



Kaikohe Christian School

To follow the way of Jesus Christ, seek His truth and excel in life for Him
Kí te whai I te ara O Ihu Karaiti, kí te rapu I Tana Pono, kí te hira ora hoki, mo Ia

ADMISSION FORM

REQUIREMENTS

Please complete each section of this enrolment form and bring the original copy of the documents listed below:

- Student's birth certificate or passport
- Student's most recent school report
- If born outside of New Zealand, the students permanent resident permit and/or permanent resident visa

If not a New Zealand or Australian resident, please provide:

- Student's passport
- Student Visa
- Parent's work permit

Other documents required:

- Two completed Reference Forms
- Medical, learning or behaviour information, where applicable, that will support the information you provide

STUDENT DETAILS

Legal Family Name: _____ Legal First Name: _____

Legal Middle Name(s): _____

Preferred Family Name: _____ Preferred First Name: _____

Male Female Birthdate DD / MM / YYYY Ethnicity: _____

Iwi (If New Zealand Maori): _____

Previous Schools (most recent first): _____

Religion: _____ Current Year Level: _____

Main language (spoken at home): _____ Second Language: _____

If born in New Zealand: NZ Birth Certificate Number/Passport Number: _____

If born outside of New Zealand: Country of Birth: _____

Passport Number: _____ Expiry: DD / MM / YYYY

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

(if other, please specify): _____

Student Visa (Expiry date): DD / MM / YYYY

Date of Entry into NZ: DD / MM / YYYY

PARENT/CAREGIVER DETAILS

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

Parent/Caregiver One (Primary Residence)

Title: _____ Surname: _____ First name: _____

Salutations: _____ Marital Status: _____

Physical Address: _____ Postal Address (if different from physical address): _____

Home Phone: _____ Mobile: _____

Email: _____

I would like to subscribe to digital newsletters (please tick one): Yes No

Occupation: _____ Work Phone: _____

Work Address: _____

Relationship to Student: _____ Religion: _____

Language spoken at home: _____ Second language: _____

Yes No Is this caregiver the student's 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?*

***Answering "No" for these questions means that the caregiver will not have access to the student or information relevant to the student without permission from the legal guardian.**

Parent/Caregiver Two (Primary Residence)

Title: _____ Surname: _____ First name: _____

Salutations: _____ Marital Status: _____

Physical Address: _____ Postal Address (if different from physical address): _____

Home Phone: _____ Mobile: _____

Email: _____

I would like to subscribe to digital newsletters (please tick one): Yes No

Occupation: _____ Work Phone: _____

Work Address: _____

Relationship to Student: _____ Religion: _____

Language spoken at home: _____ Second language: _____

Yes No Is this caregiver the student's 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?*

***Answering "No" for these questions means that the caregiver will not have access to the student or information relevant to the student without permission from the legal guardian.**

Parent/Caregiver One (Secondary Residence if applicable)

Title: _____ Surname: _____ First name: _____

Salutations: _____ Marital Status: _____

Physical Address: _____ **Postal Address (if different from physical address):**

Home Phone: _____ Mobile: _____

Email: _____

I would like to subscribe to digital newsletters (please tick one): Yes No

Occupation: _____ Work Phone: _____

Work Address: _____

Relationship to Student: _____ Religion: _____

Language spoken at home: _____ Second language: _____

Yes No Is this caregiver the student's 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?

**Answering "No" for these questions means that the caregiver will not have access to the student or information relevant to the student without permission from the legal guardian.*

Parent/Caregiver Two (Secondary Residence if applicable)

Title: _____ Surname: _____ First name: _____

Salutations: _____ Marital Status: _____

Physical Address: _____ **Postal Address (if different from physical address):**

Home Phone: _____ Mobile: _____

Email: _____

I would like to subscribe to digital newsletters (please tick one): Yes No

Occupation: _____ Work Phone: _____

Work Address: _____

Relationship to Student: _____ Religion: _____

Language spoken at home: _____ Second language: _____

Yes No Is this caregiver the student's 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?

