



FAITH
CITY SCHOOL

Te Kura Hāpori o te Whakapono

Enrolment Form



To learn, grow and serve the Lord

Student Details

Family name			
First names			
Date of birth		Boy / Girl	
Home address			
Home phone			

Mother's Details

Full name			
Home Address			
Mobile Phone		Home Phone	
Work Phone		Occupation	
Email			
Church Attending			

Father's Details

Full name			
Home Address			
Mobile Phone		Home Phone	
Work Phone		Occupation	
Email			
Church Attending			

Secondary Caregiver Details

Full name			
Home Address			
Relationship to Student			
Mobile Phone		Home Phone	
Work Phone		Occupation	
Email			
Church Attending			

Full name			
Home Address			
Relationship to Student			
Mobile Phone		Home Phone	
Work Phone		Occupation	
Email			
Church Attending			

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Emergency Contact – who else can we contact

Name		Relationship to Student	
Mobile Phone		Home / Work Phone	
Name		Relationship to Student	
Mobile Phone		Home / Work Phone	

Previous School / Kindergarten

School Name			
Current School Year			
Kindergarten Name			
Hours per week		Date started attending	

Ethnic Origin

Maori		New Zealand European	
Pacific Islander		Other (please specify)	
Home Language			
Iwi Affiliation	1	2	3

Citizenship

NZ Citizen / Permanent Resident		Other (please specify)	
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Health – any medical conditions that we should be aware of

Medical Condition	
Severity	Low Risk / Moderate Risk / Contact Caregiver / Emergency Care Required

Details

Medical Condition	
Severity	Low Risk / Moderate Risk / Contact Caregiver / Emergency Care Required

Details

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Doctor

Doctor's Name		Practice Name	
Practice Address		Practice Phone	

Custody and Access – any arrangements or restrictions we should be aware of

Siblings – to be enrolled at Faith City School

Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	

Siblings – currently or previously at Faith City School

Name		Year	
Name		Year	
Name		Year	

Checklist

Please check you have included the following:

- ☐ Pastoral Reference
- ☐ Copy of Full Birth Certificate or Passport & Visa Documents
- ☐ Copy of Immunisation Certificate

Principal's Comments	
Application received date	Preference / Non Preference
Interview date	Interview decision Yes / No
Notification date	Principal signature

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