



# Ashburton Christian School Enrolment Application Form

This Enrolment Application Form is for the purpose of applying to the school. This is not a guarantee of a place being offered.

Pupil Details			
Legal First Name		Legal Surname	
Middle Name(s)		Preferred Name	
Date of Birth		Gender	
Home Address		Pupil's Ethnicity	
		If you identify with more than one ethnicity tick the relevant boxes in columns 2 and 3	
		Ethnicity 1	Ethnicity 2
	Postcode:	<input type="checkbox"/> Māori <input type="checkbox"/> NZ European <input type="checkbox"/> Other*	<input type="checkbox"/> Māori <input type="checkbox"/> NZ European <input type="checkbox"/> Other*
Contact number		*If other please state:	
Country of birth			
New Zealand Citizen?	<input type="checkbox"/> Yes If 'yes' please provide a copy of your child's NZ birth certificate (MOE Requirement) <input type="checkbox"/> No If 'no' please provide a copy of your child's visa (MOE Requirement)		

School Entry Details				
Are you applying for a sibling also? (if 'Yes' please complete a separate application form)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of oldest sibling currently attending or previously attended ACS				
Name of current school		Proposed Start date		
Current Year Level (if applicable)		Proposed Start Year Level		
Reason for moving schools				
For New Entrant Students (to be completed if you wish to enrol your child from their 5 <sup>th</sup> Birthday)				
Did your child attend one or more Early Childhood Education service(s) in the six months prior to starting school? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Enter the number of hours per week next to the service</b>	Service	One	Two	Three
	Kōhanga Reo			
	Playcentre			
	Kindergarten or Education and Care Centre			
	Homebase service			
	Playgroup			
	The Correspondence school (te Ak o Te Kura Pounamu)			
How long have they been attending?				
Name of Early Childhood Education Service				

Pupil Medical Details			
Please list any medical information that the school should be aware of (conditions/allergies etc.)			
Doctor Name		Medical Practice Name	
Practice Address			
	Practice Phone		
Medical Permission			
I hereby give permission for the family doctor/ ambulance to be called in an emergency		<input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)	
I hereby give permission for Staff to administer paracetamol		<input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)	

Main Residence - Caregiver One Details <i>(first contact)</i>					
Relationship to pupil (Mother/Father/Step Mother etc.)					
Surname		First Name		Title	
Home Address					
Postcode		Home Phone		Mobile	
				Work Phone	
NZ Born?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what is your country of birth?			
Date entered NZ?		Home Language			
Email address		Occupation			

Main Residence - Caregiver Two Details <i>(second contact)</i>					
Relationship to pupil (Mother/Father/Step Mother etc.)					
Surname		First Name		Title	
Home Address (if different from above)					
Postcode		Home Phone		Mobile	
				Work Phone	
NZ Born?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what is your country of birth?			
Date entered NZ?		Home Language			
Email address		Occupation			

Other Caregiver Details <i>(Legal Guardian or additional caregiver details)</i>					
Relationship to pupil					
Surname		First Name		Title	
Home Address					
Postcode		Home Phone		Mobile	
				Work Phone	
Do you require a copy of school reports and notifications? (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No					

Custodial Arrangements	
<p><b>If custodial arrangements are in place you will need to provide a copy of any Court Orders pertaining to your child and provide evidence of who has the right to make the decision on the education of your child. If shared custody, the other party must confirm their support of this enrolment by email or letter.</b></p>	
<p>If there are legal custodial arrangements, please state these arrangements.</p>	
<p></p>	

Emergency Contact					
Please enter the person we can contact in the case of an emergency if neither parent/guardian can be contacted					
Surname		First Name		Title	
Relationship to Pupil		Home Phone		Mobile	

## Home and School Partnership

Partnership with home and school is an important part of our school life and in the learning process of our pupils. Any skills or professional expertise could be used to help enhance our academic, sporting or cultural programmes. Please list below anything that you can offer that can assist Ashburton Christian School. (i.e. drama, dance, art, sport, coaching...)

## Future family enrolments

List names of members of your family likely to be attending this school in the future

Name	Date of birth

## Language and Learning Support

Is English the pupil's first language / mother tongue? (circle)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No', what language is mostly spoken at home?	
Does the pupil currently receive / require English language tuition? (circle)	<input type="checkbox"/> Yes <input type="checkbox"/> No
What other languages are spoken at home?	
Does the pupil have any learning needs e.g. intellectual, physical, social, behaviour disorder etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes' please provide details and attach any relevant reports to this application form.	
Does the pupil have any learning difficulties assessed by an outside agency? (circle)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes' please provide details and attach any relevant reports to this application form.	
Has the pupil received funding to Support Education? (circle)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outline any identified areas of giftedness (academic, sporting, cultural)?	

## Why Ashburton Christian School?

Why you would like your child to attend ACS.

