



# Kaikohe Christian School

*Equipping this generation to transform the world through the power of the Gospel*

## ADMISSION FORM

### REQUIREMENTS

Please fully complete & return enrolment forms including: Original Verification documents / All completed forms & info listed below to the School Office. All paperwork will be checked by Office Staff. If all is correct, we will notify you of an available Interview date/ time:

- NZ CITIZEN: Student's birth certificate or passport  
 OTHER COUNTRY Born outside of New Zealand. *If not a New Zealand or Australian resident, please provide:*  
 Birth certificate / passport  Student Visa  Student's permanent resident visa / permit  Parent's work permit

If student is not a new entrant to Year 1

- Student's most recent school report  
 Completed 'Current School Information Form' completed by current / previous school representatives  
 Two completed Reference Forms from Church leaders or Community leader (not to be relatives)  
 Immunisation Record  
 Medical, learning, behaviour information, where applicable, to support the information you provide

**ALL MUST BE COMPLETED AND ALL DECLARATIONS SIGNED**

### STUDENT REQUIREMENTS

#### LEGAL NAMES:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ FAMILY: \_\_\_\_\_

PREFERRED NAMES: First: \_\_\_\_\_ FAMILY: \_\_\_\_\_

Male  Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Year Level:  New Entrant Year 1 OR  Year: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Iwi (If New Zealand Maori):  Ngapuhi  Other: \_\_\_\_\_

Early Childhood Provider Name: \_\_\_\_\_ Years/Months attended: \_\_\_\_\_

Type:  Daycare  Kindergarten  Pre School  Homebased Other: \_\_\_\_\_ Average hours per week attended: \_\_\_\_\_

Previous Schools (most recent first): \_\_\_\_\_

Born in New Zealand:  Yes **Born outside of New Zealand:**  Yes > Country of Birth: \_\_\_\_\_

#### OFFICE USE ONLY:

Received: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Checked: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Interview: \_\_\_\_/\_\_\_\_/20\_\_\_\_

#### OUTCOME:

Non Preference >  Wait list

Pending:  Docs \_\_\_\_\_

Preference

START: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Passport Number: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residency Status (tick one v):  NZ Citizen  NZ Resident  Other

\_\_\_\_ (if other please specify): \_\_\_\_\_

Student Visa (Expiry date): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Entry into New Zealand \_\_\_\_/\_\_\_\_/\_\_\_\_

VISA Documents to support application:  Yes  NO > follow up Visa View / Family  
MOE Alan Ryan 04 463 8417

KMAR: \_\_\_\_/\_\_\_\_/\_\_\_\_  VISTAB \_\_\_\_/\_\_\_\_/20\_\_\_\_

EMAIL:  Teacher \_\_\_\_/\_\_\_\_/20\_\_\_\_ PRINCIPAL'S FILE prepared: \_\_\_\_/\_\_\_\_/20\_\_\_\_

HOUSE:  Calvary  Israel  Royal Saints  Freedom

NSN: \_\_\_\_\_ ENROL: \_\_\_\_/\_\_\_\_/20\_\_\_\_

EMAIL:  Accounts  IT \_\_\_\_/\_\_\_\_/20\_\_\_\_ ACTIONED / FILED: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**PARENT / CAREGIVER DETAILS:**

*The Education Act gives the right to vote in Board of Trustees elections to both the natural parents and caregivers with whom the child is resident i.e. living with. We therefore ask, firstly, for the parent / caregiver details of the adults with whom the student lives (primary residence) and secondly the name of the natural parent(s) in cases where this differs*

**Parent / Caregiver One – PRIMARY Residence living at same address as Student:**

Title:  Mrs  Ms  Miss  Mr  Other: \_\_\_\_\_

Marital Status:  Married  De facto  Single  Divorced  Separated  Widow/er

Relationship to Student:  Parent  Caregiver  Grandparent  Step Parent  Other: \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

*(School newsletters /notices will be sent to the above email address)*

Work Phone: \_\_\_\_\_ Work Address: \_\_\_\_\_

Main Language spoken

At home  English  Maori  \_\_\_\_\_ 2nd Language:  English  Maori  \_\_\_\_\_

*\*Answering "No" for the following questions means the caregiver will not have access to the student or to information relevant to the student without permission from the legal guardian:*

Is this the legal guardian?  Yes  No

Does this caregiver have legal access rights to the student?  Yes  No

Does this caregiver have legal access to personal information about the student?  Yes  No

**Parent / Caregiver Two – PRIMARY Residence living at same address as Student:**

Title:  Mrs  Ms  Miss  Mr  Other: \_\_\_\_\_

Marital Status:  Married  De facto  Single  Divorced  Separated  Widow/er

Relationship to Student:  Parent  Caregiver  Grandparent  Step Parent  Other: \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Work Address: \_\_\_\_\_

Main Language spoken

At home  English  Maori  \_\_\_\_\_ 2nd Language:  English  Maori  \_\_\_\_\_

*\*Answering "No" for the following questions means the caregiver will not have access to the student or to information relevant to the student without permission from the legal guardian:*

Is this the legal guardian?  Yes  No

Does this caregiver have legal access rights to the student?  Yes  No

Does this caregiver have legal access to personal information about the student?  Yes  No

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**PARENT / CAREGIVER DETAILS**


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**Parent / Caregiver One – Residence Two living at another address:**

 Title:  Mrs  Ms  Miss  Mr  Other: \_\_\_\_\_

 Marital Status:  Married  De facto  Single  Divorced  Separated  Widow/er

 Relationship to Student:  Parent  Caregiver  Grandparent  Step Parent  Other: \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Work Address: \_\_\_\_\_

Main Language spoken

 At home  English  Maori  \_\_\_\_\_ 2nd Language:  English  Maori  \_\_\_\_\_

*\*Answering "No" for the following questions means the caregiver will not have access to the student or to information relevant to the student without permission from the legal guardian:*

 Is this the legal guardian?  Yes  No

 Does this caregiver have legal access rights to the student?  Yes  No

 Does this caregiver have legal access to personal information about the student?  Yes  No

 Does this caregiver require a copy of the student's report?  Yes  No

**Caregiver Two – Residence Two living at another address or ORANGA TAMARIKI CARE:**

 Title:  Mrs  Ms  Miss  Mr  Other: \_\_\_\_\_

 Relationship to Student:  Caregiver  Oranga Tamariki Social Worker  Other: \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*Answering "No" for the following questions means the caregiver will not have access to the student or to information relevant to the student without permission from the legal guardian:*

 Is this the legal guardian?  Yes  No

 Does this caregiver have legal access rights to the student?  Yes  No

 Does this caregiver have legal access to personal information about the student?  Yes  No

 Does this caregiver require a copy of the student's report?  Yes  No

**CUSTODY ACCESS / ARRANGEMENTS** *If applicable please tick what applies to student & comment:*
 sole legal access  shared legal access  Section 101 Oranga Tamariki legal guardians  Other comments:

\_\_\_\_\_

\_\_\_\_\_

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**MEDICAL DETAILS**


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**HEALTH CENTRE:**
 Broadway Health    Hokianga Health    Keri Med   Other: \_\_\_\_\_

Family Doctor: \_\_\_\_\_   Dentist: \_\_\_\_\_

**STUDENT IS ALLOWED:**    Panadol    Ibuprofen    Antihistamine

**DENTAL:** I agree for the student to receive FREE DENTAL CARE at Kaikohe Christian School:    Yes    No

**IMMUNISATIONS:** Is the Student FULLY IMMUNISED?    Yes    No

**IF NOT FULLY IMMUNISED (please tick boxes below, where all doses of vaccine have been given):**
 Hepatitis B    Tetanus    Measles    Diphtheria    Rubella    Polio    Pertussis    Mumps    Hib

**MEDICAL CONDITIONS / DISABILITIES / LEARNING ISSUES** we should be aware of. *(Please tick and provide details):*

 Does the student have any health and / or learning issues we should be aware of?    No    YES:

 Does the condition/issue greatly affect the student's ability to learn?    No    YES

