



# Kaikohe Christian School

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

## ADMISSION FORM

☐ **Kaikohe Campus**
☐ **Waimate North Campus**

### 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

## 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:*

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:

\_\_\_\_\_

\_\_\_\_\_

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

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

## 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.

## 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\_\_\_\_

## (Mother's/Caregivers Name)

**Please tick v:**

- 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: [jacquelinet@kcs.school.nz](mailto:jacquelinet@kcs.school.nz) or [julieh@kcs.school.nz](mailto:julieh@kcs.school.nz)  
 Post: 52 Mangakahia Road, Kaikohe 0405 or  
 P O Box 235 Kaikohe 0440



# Kaikohe Christian School

REF 1

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

## 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 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Kaikohe Christian School

REF 2

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

## 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 ✓ 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

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

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## REFEREES CONTACT DETAILS:

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

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

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: [jacqueline@kcs.school.nz](mailto:jacqueline@kcs.school.nz) or [julieh@kcs.school.nz](mailto:julieh@kcs.school.nz)  
Post: 52 Mangakahia Road  
Kaikohe, 0405

*(Thank you for your assistance)*



# Kaikohe Christian School

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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: \_\_\_\_\_

\_\_\_\_\_

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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:

<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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 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'.

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☐ smoking    ☐ drinking alcohol    ☐ using illegal drugs    ☐ indecent language    ☐ profanities

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Kaikohe Christian School

REF 2

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

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

How often: ☐ weekly ☐ fortnightly ☐ monthly ☐ \_\_\_\_\_ monthly ☐ \_\_\_\_\_ X per year

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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

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

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### REFEREES CONTACT DETAILS:

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

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

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: [jacqueline@kcs.school.nz](mailto:jacqueline@kcs.school.nz) or [julieh@kcs.school.nz](mailto:julieh@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.