**Answering "No" for these questions means that the caregiver will not have access to the student or information relevant to the student without permission from the legal guardian.*

Custody Access/Arrangements (if applicable)

EMERGENCY CONTACTS (Please provide two emergency contacts)

Emergency Contact One

Name: _____ Home Phone: _____
Mobile: _____ Relationship to student: _____
Home Address: _____
Occupation: _____ Work Phone: _____
Work Address: _____

Emergency Contact Two

Name: _____ Home Phone: _____
Mobile: _____ Relationship to student: _____
Home Address: _____
Occupation: _____ Work Phone: _____
Work Address: _____

MEDICAL DETAILS

Health Centre: _____ Family Doctor: _____
Student is allowed: Panadol Ibuprofen Dentist: _____

I agree for the student to receive free dental care at Kaikohe Christian School: Yes No

Is the student fully immunised: Not sure Yes No

If your child is not fully immunised, tick the boxes below where all doses of vaccine have been given:

Hepatitis B Tetanus Measles Diphtheria Rubella
 Polio Pertussis Mumps Hib

Does the student have any medical condition the school should be aware of? Yes No

If yes, please provide details: _____

Is the student required to take prescription medicine (e.g. insulin) during the school day? Yes No

If yes, please provide details: _____

Does the student have any health or learning issues that we need to be aware of?

(Please attach any medical information or documents that support the information you provide)

- Physical (e.g. Long-term conditions which do not allow sitting for long periods of time)
 Sensory (e.g. hearing loss, vision impairment)
 Learning (e.g. dyslexia, communication/speech difficulties)

If you selected any of the above, please explain: _____

BEHAVIOUR DETAILS

Has the student ever: *(please tick)*

Been expelled, dismissed or suspended from school?	<input type="checkbox"/>
Had any disciplinary difficulties?	<input type="checkbox"/>
Been in trouble with the law?	<input type="checkbox"/>
Smoked tobacco or used drugs of any kind?	<input type="checkbox"/>

If you selected any of the above, please explain: _____

TRANSPORT

Will the student be travelling by bus to or from school? *(please tick)* To school From school No

If you selected travelling to or from school, provide the bus route student will be taking:

<input type="checkbox"/> Kawakawa	<input type="checkbox"/> Moerewa	<input type="checkbox"/> Opononi	<input type="checkbox"/> Taheke	<input type="checkbox"/> Waima
<input type="checkbox"/> Kerikeri	<input type="checkbox"/> Ohaeawai	<input type="checkbox"/> Otaua	<input type="checkbox"/> Tautoro	
<input type="checkbox"/> Matawaia	<input type="checkbox"/> Okaihau	<input type="checkbox"/> Pakaraka	<input type="checkbox"/> Te Iringa	

Will the student be travelling to and from school in their vehicle? Yes No

If you selected yes, provide the following:

Make: _____ Model: _____

Colour: _____ Rego: _____

Passengers (please list): _____

If student is carrying passengers on an exemption 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. For example, some classes walk to the library once a week or participate in physical education activities at Lindvart Park during school hours. Please sign the permission slip below to give your child permission to participate in local trips.

I permit my child to attend the local park, schools, library and other local areas to learn outside of the classroom.

Yes No Signature: _____ Date: DD / MM / YYYY

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 solely 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 both read and sign this agreement.

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

- **Technology for Learning**

I understand that technology can support my learning and will only use technology, with the teacher's permission, 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. Where I do use another person's text, photographs or video in my work I will ask for permission and correctly acknowledge their 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 from 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 check 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 bypass this filtering. I will keep my login details confidential and 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 or other personal information.

- **Problems**

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 (required for students from years 5-13)

I understand that this agreement must 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 the Internet, on school-owned devices or any personally owned devices.

Student Name: _____ Student Signature: _____

Parent Declaration (required for all students)

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/Caregivers Name: _____

Parent/Caregiver's Signature: _____ Date: DD / MM / YYYY

SCHOOL, WHANAU, AND CHURCH

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 that by having these three areas operating in unity, we are more able to guide our students through the complexities of student life and to become competent in their lives as adults.

Primary Caregiver/Mother

Are you a Christian? Yes No Do you regularly attend a Church? Yes No

If you answered ‘yes’ provide the following information:

Name of Church you attend: _____

Your Pastor’s Name: _____ Pastor’s Contact Number: _____

Does your child fellowship at the same Church as you? Yes No

If you do not attend church regularly, please explain your reasons: _____

Primary Caregiver/Father

Are you a Christian? Yes No Do you regularly attend a Church? Yes No

If you answered ‘yes’ provide the following information:

Name of Church you attend: _____

Your Pastor’s Name: _____ Pastor’s Contact Number: _____

Does your child fellowship at the same Church as you? Yes No

If you do not attend church regularly, please explain your reasons: _____

Student Information

Is the student a Christian? Yes No Does the student regularly attend a church? Yes No

If you answered ‘yes’ and the student attends a different church to you, provide the following:

Name of the Church the student attends: _____

Pastor’s/Leader’s Name: _____

Pastor’s/Leader’s Contact Number: _____

If your child does not attend church regularly, please provide the following information: _____

My child has: *(select one box only)* Very little knowledge and interest in God

Some knowledge and interest in God

Strong knowledge of God and a strong relationship with God

Prayers, daily devotions, worship assemblies, learning of memory verses and study of the Bible are integral to learning at our school. Learning is compulsory right up to and including NCEA Level One, Year 11. Students who come to this school need to be aware of this emphasis.

