Immunisation Certificate

\_\_\_\_\_ Birth certificate or passport

\_\_\_\_\_ Letter Sent re Acceptance

\_\_\_\_\_ Letter Sent re Form Received

\_\_\_\_\_ Preference waiting list

Review: \_\_\_\_\_

\_\_\_\_\_ Non-preference waiting list

Review: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_