



CITY IMPACT CHURCH SCHOOL

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.*



CAMBRIDGE
International Examinations

Excellence in education

794 East Coast Road, Albany
09 477 0302 // cityimpactchurch.school.nz

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:

Please explain your understanding of Biblical Education: _____

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

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

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:

- | | | | |
|--------------------------|----------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | New / Young Believer | <input type="checkbox"/> | Stable / Growing Believer |
| <input type="checkbox"/> | Recommitted Believer | <input type="checkbox"/> | 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:

Please explain your understanding of Biblical Education: _____

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

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

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

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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: _____