Declaration

My child will respect and understand the importance of respecting and participating in this core aspect of our school culture and I will support my child in this.

Parents/Caregivers Signature: _____ Date: DD / MM / YYYY



Kaikohe Christian School

Requirements

- 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

We are a Christian School, and we expect behaviour both on and off the school campus that will honour the Lord Jesus Christ in the community.

Child's Name: _____ Age: _____

Parents/Caregivers Names: _____

OUR EXPECTATIONS

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

Follow the school rules and respect authority in the school.

Attend school every day, well rested and ready to learn.

Junior School Students: Complete Memory Verses, 'Home Reading' and Maths Basic Facts Learning each week-day. Intermediate and Secondary Students: Complete Memory Verses and homework daily for each subject and revise notes/lessons if no homework is assigned.

Only leave class with permission from the teacher and only leave school grounds with written permission from parents/caregivers after checking with Classroom or Form Teacher and then signing out.

Be respectful, attentive, and cooperative towards other students, staff and visitors.

Respect all equipment and property by using it as intended and preserving it in good condition for others.

Use appropriate language - no swearing or blaspheming or any other forms of inappropriate language.

Do not bring tobacco, drugs, alcohol, dangerous objects (matches, lighters, solvents, knives), or unwholesome literature, videos and/or music into the school.

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: DD / MM / YYYY

Parent's/Caregiver's Declaration

Parents' Signatures: _____ Date: DD / MM / YYYY

PARENT HELP

Would you be interested in providing parent help with any of the following?

- Reading, writing or other learning in the classroom
- Events and fundraisers (*Talent quests, Hangi, Gala days*)
- Supervise or driving on school trips/travel
- Sports Days
- Managing school resources (*second-hand uniforms, stocktakes, book covering*)
- Caring for the school property and classrooms (*displays in classroom, painting, gardening*)
- Other:

Parents/Caregivers Names: _____

REFERENCES

To qualify as a preference enrolment a parent/caregiver of the student must be a regular attendee of an established Christian church. To be considered for preference of enrolment a reference form will need to be completed by your pastor/minister.

The following referees will be providing references to accompany this application:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

GENERAL INFORMATION

Why am I required to provide additional medical and learning information for my child?

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.

For example, 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 the Lord Jesus Christ in our community and 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.

It is also important for parents/caregivers to know that we do follow up with previous schools to gather any special medical, learning and behaviour information so we can best meet your child's needs.

Digital Release Permission

Parents/Caregivers can apply in writing to the principal and request that their child's work, image or film not be published in school publications. If approved, all staff will be notified that your child's work, image or film cannot be published.

Please note that: Under 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.

DECLARATION

Mother's/Caregiver's Name

Father's/Caregiver's Name

I/we have completed all areas of this form to the best of my/our knowledge.

I/we have disclosed and attached any medical, learning and/or behaviour information of my child to the best of my/our knowledge.

I/we permit our child's work, photograph, or film to be used in school publications.

I/we understand that Attendance Dues are compulsory, payable 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.

I/we understand clearly that we are expected to support all school functions including Parent Interviews, Parent-Teacher meetings, Prizegiving, and the activities of the Parent Committee, e.g. Working Bees and Fundraising Activities. We are happy for our phone number to be given to the parent's committee for requests for assistance. We understand that photographs of our child may be used for promotional purposes.

The referees identified in this form may be contacted for further information regarding this application, and I/we allow your school to use the above information for any purposes related to our child's education.

In the event of school charges such as Activity Fees, Camp 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.

Mother's/Caregiver's signature

Father's/Caregiver's signature

Date: DD / MM / YYYY

Kaikohe Christian School



Mission Statement

curriculum needs in order to prepare the students for effective godly leadership and service, while aiming for excellence in all personal behaviours.

Kaikohe Campus

52 Mangakahia Road – Kaikohe
P.O Box 235 - Kaikohe
Phone/Fax: (09) 401-1873
Email: office@kcs.school.nz
Website: www.kcs.school.nz

Kerikeri Campus

421 Te Ahu Ahu Road, Waimate North
Phone/Fax: (09) 405-9726
Email: robynb@kcs.school.nz
Website: www.kcs.school.nz