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# CITY IMPACT CHURCH SCHOOL

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*An excellent Christian learning environment.*

# Enrolment Form

Please include these documents in your application:

- Completed Application Form
- Passport / Birth Certificate
- Immunisation Documents
- Latest School Report
- Non-NZ Citizens must provide a copy of their Student / Resident Visa as well as a copy of the main applicant's Work Visa

*Please complete and return to City Impact Church School,  
PO Box 35 211, Browns Bay, North Shore 0753.*

## Student Details

*If application is for more than one child, please ask for an additional form.*

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

Surname: \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Country of Birth: \_\_\_\_\_ Home Language: \_\_\_\_\_

Ethnicity &/or Iwi: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Year Level: \_\_\_\_\_

Proposed Entry Date: \_\_\_\_\_

Medical Information: \_\_\_\_\_

Any disabilities? (If likely to affect progress in school work or participation in other activities -

please also state other restrictions) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Student Interests

Hobbies: \_\_\_\_\_

\_\_\_\_\_

Cultural Interests: (Music, Sports, Drama) \_\_\_\_\_

\_\_\_\_\_

Community Involvement: (Scouts, Guides, etc.) \_\_\_\_\_

\_\_\_\_\_

Achievements: (Certificates, Awards etc.) \_\_\_\_\_

\_\_\_\_\_

## Parent Details

### Father / Stepfather / Caregiver

(please circle)

### Mother / Stepmother / Caregiver

(please circle)

Surname:	Surname:
First Names:	First Names:
Title:	Title:
Home Address:	Home Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile Phone:	Mobile Phone:
Email Address:	Email Address:
Occupation:	Occupation:
Business Name:	Business Name:
Business Address:	Business Address:

Student lives with: \_\_\_\_\_

Are there any legal custodial arrangements? If so, please state: \_\_\_\_\_

\_\_\_\_\_

### Emergency Contact Details (other than parent)

Please advise the names and phone numbers of two people we may contact in your absence in the event of an emergency.

Contact One: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Ph: \_\_\_\_\_

Contact Two: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Ph: \_\_\_\_\_

**Parent Details: Father**

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

Please give a brief description of your Salvation testimony & Christian experience:

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Please explain your understanding of Biblical Education: \_\_\_\_\_

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Please describe the Biblical principles and practices important to your family:

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Why would you like your child to attend City Impact Church School?

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**Father Cont.**

Date of Salvation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you Water Baptised?      Yes / No                      Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Baptised in the Holy Spirit?      Yes / No                      Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you speak in tongues?      Yes / No

How much time do you spend in personal prayer? \_\_\_\_\_

How much time do you spend in Bible reading? \_\_\_\_\_

Do you tithe 10%? (or more)      Yes / No

How long have you been tithing for? \_\_\_\_\_

I would describe my spiritual maturity as:

- New / Young Believer                            Stable / Growing Believer
- Recommitted Believer                            Mature Believer

Do you support the vision of City Impact Church?                      Yes / No

Do you support the leadership of City Impact Church?                      Yes / No

Is there anything that you believe could cause conflict?                      Yes / No

**Church Involvement**

Do you regularly attend a Church?                      Yes / No

If YES please state Church Name: \_\_\_\_\_

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

Pastor's Name: \_\_\_\_\_      Ph: \_\_\_\_\_

How long have you been a member of that Church? \_\_\_\_\_

*(If you have attended this church for less than 1 year, please provide details of your previous church)*

Have you been, or are you now, involved in any area of Church?      Yes / No

Area: \_\_\_\_\_      Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Area: \_\_\_\_\_      Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Area: \_\_\_\_\_      Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do we have permission to contact your Pastor to confirm these details?      Yes / No

**Parent Details: Mother**

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

Please give a brief description of your Salvation testimony & Christian experience:

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Please explain your understanding of Biblical Education: \_\_\_\_\_

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Please describe the Biblical principles and practices important to your family:

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Why would you like your child to attend City Impact Church School?

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**Mother Cont.**

Date of Salvation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you Water Baptised?      Yes / No                      Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Baptised in the Holy Spirit?      Yes / No                      Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you speak in tongues?      Yes / No

How much time do you spend in personal prayer? \_\_\_\_\_

How much time do you spend in Bible reading? \_\_\_\_\_

Do you tithe 10%? (or more)      Yes / No

How long have you been tithing for? \_\_\_\_\_

I would describe my spiritual maturity as:

- New / Young Believer                            Stable / Growing Believer
- Recommitted Believer                            Mature Believer

Do you support the vision of City Impact Church?                      Yes / No

Do you support the leadership of City Impact Church?                      Yes / No

Is there anything that you believe that could cause conflict?                      Yes / No

**Church Involvement**

Do you regularly attend a Church?                      Yes / No

If YES please state Church Name: \_\_\_\_\_

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

Pastor's Name: \_\_\_\_\_      Ph: \_\_\_\_\_

How long have you been a member of that Church? \_\_\_\_\_

*(If you have attended this church for less than 1 year, please provide details of your previous church)*

Have you, or are you now involved in any area of Church?      Yes / No

Area: \_\_\_\_\_      Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Area: \_\_\_\_\_      Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Area: \_\_\_\_\_      Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do we have permission to contact your Pastor to confirm these details?      Yes / No

**Pursuant to the Privacy Act of 1993 the following is brought to your attention:**

- This application form collects personal information about you and your child.
- Following confirmation of acceptance, enrolment records held by previous schools may be requested.
- The information is collected in relation to the education services City Impact Church School provides.
- This information may be passed to government agencies in statistical form as required by the Education Act 1993, and other statutory requirements.
- You have rights of access to, and correction of, the information subject to the provisions of the Privacy Act 1993.

**Conditions of Enrolment**

We accept as conditions of enrolment that:

The school has a unique character which is reflected in the School Charter and that we commit to doing all that we can to ensure that its contents are upheld.

- We acknowledge the commitment to attend meetings as required by the school throughout the year.
- We accept responsibility for the payment of all fees by automatic payment. At all times the fee payment will be kept up to date; with no arrears.
- Where fees remain unpaid and no arrangement has been made between us and the school as to their payment, we agree to abide by the school's financial procedures policy.
- We will ensure that the policies and rules set by the school are observed.
- We give permission for our child(ren) to go on excursions and for them to be included in photographs/video recordings and multimedia productions for school, church and community use.
- We give permission for staff to seek appropriate medical advice and support in an emergency situation.
- We **give / do not give** permission for our child(ren) to be given Panadol when required.

Signature of Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# For Office Use Only

Date application received: \_\_\_\_\_

All documents enclosed: Yes / No

Remarks: \_\_\_\_\_

Date of Interview: \_\_\_\_\_ Time: \_\_\_\_\_

Comments: \_\_\_\_\_

Intended Start Date: \_\_\_\_\_ School Year: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_