**ALLERGIES:**    Bee Stings    Nuts    Eggs    Other: \_\_\_\_\_

 **Anaphylaxis > Life Threatening**    Epi Pen @ school    Medication @ school \_\_\_\_\_

 Asthma    Epilepsy    Diabetes    **Life Threatening**    Medication @ school \_\_\_\_\_

 Eczema    Hearing    Visual    Physical \_\_\_\_\_

 Dyslexia    Irlen    ADHD    ADD    Development Delay    Mental Health \_\_\_\_\_

 Will the student require teacher aide assistance?    No    YES

Please provide further details &amp; copies of any medical reports etc: \_\_\_\_\_

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

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**EMERGENCY CONTACTS** *Please provide two emergency contacts other than yourselves:*


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**Emergency Contact One:**
**Relationship to Student:**    Parent    Caregiver    Grandparent    Step - Parent    Sister    Brother  
 Aunt    Uncle    Family Friend    Other: \_\_\_\_\_

Name: \_\_\_\_\_   Mobile: \_\_\_\_\_

Address: \_\_\_\_\_   Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_   Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

**Emergency Contact Two:**
**Relationship to Student:**    Parent    Caregiver    Grandparent    Step - Parent    Sister    Brother  
 Aunt    Uncle    Family Friend    Other: \_\_\_\_\_

Name: \_\_\_\_\_   Mobile: \_\_\_\_\_

Address: \_\_\_\_\_   Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_   Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

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## BEHAVIOUR DETAILS

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(Please ✓ tick the boxes the student has):

- Experienced from any school:  expulsion  exclusion  suspension  formal disciplinary action
- Ever been involved with:  smoking / alcohol / other drugs use  mental health & addictions services
- trouble with the law  bullying others  been bullied by others

If you selected any of the above, please explain further: \_\_\_\_\_

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## TRANSPORT

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### Bus Travel:

Will the student be travelling BY BUS to or from the school? (please tick)  No  Yes

If 'Yes' please tick the bus route the student will be taking:

- Matawaia  Kawakawa  Moerewa  Pakaraka  Ohaeawai  Tautoro
- Kerikeri  Okaihau  Te Iringa  Taheke  Otaua  Opononi

### Student driving their own car:

Will they be travelling to and from school **in their own vehicle**  No  Yes

If 'Yes' please advise the following: Licence they currently hold:  Learners  Restricted  Full

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Rego: \_\_\_\_\_ Colour: \_\_\_\_\_

Passengers (please list): \_\_\_\_\_

(If student is carrying passengers on an exemption, please bring the exemption criteria letter with you)

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## EXTRACURRICULAR ACTIVITIES

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Please list any extracurricular activities the student is interested in:

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## EDUCATION OUTSIDE OF THE CLASSROOM

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Throughout the school year some learning takes place outside of the classroom e.g. some classes walk to the library once a week or participate in physical education activities during school hours.

Please tick the declaration at the end of this document to give your child permission to participate in local trips / excursions.

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## CHRISTIAN / CHURCH ATTENDANCE

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Christian:  No  yes > Church Name: \_\_\_\_\_

Attend:  Weekly  Fortnightly  Monthly  Other: \_\_\_\_\_

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## PARENT HELP:

Would you be interested in providing parent help with any of the following: (Please tick ✓)

- Academic Help in the Classroom: Reading, writing, displays in classroom or other learning
- Events, fundraisers (Talent quests, Hangis, Gala days)
- Sports Days  Supervise  Driving  Coach
- School Trips:  Supervise  Driving
- Manage School Resources e.g. uniforms, stocktake, book covering
- Maintenance School Property:  Painting  Gardening



## INTERNET USER AGREEMENT

The school's computer network, internet access facilities, computers and other school information and communications technology (ICT) equipment/devices bring great opportunities and benefits to the teaching and learning at our school. They are for educational purposes appropriate to the school environment.

For students from Years 1-4 Parents/Caregivers must sign this agreement on their behalf after reading through it with their child. For students from Years 5 – 13, **the student and their parents/caregivers** must read and sign this agreement.

Parents, please read through this agreement with your child to ensure they understand the following:

- **Technology for Learning**

I understand that technology can support my learning and will use technology to support my learning activities. I will not be wasteful of any technology or resources (e.g. printing) and will take care of the ICT technology.

