

# Westminster Christian School

est. 1981

*Educating for Time and Eternity*

## International Student Application for Enrolment Form – (2019)

FOR OFFICE USE ONLY	
Interview date/time: _____	Accepted/declined/waitlisted
Start date: ____/____/____	Acceptance letter and pack sent: ____/____/____
School visits arranged: ____/____/____	

### Student Information

Surname/Family name: \_\_\_\_\_ Given names as on passport \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Preferred name: \_\_\_\_\_

Male / Female NZ Age on Enrolment: \_\_\_\_\_

New Zealand Address \_\_\_\_\_

Post Code: \_\_\_\_\_

NZ home telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

### **Ethnicity:**

Ethnicity: \_\_\_\_\_ First Language : 1. \_\_\_\_\_

Other Languages: 2. \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Mother's first language: \_\_\_\_\_  
(Other than English)

Date of entry into New Zealand: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of exit from New Zealand: \_\_\_\_/\_\_\_\_/\_\_\_\_

First day of attendance at Westminster Christian School: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last day of attendance at Westminster Christian School: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Student Information continued

First name of Parents/Legal Guardian: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Family name/surname: \_\_\_\_\_

Full residential address in home country: \_\_\_\_\_

\_\_\_\_\_

Home country telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency contact person in home country: \_\_\_\_\_

Emergency contact telephone number in home country: \_\_\_\_\_

Emergency email address in home country: \_\_\_\_\_

### **Early Childhood Education (ECE)**

Did your child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means the child was booked into a service for sessions each week/fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

- Yes, for the last \_\_\_\_\_ year(s).
- Not regularly, only occasionally with no ongoing schedule.
- No, did not attend ECE.

Name of ECE Provider: \_\_\_\_\_

Please enter the number of <b>hours per week</b> for up to three services:	Service 1 (hrs / week)	Service 2 (hrs / week)	Service 3 (hrs / week)
a. Playcentre			
b. Kindergarten <i>or</i> Education and Care Centre			
c. Home based service			
d. Playgroup			

Or

Please tick appropriate box	
e. Attended, but only outside New Zealand	
f. Attended, but don't know what type of service	
g. Did not attend	
h. Don't know	

## Parent / Legal Guardian / Designated Caregiver Information (New Zealand)

### Mother / Legal Guardian/ Designated Caregiver 1:

Nationality: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Country of origin: \_\_\_\_\_

Surname/Family name: \_\_\_\_\_ Mr / Mrs / Miss / Ms / (circle one)

Given name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

NZ Address: \_\_\_\_\_  
 \_\_\_\_\_ Post code: \_\_\_\_\_

NZ home telephone: \_\_\_\_\_ NZ work telephone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Work place: \_\_\_\_\_

### Father / Legal Guardian/ Designated Caregiver 2:

Nationality: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Country of origin: \_\_\_\_\_

Surname/Family name: \_\_\_\_\_ Mr / Mrs / Miss / Ms / (circle one)

Given name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

NZ Address: \_\_\_\_\_  
 \_\_\_\_\_ Post code: \_\_\_\_\_

NZ telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Mobile telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work place: \_\_\_\_\_

## Emergency Contact Information (New Zealand)

### Emergency Contact 1 (In the event that Parents/Legal Guardians/Designated Caregivers cannot be contacted)

Surname/Family name: \_\_\_\_\_ Mr / Mrs / Miss / Ms (circle one)

Given name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

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

### Emergency Contact 2 (In the event that Parents/Legal Guardians/Designated Caregivers cannot be contacted)

Surname/Family name: \_\_\_\_\_ Mr / Mrs / Miss / Ms (circle one)

Given name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone : \_\_\_\_\_

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

### **Medical Details:**

NZ Doctor's name: \_\_\_\_\_

Telephone: \_\_\_\_\_

NZ Doctor's work address: \_\_\_\_\_

Parents and Legal Guardians have a responsibility to accurately disclose health and learning information relating to risk factors. These can include:

- i) mental illness
- ii) health concerns
- iii) medication
- iv) existing conditions
- v) special learning or behavioural needs

Please specify, (if applicable), known medical conditions / life threatening allergic reactions (e.g. asthma, diabetes, epilepsy, allergy to penicillin etc.) special learning or behavioural needs:

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**NB:** *If it is necessary for staff to administer medication to your child/student, the Parent/Legal Guardian/Designated Caregiver needs to complete the necessary details at the school office.*

## **Agreements**

### **Water Safety Activities**

I/We give permission for my child to take part in this programme.

### **Out of School Activities**

In accordance with the school's *Education Outside the Classroom Policy*, I/we give permission for my child to participate in organised activities outside the school grounds.

### **Privacy Act**

1. I/We give permission for all information to be stored and accessed by the Principal and staff of Westminster Christian School. Also, I/we allow relevant data to be passed on to the next school my child attends.
2. I/We understand that the relevant information provided in this enrolment form may be passed on to agencies of Westminster Christian School namely School Health Nurse, Dental Therapist or any other education/health agencies.
3. I/We understand that photographs may be taken of school activities, which could include my son/daughter and used on the school website, newsletter, or, for school publicity.
4. I/We agree to my/our telephone number being used as part of a class telephone tree, e.g. Friends of Westminster.
5. I/We allow, with the identity of the individual being protected, such information as is legitimately requested by official Government agencies to be passed on to these agencies.
6. I/We allow the educational information gained at the school to be used for research purposes on the condition that the information does not reveal the identity of the individual.

**School Policies**

I/We agree to abide by the policies, rules and code of conduct of Westminster Christian School. (*Refer to International Student Information Handbook*).

**Accident/Illness**

I/We agree and understand that the school will take action on my/our behalf in case of an emergency, and that I/we will meet the costs incurred.

**Information Required**

I/We agree to provide a copy and an English translation of the student's most recent school report.

**Declaration**

I/We have read, understood and agreed to the information enclosed in this enrolment form. All information provided is both accurate and truthful.

Signature/s: \_\_\_\_\_  
Mother / Father / Legal Guardian

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please ensure you provide all relevant information and forms.**