

MIRAMAR CHRISTIAN SCHOOL

APPLICATION FOR ENROLMENT



Thank you for considering Miramar Christian School. We ask that you take time to read and complete the Application for Enrolment form fully and return it to the school office with all the appropriate documentation. After receipt of the application and documentation you will be notified in writing whether your application is successful.

I request that my _____ (relationship, i.e. son/daughter) be considered for admittance to Miramar Christian School.

For preference students only: I agree to provide a letter of reference from my Pastor and/or church minister.

Letter of reference from Pastor and/or church minister.

Original documentation must be sighted at school, and photocopies taken and attached:

- Copy of Birth Certificate and/or Passport Copy of Residency Certificate / Visa
 Copy of Immunisation Certificate

Desired starting date: _____

PUPIL DETAILS: (Please print)

Legal Surname: _____ Legal First Name/s: _____

Preferred Surname: _____ Preferred First Name: _____

Date of Birth: _____ Sex: Male / Female

Address: _____

Home Phone Number: _____ Main Language (spoken at home): _____

Residency/Citizenship? Yes / No (if no, enter details below*)

*Country of Birth: _____ *Date NZ entry: _____

Cultural Identity (1st): _____ Cultural Identity (2nd): _____

If Maori, please state Iwi/Hapu: _____

Previous School and date started: _____

Previous Class/Year Level: _____

EARLY CHILDHOOD EDUCATION:

Did your child regularly attend Early Childhood Education ECE?

Yes, for the last 6 months Yes, for _____ year/s No, did not attend ECE

If so, did the child attend one or more Early Childhood Education service/s in the last 6 months prior to starting school? Please enter the number of hours per week for up to three services (a-f) OR tick the appropriate box (g-j)

		ECE 1 Hrs/Wk	ECE 2 Hrs/Wk	ECE3 Hrs/Wk
a)	Kohanga Reo			
b)	Playcentre			
c)	Kindergarten or Education and Care Centre			
d)	Homebased Service			
e)	Playgroup			
f)	Correspondence School – Te Aho o Te Kura Pounamu			
g)	Attended, but only outside New Zealand		Only place a tick in the box/es at left, if the section above is blank.	
h)	Attended, but don't know what type of service			
i)	Did not attend			
j)	Unable to establish if attended or not			

PARENT / GUARDIAN (AND EMERGENCY) DETAILS: (Please print)

Father / Guardian 1

Title First name/s Legal Surname:

Address: _____
(if different from Pupil)

Home Phone: _____ Mobile: _____ Email: _____

Relationship to Pupil: _____

Occupation: _____ Work Phone: _____

and/or

Place of Work: _____ Church Affiliation: _____

Mother / Guardian 2

_____ Title _____ First name/s _____ Legal Surname: _____

Address: _____
(if different from Pupil)

Home Phone: _____ Mobile: _____ Email: _____

Relationship to Pupil: _____

Occupation: _____ Work Phone: _____

and/or

Place of Work: _____ Church Affiliation: _____

Emergency Contact

_____ Title _____ First name/s _____ Legal Surname: _____

Address: _____
(if different from Pupil)

Home Phone: _____ Mobile: _____ Work Phone: _____

Relationship to Pupil: _____

HEALTH, LEARNING AND BEHAVIOUR: (Please print)

Doctor / Medical Centre: _____

Address and Phone No.: _____

Medical Issues (eg. Asthma, Allergies, etc): _____

Medication: _____

Speech: _____ Hearing: _____ Sight: _____

Dental Clinic: _____ Phone No.: _____

LEARNING / BEHAVIOUR

Has your child/ren received support from any outside agency? Yes / No

If yes, please provide further information _____

Specialist Needs/Resourcing/Agencies: _____