- **Reliable Information**

I understand that it is easy to share information online and that not everything online is true. I will check to make sure any information is correct before using it in my school work.

- **Communication**

I will talk politely and with respect to people online and will make quality comments when commenting on another person's work. I understand that when talking online it is different to having a conversation in person and that sometimes it can be difficult to understand what someone else is saying. I know that I should try to understand what they mean before reacting and if I am not sure I can ask them or someone else to explain.

- **Honesty and Safety**

I will make sure that what I do is not against the law, including copyright law, and if I am unsure I will ask my teacher. I understand that there is Ministry of Education approved internet filtering and school internet filtering in place at the school to keep me safe. I will not do things to try and circumvent this filtering. I will keep my login details safe and only use my login (not another person's). If I am not sure about anything I will ask for help.

- **Respect**

I understand that some information is private and I will always respect my own and other people's privacy. I will be careful when using names, birthdays, addresses, photos or film.

- **Problem Solving**

I understand that technology will not always work as I expect it to, or that others may be unkind online. When this happens, I know that I can ask my teacher for help. If there is a problem with any of the technology I will notify a teacher immediately.

### Student Declaration

I understand that this agreement is to be followed when using any technology at school, school owned technology at home or while on a school activity, this may include the use of a device that the school does not own. I understand that if I breach this agreement, I may lose access to the school ICT services including the use of Internet, on school owned devices or any personally owned devices.

**Student Name:** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_

### Parent Declaration

I have read the student declaration. I am happy that my child understands what this means and is capable of working within the guidelines. If I have any questions or concerns about the way in which technology is being used by my child at school, I am aware that I am welcome to discuss this with the school at any time.

**Parent / Caregiver's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_



## STANDARD OF CONDUCT DECLARATIONS

- Please complete this form after reading the Kaikohe Christian School Prospectus.
- Each student 11 years or older please read and complete this form with their parents/caregivers
- Parents / Caregivers for 5 – 10 year olds may complete this form on behalf of their child.
- When your child moves from Primary to Year 7 they will be asked to revisit this form.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents / Caregivers Names: \_\_\_\_\_

Our School Vision statement is ***"To follow the way of Jesus Christ, seek His truth and excel in life for Him."***

We believe in the importance of the Family, the School and the Church all working together in our community to help develop the best in our students. We believe by having these three areas operating in unity, we are more able to guide our students through the complexities of student life to eventually become competent in their lives as adults.

Prayers, daily devotions, worship assemblies, learning of memory verses and study of the Bible are an integral part of our school. Biblical Studies is a compulsory part of our Secondary Curriculum right up to NCEA Level One. Students who come to this school need to be aware of this emphasis.

### DECLARATION:

My child will participate the above-mentioned aspects of school life and I will support my child in this aspect of school life.

Parents / Caregivers Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

As a Christian School we expect behaviour both on and off the School Campus that will honour God's name in the community

### OUR POSITIVE BEHAVIOUR FOR LEARNING STATEMENTS

**C**ourage   **A**roha   **R**espect   **E**xcel

### OUR EXPECTATIONS:

We expect students and parents / caregivers to support their child to meet the following expectations:

- Students will follow the school rules and respect authority in this School
- Students will attend School on time, regularly, well rested, ready to learn and with the correct equipment
- Students will come to School wearing the correct School uniform correctly
- Students will not smoke tobacco or take recreational drugs on or off Campus
- Students will not participate in any sexually immoral activity either on or off Campus, including looking at, reading or listening to pornography
- Students will keep away from drunkenness or any illegal drinking of alcohol.

### Student's Declaration:

As a student of this School I agree to uphold the expectations listed above.

I have read the Kaikohe Christian School Prospectus and should I be accepted, agree to abide by the Rules of Kaikohe Christian School.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

### Parents/Caregivers

Parent /Caregivers Signatures: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_



## DECLARATION

\_\_\_\_\_

(Mother's/Caregivers Name)

\_\_\_\_\_

(Father's/Caregivers Name)

**Please tick v:**

- Yes  No I/we give permission for our child to attend **EOTC** (Excursions outside of the classroom) to the local park, schools, library, technology classes, swimming pools, Waitangi Treaty Grounds and other local areas for the purpose of learning.
- Yes  No I/we give permission for our child's **work, photograph, or film** to be used in **school publications**.
- Yes  No I/we give permission for **photographs** of our child / children to be used for **promotional purposes**.
- Yes  No I/we are happy for our **phone number** to be **given to the parents committee** for requests for assistance.

