



Enrolment Application For New Child

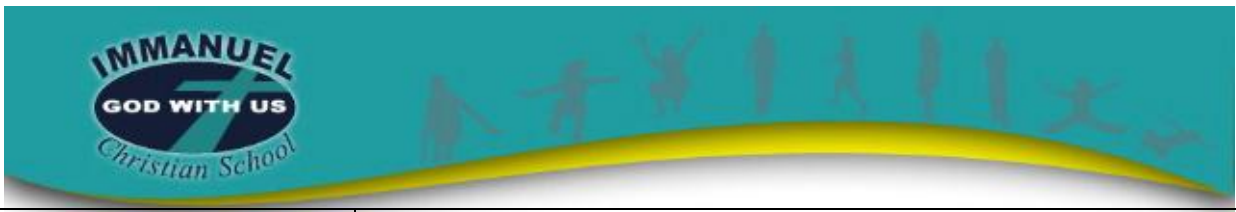
63 St George's Rd
Avondale
Auckland 7
Phone 09 828 4545
Fax 09 828 4520
Email admin@immanuel.school.nz

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Child Enrolment Information

Child's Legal Names:		
Child's preferred Names:		
Child's Residential Address	<hr/> <hr/>	
Date of birth		
Country of birth		Citizenship:
If not a NZ passport holder	Residency: <input type="checkbox"/>	(Please tick)
	Work Permit: <input type="checkbox"/>	
Ethnicity (up to three)		Iwi Affiliation (if applicable—Up to three):
School or Kindergarten now attended	For all New Entrant enrolments - Page 5 of this application MUST be completed as well	
Present class level		
Number of years at present level		
Class level at which you would like your child to start at Immanuel (this is subject to testing)		
Intended start date (Term & Year)		
Child's position in Family		
Other brothers and sisters	Name	D.O.B.
	<hr/>	<hr/> / /
	<hr/>	<hr/> / /
	<hr/>	<hr/> / /
Is your child booked in at or are you planning to book him/her at any other school?	YES / NO	Where?



Desired Course Options: (Years 11, 12 & 13 only)	List subjects & Year Level:	
Is English the main language spoken at home?	YES / NO	Please elaborate:
Does your child's academic achievement match his or her age? Please supply a recent school report as evidence.	YES / NO	Please elaborate:
Does your child have any learning or behavioural difficulties?	YES / NO	Please elaborate:
Has your child had special support such as speech therapy, occupational therapy etc?	YES / NO	Please elaborate:
If New Entrant enrolment, is your child toilet-trained?	YES / NO	Please elaborate:
If New Entrant enrolment, is your child able to dress him or herself?	YES / NO	Please elaborate:
Does your child wear glasses?	YES / NO	Please elaborate:

NOTE:

1. If your child is transferring from another school, please enclose a recent report and summary of progress by your child's present class teacher.
2. Please be aware that teachers and the Principal will together with you negotiate the best starting date for your child, should he or she be accepted into Immanuel Christian School.



Child's Medical Information

Child's Doctor	
Doctor's phone number	
Next of kin or emergency contact person	Name _____ Phone _____
Medical information	<p>Please describe below any medical conditions of which the staff and teacher should be aware.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Address and phone number details are collected at the time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary. These contact details may also be passed on to the Ministry of Education and the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment; training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.



Child's Church Involvement

The information you supply will be treated as strictly **confidential** by the School and the Board.

Does the child attend Christian worship services regularly?	YES/NO
What other church activities does your child participate in?	<hr/> <hr/> <hr/>
Does your child read the Bible?	YES/NO How often <hr/> <hr/>
Does your child pray?	Privately? YES/NO With others in the family? YES/NO How often? <hr/>



THIS SECTION MUST BE COMPLETED FOR ALL 'NEW ENTRANT' ENROLMENTS ONLY- as required by the Ministry of Education:

Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended.

Instructions:

1. If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
3. If the child's attendance hours varied, or you are uncertain, please enter an approximate or average number of **hours per week**.

Please enter the number of hours per week for up to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kohanga Reo			
b. Playcentre			
c. Kingergarten <i>or</i> Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

OR

Please tick the appropriate box	
g. Attended, but only outside New Zealand	
h. Attended, but don't know what type of service	
i. Did not attend	
j. Unable to establish if attended or not	

Did the child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means the child was booked in to a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

- Yes, for the last _____ year(s).
- Not regularly, only occasionally with no on-going schedule.
- No, did not attend ECE.



Application Checklist

Prior to lodging your application please ensure you have -

Completely filled out this child application form?	YES / NO
Included all relevant school reports and records.	YES / NO
Copy of child's birth certificate enclosed	YES / NO
Immunisation Certificate enclosed	YES / NO
Course Options listed (re Years 11, 12 & 13)	YES / NO

I/We assert that the information supplied in this form is true and correct.

Parents/Guardians Signatures:

Date:
