



# 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*

Country of Birth: \_\_\_\_\_

### 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: \_\_\_\_\_

### Ethnic Identity

*To which ethnic group(s) 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 \_\_\_\_\_

**Languages spoken at home:** English Other \_\_\_\_\_

My child's verbal communication in English and understanding of English is: Poor Fair Good

*Please circle one*

**Family Profile**

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

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

Occupation: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

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

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

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

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

Suburb and City: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If separate addresses, do you wish both caregivers to receive the following from the school;

Emailed notices and communications from the school                      Yes      No

School Reports (mid-year and end of year)                                      Yes      No

**Emergency Contact Details**

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

Name: \_\_\_\_\_ Male Female

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

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

Suburb and City: \_\_\_\_\_

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

**Legal Arrangements**

Is there a protection / custody / parenting order in place with respect to your child?                      Yes      No

If yes, please provide documentation and evidence around who has the right to make the decision on the education of your child. If shared custody, the other party must confirm their support of this enrolment by email or letter.

**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, since \_\_\_\_\_ (month and year)

Where they are 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? Please attach their most recent school report with this application.**

School	Dates
_____	_____
_____	_____
_____	_____
_____	_____

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

\_\_\_\_\_

\_\_\_\_\_

**Why are you seeking Christian education?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 the reference form from your Pastor.

I / We (parent / caregiver) have read the Statement of Faith (on the last page) and fully subscribe to the principles stated therein.

Signed by applicants' parent: \_\_\_\_\_

Name of Church: \_\_\_\_\_

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

**Check List**

Have you?

\_\_\_\_\_ Provided a copy of Immunisation Certificate

\_\_\_\_\_ Provided a copy of your birth certificate / passport and permits

\_\_\_\_\_ Provided proof of residency status if child not born in New Zealand

\_\_\_\_\_ Provided the reference form from your Pastor if applying for a preference position

\_\_\_\_\_ Provided a copy of the most recent school report, if the child has a previous school

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

I / we understand that attendance dues are compulsory and we will pay these 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: \_\_\_\_\_

Once this application form has been completed, please send (with the supporting documents) via email to [office@southcity.school.nz](mailto:office@southcity.school.nz) or hand deliver to 137 Collins Road, Melville, Hamilton or mail to Southcity Christian School, P O Box 16154, Urlich, Hamilton 3245

## STATEMENT OF FAITH

To be considered for a preference position in this school you must believe in and practise the following. (This must be confirmed by letter from your nominated Pastor.)

We believe that there is only one true, living and eternal God, united in one Godhead as Father, Son and Holy Spirit.

We believe in the sovereignty of God in creation, providence, redemption and final judgement.

We believe in the Divine inspiration, inerrancy, infallibility and trustworthiness of Holy Scripture as originally given, that God has providentially preserved for us the substance of original Scriptures and that these are the supreme authority in all matters of faith, life and conduct, knowledge, learning and teaching.

We believe that man was created in the image and likeness of God to have dominion over the earth and to do all things to the glory of God.

We believe in the universal sinfulness and guilt of human nature since the fall of Adam, rendering every man subject to God's wrath and condemnation.

We believe in 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.

We believe that salvation and redemption are through none other than the Lord Jesus Christ, who as our representative and substitute through His sacrificial death on the cross, freed us from the guilt, penalty, pollution and power of sin.

We believe in the necessity of the work of the Holy Spirit to make the death of Christ effective to the individual sinner, granting his repentance toward God and faith in Jesus Christ, and His indwelling and sanctifying work in the life of the believer.

We believe in the bodily resurrection of all; those who are saved to the resurrection of life, and those who are lost to a resurrection of damnation.

We believe in one Holy, universal church, which is the Body of Christ, to which all true believers belong and in which they are united through the Holy Spirit.



**REFERENCE FORM for the  
church Pastor to complete**

**Southcity Christian School**  
137 Collins Road, Melville, Hamilton  
07 843 3258 or [office@southcity.school.nz](mailto:office@southcity.school.nz)

Southcity Christian School is a state-integrated school with a defined Special Character. The special character of our school is decidedly Christian, broadly evangelical and traditional in its Biblical ethics and morality. Preferential applicants must be verified as being committed and practising Christians. The Private Schools' Conditional Integration Act (1975) defines 'preferential applicants' as those who have established a particular connection with the school through a demonstrated commitment to its special character.

**This document must be completed by a Pastor/Minister or senior leader of the church congregation at which the applicant and his/her family attend and worship. Your response will be treated with the utmost confidentiality.**

Name of person giving the reference: \_\_\_\_\_

Position of person giving reference: \_\_\_\_\_

Name of applicant family	
Name of prospective student	
Name of church	
Denomination	

Please circle the appropriate box regarding applicant(s) church attendance:

<b>Husband</b>	Regularly	Irregularly	Seldom	Never
<b>Wife</b>	Regularly	Irregularly	Seldom	Never
<b>Children</b>	Regularly	Irregularly	Seldom	Never

How would you describe their Christian walk: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position of service (if any): \_\_\_\_\_  
\_\_\_\_\_

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

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

When completed, please email to [office@southcity.school.nz](mailto:office@southcity.school.nz), or mail to Southcity Christian School, P O Box 16154, Urlich, Hamilton 3245.

We sincerely appreciate your willingness to complete this form on behalf of the applicant. Thank you for your time.