**I / we understand clearly our commitment to the following School requirements:**

- **PARENTAL SUPPORT:** We are expected to support all:  
School functions including Parent Interviews / Parent Teacher meeting / Prize-giving's  
Parent Committee Activities / Working Bees / Fundraising Activities
- **ATTENDANCE:** We must notify the School Office on 09 4011 873 by 9 am in the mornings should our child/children be absent from School, to advise the absence reason and the expected date of return to school.  
As Kaikohe Christian School is part of the 'Rock On Truancy Project' Truancy action may occur through phone calls, texts, emails, letters, visits, family meetings and agency referrals.
- **PUNCTUALITY:** Lateness is viewed as a form of Truancy and is monitored. We are committed to instil positive habits that will prepare our child to excel in further education, employment and life.
- **CORRECT SCHOOL UNIFORM:** Our child is required to attend School wearing the correct School uniform.  
A note advising why they are not wearing the correct uniform will need to be dropped off to the School Office for a Uniform Pass to be issued.
- **SECURITY SIGNING IN/OUT AND PERMISSION SLIPS:** Our Child is required to attend School on time and should he/she arrive to school late, they must sign in or be signed in. If they leave school early they must be signed out by we the Parent / Caregiver or delegated responsible adult, with a permission note completed and signed by us. A written permission note from us the Parents/Caregivers is also required to be handed into the School Office should our child need to go off campus at lunchtime or within school hours.
- **REFERENCES** provided in this form may be contacted for further information regarding this application.  
I / we allow your school to use that information for any purposes related to our child's education.
- **ATTENDANCE DUES** are compulsory fees payable to the proprietor, in advance and all costs incurred in the recovery of overdue attendance dues, including debt recovery charges and legal fees, may be added to the balance of any outstanding accounts. In the event of any school charges / activity fees etc and the school having to enlist the help of a collection agency, collection costs, interest and administration fees will be added to your original account, due to your account being in default.
- **MOBILE PHONES** are not to be used by Students during School Hours. Mobile phones will be confiscated for the day for the 1<sup>st</sup> warning however they will be confiscated for the rest of the term and a parent/caregiver will uplift it at the end of the term, for all following times when a student breaches this school rule.

I / we have completed all areas of this form and to the best of my / our knowledge, disclosed all the necessary information, attached any medical, learning and/or behaviour information of my / our child.

\_\_\_\_\_ / \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

**Mother's / Caregiver's signature** / **Father's / Caregiver's signature**





## HEALTH PROFILE - EOTC FORM

This form is to be completed for students to attend 'external off the campus' activities e.g. School Camps, excursions etc

Student Name: \_\_\_\_\_ Year Level (circle): 1 2 3 4 5 6 7 8  
9 10 11 12 13

### Medical Conditions: student has – please tick v:

- asthma    diabetes    epilepsy /fits    Heart Condition    Dizziness    Chronic Bleeding    Migraine    Autism  
 Developmental Delay    ADHD    Anxiety    Phobia    Depression    Colour Blindness    Travel Sickness  
 Disability: \_\_\_\_\_ OVERNIGHT EXCURSIONS:  bed wetting    sleep walking  
 Other : \_\_\_\_\_

### Allergies > student is allergic to – please tick v:

- Food >    Nuts    Dairy    Seafood    Gluten    Other foods: \_\_\_\_\_  
 Animals or Other >    Bee Stings    Insect bites \_\_\_\_\_    Cats    Dogs    Horses    Grass    Dust mite  
 Other - please advise: \_\_\_\_\_

### LIFE THREATENING MEDICAL CONDITIONS / EVENTS:

**Does your child suffer from anaphylaxis or any life-threatening condition /events that require medication / treatment?**

No

#### EMERGENCY PLAN

Yes > **Medication / Treatment required** please tick v

- Epipen    Ventolin    Glucose    Aspirin    Paracetamol    Ibuprofen    Antihistamine  
 Other: \_\_\_\_\_

(When going on excursions, please ensure the student has the medication with them and remind their teacher)

#### EMERGENCY Treatment:

- Administer Epipen    Take immediately to Emergency Department  
 Give Medication > Dosage/ Times taken: \_\_\_\_\_

#### • Inform:

Parent / Caregiver Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent / Caregiver Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL CONDITIONS (OTHER THAN EMERGENCY LIFE THREATENING):

**Medications:** Does your child take any medications?  No    Yes

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

Dosage / Times to be taken: \_\_\_\_\_ Other Treatment: \_\_\_\_\_

What pain and / or anti-inflammatory medications can your child take if necessary?

- Paracetamol    Ibuprofen    Antihistamine    Others please advise: \_\_\_\_\_

Is there any medications your child is allergic to?

- Paracetamol    Ibuprofen    Antihistamine    Penicillin    Others please advise: \_\_\_\_\_

### GENERAL:

Child's last tetanus injection was: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_    Never had one    Unsure

### HISTORICAL INJURY/ ILLNESS:

Major injuries (breaks / strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities:

No    Yes State the injury / illness \_\_\_\_\_



**HEALTH PROFILE – EOTC FORM**

**INFECTIOUS DISEASES / VIRUSES:**

To the best of your knowledge has your child been in contact with any contagious / infectious diseases or viruses within the last 14 weeks?

- No
- Yes > Name of disease / virus / contagion: \_\_\_\_\_  
Did they receive a medical test?  No
- Yes > Please advise the details and results:  
 Were treated  medical clearance  undergoing treatment

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

**SAFETY FOR CHILD:**

Is there any information the staff should know to ensure the physical / emotional health of the student?

- No
- Yes > Please tick V and advise:

- Physical:**     Blind     Deaf     Speech impediment     Developmental delay  
 Disability: \_\_\_\_\_     Injury: \_\_\_\_\_  
 Medical as already stated     Medical other: \_\_\_\_\_

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

- Cultural / Spiritual:**     Cultural Practices     Spiritual Practices  
**Emotional:**     Anxiety     Depression  
 Phobias >     Heights     Darkness     Confined spaces     Other: \_\_\_\_\_  
**Behavioural:**     ADHD     Other: \_\_\_\_\_

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

**DECLARATION:**

*Please tick V the following as appropriate:*

- I agree that if medication needs to be administered, a designated adult will be assigned to do so. I will ensure the prescribed medication/s is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
- I will inform the School as soon as possible, of any changes in the medical or other circumstances between now and the commencement of any event / excursion.
- I agree to my child / or myself receiving any emergency medical, dental, or surgical treatment including Anaesthetic or blood transfusion as considered necessary by the Medical Authorities present.
- Any medical costs not covered by ACC or a community service card will be paid by me.
- If my child is involved with a serious disciplinary problem, including the use of illegal substances and / or alcohol or actions that threaten the safety of others, s/he will be sent home at my expense.

**PHONE CONTACTS:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

*(To be read and signed by Parent / Caregiver or Adult Participant)*



## CURRENT SCHOOL INFORMATION

### PARENTS TO REQUEST FROM THE CURRENT SCHOOL

To achieve the best possible transition into our school for your child, we need to understand their learning, social and behavioural profiles and how they engage in Special Character aspects of their current school.

#### PARENTS TO COMPLETE:

Parents / Caregivers Names: \_\_\_\_\_

Phone: \_\_\_\_\_ Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Class / Year Level: \_\_\_\_

Address: \_\_\_\_\_

#### CURRENT SCHOOL TO COMPLETE:

*The parents of the above-named student are making an application to enroll the student at Kaikohe Christian School. Please complete and return this form via email or post, to us as soon as possible, to assist us in the application process. All information will be held in strict confidence, to appropriate school admissions / staff only.*

1. Current School: \_\_\_\_\_

2. How long has the student been enrolled at your school? \_\_\_\_\_

#### 3. Learning Profile:

*Please comment on learning profile of student i.e. relevant current achievement data would be helpful (Please attach relevant reports or information)*

Reading: \_\_\_\_\_

\_\_\_\_\_

Writing: \_\_\_\_\_

\_\_\_\_\_

Maths: \_\_\_\_\_

\_\_\_\_\_

Integrated /Other: \_\_\_\_\_

\_\_\_\_\_



## CURRENT SCHOOL INFORMATION

### CURRENT SCHOOL TO COMPLETE (continued):

#### 3. Behavioural Profile

Please ✓ tick relevant boxes comment and add any recommendations:

- Excluded       Dismissed       Suspended       Disciplinary difficulties  
 Criminal History       Alcohol / Drugs       Tobacco       Bullying others

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#### 4. Health / Wellbeing Profile

Please ✓ tick relevant boxes and comment on any health or wellbeing issues we should be aware of in order to support a successful transition into our school:

- ADHD     Asperger     Dyslexia     Autism     Bullied     Anxiety     Grief     Depression  
 Asthma     Eczema     Allergies     Hearing     Visual     Injury / Disability: \_\_\_\_\_

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#### 5. SCHOOL CONTACT DETAILS

##### School Contact Person:

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

School Role: \_\_\_\_\_ Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

***Thank you for your assistance. It is much appreciated.***

**Please return or email completed form to:**

Kaikohe Christian School  
 Email: office@kcs.school.nz  
 Post: 52 Mangakahia Road, Kaikohe 0405 or  
 P O Box 235 Kaikohe 0440



*Equipping this generation to transform the world through the power of the Gospel*

## REFERENCE FORM

**PARENTS/CAREGIVERS PORTION TO COMPLETE:**

_____ / _____ Student's Name                      Year Level	_____ / _____ Student's Name                      Year Level
_____ / _____ Student's Name                      Year Level	_____ / _____ Student's Name                      Year Level
Parents/ Caregivers Names: _____ / _____	
Address: _____ Phone: _____	

**REFEREE TO COMPLETE:**

The parents of the above-named student/s are making an application to enrol the student/s at Kaikohe Christian School. Please complete this reference form and email or post it to us as soon as possible, to assist in the application process. All information will be held in confidence to appropriate School / Admissions personnel only.

- 1) How long have you known the student and their family? \_\_\_\_\_
- 2) In what capacity?  Minister  Employer  Other \_\_\_\_\_
- 3) Please  tick the appropriate box and comment on the stability of the applicant/s home and family:  
 very stable     stable     unstable     transient (move around a lot)     family issues

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Please  tick the appropriate box and comment on the respect and obedience the student/s show to his/her parents/caregivers:

<input type="checkbox"/> very respectful	<input type="checkbox"/> respectful at times	<input type="checkbox"/> disrespectful
<input type="checkbox"/> very obedient	<input type="checkbox"/> obedient at times	<input type="checkbox"/> disobedient

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- 4) The School Prospectus states students are to abstain from the activities noted below i.e. to strive to be above reproach and avoid all 'appearance of evil'.

Please  tick and comment on the student/s exposure to any of the following activities, in their home and/or community:

smoking     drinking alcohol     using illegal drugs     indecent language     profanities

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**REFERENCE FORM**

5) CHRISTIAN EXPERIENCE:

Are the Parents / Caregivers Christian?  No  Yes      Is the Student/s Christian  No  Yes

If yes please answer the following: If you are the family's Pastor, Minister or Church Leader or if you know the family well please v tick which title applies to you and answer the following questions:

Pastor  Minister  Church Leader  Employer  Other \_\_\_\_\_

Church they attend: \_\_\_\_\_

How often:  weekly  fortnightly  monthly  \_\_\_\_\_ monthly  \_\_\_\_X per year

Does the student attend Church regularly with their Parents/Caregivers?  No  Yes > tick which applies:

How often:  weekly  fortnightly  monthly  \_\_\_\_\_ monthly  \_\_\_\_X per year

Parents / Caregivers Involvement at Church - v Tick and comment below:

- Only attendees
- Leaders  Involved with Church Activities  Involved with External Christian Activities

