



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; or email to
school@cityimpactchurch.school.nz*

Student Details

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

First Name: _____ Preferred Name: _____

Surname: _____

Gender: Male Female Date of Birth: ____ / ____ / ____

Country of Birth: _____ Home Language: _____

Ethnicity &/or Iwi: _____

Current School: _____ Current Year Level: _____

Proposed Entry Date: _____

Siblings attending our school: _____

Medical Information: _____

Any learning conditions? (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 Name:	First Name:
Preferred Name:	Preferred Name:
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
(if applicable): _____

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

I would describe my Christian spiritual stage as:

- | | |
|---|--|
| <input type="checkbox"/> New / Young Believer | <input type="checkbox"/> Stable / Growing Believer |
| <input type="checkbox"/> Recommitted Believer | <input type="checkbox"/> Mature Believer |
| <input type="checkbox"/> Other | <input type="checkbox"/> Not Applicable |

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)

Parent Details: Mother

Full Name: _____

Please give a brief description of your Salvation testimony & Christian experience
(if applicable): _____

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

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- | | |
|---|--|
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Pursuant to the Privacy Act of 2020 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 2020, and other statutory requirements.
- You have rights of access to, and correction of, the information subject to the provisions of the Privacy Act 2020.

Conditions of Enrolment

We accept as conditions of enrolment that:

The school has a unique character which is reflected in the School Charter. 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 will ensure that the policies and guidelines set by the school are observed.
- We give permission for our child(ren) to go on excursions.
- We give permission for our child(ren) to be included on the school's social media page, in photographs/video recordings and multimedia productions for school.
- We give permission for staff to administer first aid and/or 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.
- We accept responsibility for the payment of all fees.
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 accept that one full term's notice is required for withdrawal of our child(ren).

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: _____