

# 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 and have signed the Statement of Belief attached at the end of this enrolment form.

- Letter of reference from Pastor and/or Church Minister
- Signed Statement of Belief

**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: \_\_\_\_\_

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### 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 (1<sup>st</sup>): \_\_\_\_\_ Cultural Identity (2<sup>nd</sup>): \_\_\_\_\_

If Maori, please state Iwi/Hapu: \_\_\_\_\_

Previous School and date started: \_\_\_\_\_

Previous Class/Year Level: \_\_\_\_\_

**EARLY CHILDHOOD EDUCATION:**

Did the child regularly attend Early Childhood Education (ECE)?

Yes, for the last 6 months

Yes, for \_\_\_\_\_ year/s

No, did not attend ECE

ECE attended: \_\_\_\_\_

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			

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**PARENT / GUARDIAN (AND EMERGENCY) DETAILS:**

**Father / Guardian 1**

\_\_\_\_\_

Title                      First name/s                      Legal Surname:

Address: \_\_\_\_\_

(if different from Pupil)

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Faith/Religion: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

## Mother / Guardian 2

\_\_\_\_\_

Title                      First name/s                      Legal Surname:

Address: \_\_\_\_\_

(if different from Pupil)

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Faith/Religion: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

## Emergency Contact

\_\_\_\_\_

Title                      First name/s                      Legal Surname:

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

## HEALTH, LEARNING AND BEHAVIOUR:

Doctor / Medical Centre: \_\_\_\_\_

Phone No: \_\_\_\_\_ Address: \_\_\_\_\_

Medical Issues (eg. Asthma, Allergies, etc): \_\_\_\_\_

Medication: \_\_\_\_\_

Speech: \_\_\_\_\_ Hearing: \_\_\_\_\_ Sight: \_\_\_\_\_

Dental Clinic: \_\_\_\_\_ Phone No.: \_\_\_\_\_

In an Emergency the School may act on behalf of the Parent/Caregiver: Yes / No

The school may administer pain relief (e.g. Paracetamol): Yes / 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: \_\_\_\_\_

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**OTHER:**

**Siblings** Name: \_\_\_\_\_ Age: \_\_\_\_\_ DoB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DoB: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DoB: \_\_\_\_\_

I agree that my child shall be subject to the rules and discipline of the school, that he/she shall wear the correct school uniform at all times and that whenever he is absent or late I shall telephone the school and provide a note of explanation. I agree to pay all activity fees, uniform and stationery costs and any other compulsory costs incurred while my child is at Miramar Christian School. I agree to pay the \$50.00 non-refundable administration fee on my child entering the school. (This will be credited to your school account.) I agree to pay the Peniel Trust Fees one term in advance upon entering the school and then pay the balance in full using one of the authorised methods. I agree if these monies are unpaid by the due date, to pay all collection and legal costs. I agree that the school will take action on my behalf in case of sudden illness or injury, to abide by the school's policies and that my child's work and image may be used in accord with the school's online publishing policy/procedures.

\_\_\_\_\_  
 Signed: Father/Guardian Mother/Guardian

Date: \_\_\_\_\_

**For Office use only**

Date received		School Enrolment No.	
Date approved		Year Level	
Preferential/Non-preferential		Room assigned to	
Acceptance letter sent		Uniform	
Birth Certificate (cited & copied)		Previous School Report & Records	
Passport (cited & copied)		Class Stationery List issued	
Immunisation details for Yr 1 (cited & copied)		EOTC General Permission Form signed	
Statement of Belief signed		Internet Usage	
School Costs		Emergency Contact	
Peniel Fees		Photographic Permission	
Sibling (application fee waived and/or AP started)		House Group	
Welcome Certificate		Photo taken for MUSAC	
Pastors Letter			

**Privacy Statement:** The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data gathering purposes by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

# STATEMENT OF BELIEF



**We believe:**

1. the Bible is the inspired Word of God and our only authority in all matters of faith and practice.
2. in One God, who is Father, Son and Holy Spirit:
  - God, the Father, is creator and sustainer of all thing
  - Jesus Christ, His Son, is both human and divine. He is the ultimate revelation of the Father and risen Lord and Saviour of the world. He will return to the earth at a future point in history
  - the Holy Spirit is the person who brings God's life into the lives of believers, working within them to transform them into the likeness of the Son and empowering them to serve God in real ways in this life.
3. in the sacrifice made by Jesus Christ on the cross for the sins of the world.
4. eternal life and salvation are by faith in Jesus Christ alone.

The Special Character of the school is upheld by the Christian beliefs and values held by the church as defined by the Peniel Trust. These beliefs are expressed in the above Statement of Belief.

I/we agree to demonstrate a willingness and ability to uphold the above Statement of Belief: -

Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**(Signature indicates agreement of above Statement of Belief)**