

HUTT VALLEY CHRISTIAN SCHOOL



ENROLMENT FORM

CONFIDENTIAL

106 Mohaka Street
WAINUIOMATA 5014 Phone:
564 8552

Please post applications to PO Box 43 127, Wainuiomata 5048.

I/We request that my/our son/daughter be considered for admittance to Hutt Valley Christian School.

Name: _____
Surname *Christian Name(s)*

Sex (M/F) _____

Home Address: _____

Home Phone No.: _____ Mobile Phone No.: _____

E-mail: _____

Date of Birth: _____

Ethnic Group:

NZ European *Other European* *NZ Maori*
Pacific Island *Asian*
Other (Please Specify) _____

Language spoken at home: _____

Date of proposed commencement: _____

Present School: _____ **Present Year Level:** _____

Reason for leaving present school: _____

Reason for enrolment at this school: _____

Does your child have a history of serious discipline problems, suspensions or expulsions? (If yes, please explain)

Are there any educational, emotional or behavioural difficulties that the school should be aware of?

Please give details of any relevant tests, psychological reports or tutoring given:

Previous illnesses?

Other medical conditions or history that the School should be aware of such as physical disabilities or regular medication needed?

Family Doctor: _____ **Phone:** _____

Address: _____

Emergency Contact:

Name: _____ **Address:** _____

Telephone Home: _____ **Work:** _____

PLEASE NOTE:

Enrolment, on acceptance, is a commitment from both the CSAWD and the parents to a full year of tuition. Parents are expected to negotiate an early departure with the Principal. The conditions of enrolment are as stated on the 'CSAWD Parent-School Covenant'.

ABOUT YOURSELVES AND YOUR FAMILY

Father

Full Name: _____

Occupation: _____ **Business Phone:** _____

Mother

Full Name: _____

Occupation: _____ **Business Phone:** _____

Siblings

Name(s): _____

Age(s): _____

Present school(s): _____

Present year level(s): _____

Which Church do you attend? _____

Note: A letter from your pastor or elder should be enclosed with this application to confirm your family is under the spiritual/pastoral oversight of elders (Heb 12:8; 10:25; 1 Peter 5:15).

Are there any other things you feel the school ought to know about? _____

I/We declare the information provided in this application to be true and correct in every respect. I/We understand that misrepresentation in this application constitutes grounds to terminate the enrolment agreement. I/We have read and understand the CSAWD Parent-School Covenant agreement.

Parent/Guardian signature(s) _____ Date: _____

_____ Date: _____