

## Hastings Christian School Sibling Enrolment Application

Applications close 31 July

Child					
Legal Surname		Legal First Name/s			
Preferred Surname		Preferred First Name			
Date of Birth		Gender	Male / Female		
Country of Birth		Country of Citizenship			
Ethnicity/Nationality	NZ European / Maori / Australia / So	outh Africa			
	ther - Please State:				
Date of entry to NZ (if applicable)					
Iwi affiliation (if applicable)					
Name of Current School/Pre-school		If pre-school, how many h	ours per week does he/she attend?		
Current Year Level		Intended Start Date & Year Level			

Parents	Mother	Father
Full Name		
First Language		
Address (incl. Post Code)		
Postal Address If different from Address given above		
Home Phone		
Mobile		
Email		
Occupation		
Work Phone		
Marital Status	Married / De Facto /	Separated / Divorced

Office use only: Date received \_\_\_\_\_ KMar \_\_ S/S \_\_ BOP \_\_ P / NP Meeting \_\_\_\_ Call \_\_ Conf \_\_\_\_

Caregiver Details (if different from above)								
Name								
Address and Phone:								
Email:								
Emergency (	Contact							
	Name		Phone/Mobile					
Emergency								
Church Pastor								
Doctor								
Siblings (pre-sch	nool or school age only)							
Name		Date of Birth						
Bloace note: Vou are reg	uired to fill in a separate enrolment form	for each child you wish	to onrol					
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Language &	Learning Support							
Is English your child's firs	t language?			Yes	No			
Does your child currently receive/require English language tuition?				Yes	No			
Does your child have any learning needs (e.g. intellectual, physical, social, behaviour disorder)?				Yes	No			
Please provide details and a	Please provide details and attach any reports that may help us better understand your child's needs:							
	receive additional support for their learn cher aide   RTLB   ICS (in class support)			Yes	No			
Please provide details and a	ttach any relevant reports:							

Medical	
Medical History Is there anything the school needs to know to protect your child's health and safety? (Allergies / Conditions / Sight / Hearing) (Any daily medication)	
Has your child had a B4 School Check? (New Entrants only)	No / Yes  If you circled 'Yes', please consider supplying us with a copy of this check. This will help us identify any physical issues (esp. hearing, vision) that will need to be considered when planning the teaching programme.
Vaccinations up to date	Yes / Partial / Not Vaccinated

## **Privacy Act**

Information received about parents and children needs to be used by Hastings Christian School in the following ways:

- 1. Management of the school
- 2. For student records to be forwarded, upon request, to their next school
- 3. For sharing of essential information with the Ministry of Education, Ministry of Social Development and other agencies/personnel involved in the education of the child

Do you give permission for the information about you and your child to be used in these ways?	Yes	No
Do you give permission for your child's work to be identified and displayed online?	Yes	No
Do you give permission for your child's photo and identification to be used for promotional and publications, both online and in paper-based publications?	Yes	No

Permission			
I give permission for my child to participate in one day educational visits or activities outsid school grounds.	Yes	No	
I give permission for my child to be given paracetamol if required.	Yes	No	
I give permission for my child to be seen by the DHB vision and hearing technician.  *Primary students only  N/A		Yes	No

## **Signed Agreements of Parents/Guardians Special Character** We have read the Statement of Special Character and Statement of Beliefs. We understand that parents'/guardians alignment with the school's Special Character is the primary basis for children being accorded preference of enrolment at Hastings Christian School. We give permission for you to contact our pastor/elder to discuss this application. I/we also agree to uphold the Special Character of the School as described in the Statement of Special Character. Signed Mother/Guardian Signed Father/Guardian Date **School Fees** I/we agree to pay attendance dues as set by the Board of Proprietors and before withdrawing the child (children) agree to give a term's notice in writing, or to pay such a proportion of the attendance dues as determined by the Board. I/we understand that should attendance dues fall behind, the debt may be passed to a debt collection agency, and will incur collection fees. Signed Mother/Guardian Signed Father/Guardian Date Date **Application** I/we request that my/our son/daughter be considered for admission to Hastings Christian School. I/we agree that he/she shall be subject to the rules, dress code requirements and disciplines of the school. Acceptance of enrolment is conditional on our willingness to uphold and support the Special Character of the school as described in the

Statement of Special Character.

Signed Mother/Guardian	Signed Father/Guardian	
Date	Date	

Please see overleaf for documentation requirements.

Enrolmen	nt Checklist
Enrolmer	nt form - completed and signed
A copy of	f last available school report, if available
Learning	support - a copy of any outside agency reports attached
	dentity Birth certificate, passport If non resident, copy of visa and/or permit
Copy of in	mmunisation certificate
For new 6	entrants only: Copy of any B4 School Check completed - providing you are happy to share that with us.

## **ESOL Supplementary Enrolment Form**

Please help us to learn more abo We hope that by having this info					to ac	company our r	egular e	enrolment form.
Family Name:	Firs	First Name:						
Ethnic Group:		Coi	ıntry of Birth					
Last Country of residence:			ne Language	:				
Religion:		Dat	e of Arrival ir	NZ:				
Previous Education in your coun	try			Pre Sch	nool	/ Primary / S	Seconda	ary
Name of school	Location		Length of	Time		Age	Langu	iage Used
Previous Education in New Zeala	ınd		•					
Name of school		Location			Length of Tir			Age
We value your family's languages	and culture	and wish to	support you	in foste	ring t	hese.		
Can your child read in his/her o	wn language?	? Not a	it all / A	\ little	/	Fluently		
Can your child write in his/her o	own language	? Not a	it all / A	\ little	/	Fluently		
Has your child learnt English be	fore arrival?	Yes	Yes / No					
If yes, where has he/she learnt	English?	Scho	ol / Hom	e / I	Privat	e Tutor / L	anguag	ge School
How long has he/she learnt Eng	lish?	Years		Mon	ths	Но	ours pei	r week
Parents	N	/lother				Father		
Ethnic Origin								
Country of Birth								
Occupation in your country								
Occupation in NZ								

Will father and mother be living in New Zealand?

Father Yes / No Mother Yes / No

What language does your child use when spe	eaking with:					
Mother	Father					
Siblings	Grandpar	ents				
Other family						
Can mother speak English?	Not at all	/	A little	/	Fluently	
Can mother read English?	Not at all	/	A little	/	Fluently	
Can father speak English?	Not at all	/	A little	/	Fluently	
Can mother speak English?	Not at all	/	A little	/	Fluently	
To help us support your family, is there an in	terpreter you wou	ld like	e us to wo	rk wi	th?	
Name:	Address:					
Phone:	Relations	hip to	o child			
The questions below help us understand mo	ore about your chi	ild so	we can p	lan h	is/her learning programme.	
Is there anything we need to know about you  Are there any challenges that make it hard for				?		
How does your child feel about coming to so	hool?					
What hobbies or interests does your child ha	ve?					
WShat sports or activity is he/she interested	in joining?					

