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____

t Number: _____ Expires:____/____/____

Residency Status *(tick one √):* □ 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: _____

PARENT / CAREGIVER DETAILS

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:*

MEDICAL DETAILS

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 & copies of any medical reports etc: _____

_____

_____

_____

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

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:_____

BEHAVIOUR DETAILS

(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:_____

_____

TRANSPORT

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)

EXTRACURRICULAR ACTIVITIES

Please list any extracurricular activities the student is interested in:

_____

EDUCATION OUTSIDE OF THE CLASSROOM

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.

CHRISTIAN / CHURCH ATTENDANCE

Christian: No yes> Church Name:_____

Kaikohe Christian School

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

Kaikohe Christian School

Conduct

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.

Courage **A**roha **R**espect **E**xcel

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

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

Kaikohe Christian School

DECLARATION

_____ _____

(Mother's/Caregivers Name) (Father's/Caregivers Name)

Please tick √:

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.

Kaikohe Christian School

EOTC 1

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 √:*

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 √:*

Food > Nuts Dairy Seafood Gluten Other foods:_____

Animals or Other> Bee Stings Insect bites _____ Cats Dogs Horses Grass Dust mite

Other - please advise:_____

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 _____

Kaikohe Christian School

EOTC 2

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 √ 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 √ 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.

Kaikohe Christian School

CSI 1

CURRENT SCHOOL INFORMATION

PARENTS TO REQUEST FROM THE CURRENT SCHOOL

Kaikohe Christian School

CSI 2

CURRENT SCHOOL INFORMATION

CURRENT SCHOOL TO COMPLETE (continued):

- **Behavioural Profile**

Please √ tick relevant boxes comment and add any recommendations:

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

_____

_____

_____

_____

_____

_____

- **Health / Wellbeing Profile**

Kaikohe Christian School

REF 1

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 Christion 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.

- How long have you known the student and their family?

  _____

- In what capacity? Minister Employer

  Other_____

- 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

_____

_____

_____

Kaikohe Christian School

REF 2

REFERENCE FORM

· 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 √ 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 - √ Tick and comment below:

Only attendees

Leaders Involved with Church Activities Involved with External Christian Activities

Kaikohe Christian School

REF 1

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 Christion 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

_____

_____

_____

_____

_____

_____

Please √ tick the appropriate box and comment on the respect and obedience the

Kaikohe Christian School

REF 2

REFERENCE FORM

- 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 √ 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 - √ Tick and comment below:

Only attendees

Leaders Involved with Church Activities Involved with External Christian Activities

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:

- Copy of their recent School Report
- 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:

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