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

6) FURTHER COMMENTS Any other information you feel is relevant to back their application:

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

**REFEREES CONTACT DETAILS:**

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

**Title / Role /Occupation (if any-please tick v):**

Church:  Pastor  Minister  Church Leader  \_\_\_\_\_

Community:  Teacher  Other: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Referee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

**Please return or email completed forms to:**

Kaikohe Christian School  
 Email: office@kcs.school.nz  
 Post: 52 Mangakahia Road  
 Kaikohe, 0405

*(Thank you for your assistance)*



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## REFERENCE FORM

### PARENTS/CAREGIVERS PORTION TO COMPLETE:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Student's Name Year Level Student's Name Year Level

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Student's Name Year Level Student's Name Year Level

Parents/ Caregivers Names: \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

### REFEREE TO COMPLETE:

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2) In what capacity?  Minister  Employer  Other \_\_\_\_\_

3) Please ✓ tick the appropriate box and comment on the stability of the applicant/s home and family:

very stable  stable  unstable  transient (move around a lot)  family issues

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

Please ✓ tick the appropriate box and comment on the respect and obedience the student/s show to his/her parents/caregivers:

very respectful  respectful at times  disrespectful  
 very obedient  obedient at times  disobedient

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

4) The School Prospectus states students are to abstain from the activities noted below i.e.to strive to be above reproach and avoid all 'appearance of evil'.

Please ✓ tick and comment on the student/s exposure to any of the following activities, in their home and/or community:

smoking  drinking alcohol  using illegal drugs  indecent language  profanities

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



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## REFERENCE FORM

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Pastor  Minister  Church Leader  Employer  Other \_\_\_\_\_

Church they attend: \_\_\_\_\_

How often:  weekly  fortnightly  monthly  \_\_\_\_\_ monthly  \_\_\_\_X per year

Does the student attend Church regularly with their Parents/Caregivers?  No  Yes > tick which applies:

How often:  weekly  fortnightly  monthly  \_\_\_\_\_ monthly  \_\_\_\_X per year

Parents / Caregivers Involvement at Church - v Tick and comment below:

Only attendees

Leaders  Involved with Church Activities  Involved with External Christian Activities

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

### 6) FURTHER COMMENTS Any other information you feel is relevant to back their application:

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

### REFEREES CONTACT DETAILS:

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

#### Title / Role /Occupation (if any-please tick v):

Church:  Pastor  Minister  Church Leader  \_\_\_\_\_

Community:  Teacher  Other: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Referee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

#### Please return or email completed forms to:

Kaikohe Christian School  
Email: office@kcs.school.nz  
Post: 52 Mangakahia Road  
Kaikohe, 0405

*(Thank you for your assistance)*



## Why additional medical and learning information is required

It is important that we are aware of any special medical or learning needs of your child so we can provide or apply for the support your child needs to ensure their success.

*E.g. If your child had allergies, we would need this information and an action plan in the case of an allergic reaction*

### **Why am I required to disclose information if my child has been suspended, dismissed or expelled from a previous school(s)?**

We are a Christian school and we expect behaviour from our students that will honour God's name in our community and in our school. We also expect parents/caregivers to support their child alongside our staff to ensure they meet these expectations. By disclosing this information, we are best able to provide the support your child will need to meet all aspects of school life.

### **Internet Use Agreement and Digital Release Form**

Parents/Caregivers can apply in writing to the principal if they do not want their child's work, image or film published in school publications or if you want your child to have restricted/no access to information and communications technology/internet.

### **Current School Information Form:**

For all students other than new entrant Year 1 students, we require:

- 1) Copy of their recent School Report
- 2) The Current School Information form to be completed

*We need this information e.g. any special medical, learning and/or behaviour information so we can best meet your child's needs.*

### **Please note that: Pursuant to the Privacy Act 1993 the following is brought to your attention:**

- a) This application form collects personal information about you and your child
- b) The information is collected in relation to the educational services Kaikohe Christian School provides.
- c) This information may be passed to Government agencies in statistical form as required by the Education Act 1993, and other statutory requirements.
- d) You have rights of access to, and correction of, the information subject to the provision of the Privacy Act 1993.