What aspects of education are important to you?

<b>Parent/Guardian Permissions and Agreement</b>		Please tick to indicate you have read and understood	
<b>Permissions</b>		<b>YES</b>	<b>NO</b>
Ashburton Christian School requests permission for your child's name and/or photograph(s) to be included in any regular school newsletters, yearbook, or the school's social media and website.		<input type="checkbox"/>	<input type="checkbox"/>
I/we give permission for email address and cell numbers to be added to our school communication system and Text alert for use of communicating school information and for emergency reasons.		<input type="checkbox"/>	<input type="checkbox"/>
I/we give permission for Ashburton Christian School to contact the child's early years provider or school for additional information prior to interview.		<input type="checkbox"/>	<input type="checkbox"/>
Permission to participate in EOTC (Education Outside the Classroom) for Category 1 and 2 events: <b>Category 1:</b> Events outside the classroom within the school grounds <b>Category 2:</b> Off-site events with a very low degree of risk within school hours (museum, gardens etc.)		<input type="checkbox"/>	<input type="checkbox"/>
<b>Agreement</b>			
The information provided on this form is true and correct. I/we agree to advise the school of any changes in circumstances so that accuracy and contacts may be maintained		<input type="checkbox"/>	<input type="checkbox"/>
I/we agree to pay Attendance Dues and any school activities not covered by the government grant. These will be paid in full by the end of each school year. I/we agree to communicate promptly to school management/proprietors if I/we find ourselves unable to complete these payments. I/we agree to give a terms notice if intending to withdraw from Ashburton Christian School. Failure to do this may result in payment of half a terms attendance dues.		<input type="checkbox"/>	<input type="checkbox"/>
I/We undertake to pay the Attendance Dues charged by the proprietor (The Christian Schools Trust) and such fees as are charged by the Board of Trustees in a timely fashion and in full by the end of each school year for the full duration my child is on the roll at the school. If in default of paying Attendance Dues and/or recoverable fees all costs of collection, including debt collector fees, solicitor costs, charges and expenses will be added to the account. If for any reason the payment of the aforementioned charges becomes a difficulty, I/We agree that I will communicate with the school in a timely fashion.		<input type="checkbox"/>	<input type="checkbox"/>
I/we agree to promptly provide all paperwork, conditional of a place being offered and accepted at Ashburton, such as NZ Birth, Passport and Visa if not a NZ citizen, Immunisation Certificate and any custodial paperwork (if applicable).		<input type="checkbox"/>	<input type="checkbox"/>
<b>Privacy</b>			
All information collected, in accordance with the principles of the Privacy Act 2020, is for the purpose of student education and as outlined in our full Privacy Policy. Personal information about students may be shared with the Ministry of Education, NZQA, Attendance Service, DHB and RTLB. Non-identifying statistical information may be shared with the Christian Education Network Office and other relevant agencies to help with school planning and administration. I/we confirm that I/we have read and understood the privacy statement and agree to their terms.		<input type="checkbox"/>	<input type="checkbox"/>
<b>By signing this form you are stating the information you have given is correct, and that you agree to all the above statements</b>			
Signed By Parent 1 Name		Date	
Signed By Parent 2 Name		Date	

## Church and Ashburton Christian School Special Character

Name of current church attending

Years attending current church

Name of Church Pastor

Church Pastor Phone

*If you are a new family to Ashburton Christian School and have no children currently here, you will need to provide a written Family Church Reference from your current Pastor indicating your family's involvement in church and your commitment to faith in Christ. If you are new to Ashburton, please provide one from your most recent Pastor. This is to be returned to the school with the Enrolment Application Form, or emailed to [principal@acs.school.nz](mailto:principal@acs.school.nz)*

## Ashburton Christian School Statement of Belief and Special Character Statement

As a School we believe in:-

- The unity of the Father, the Son and the Holy Spirit in the Godhead.
- The Sovereignty of God in creation, revelation, redemption and final judgement.
- The divine inspiration and trustworthiness of Holy Scripture, as originally given and its supreme authority in all matters of faith and conduct.
- The universal sinfulness and guilt of human nature since the fall, rendering humankind subject to God's wrath and condemnation.
- Redemption from the guilt, penalty, pollution and power of sin only through the sacrificial death (as our representative and substitute) of Jesus Christ, the incarnate Son of God.
- The bodily resurrection of Jesus Christ from the dead, His ascension, His mediation work and His personal return in power and glory.
- The necessity of the work of the Holy Spirit to make the death of Christ effective to the individual sinner, granting repentance toward God and faith in Jesus Christ.
- The indwelling and sanctifying work of the Holy Spirit in the believer.
- The one holy, universal church, which is the Body of Christ, to which all true believers belong and in which they are united through the Spirit.
- The resurrection of the body and life everlasting.

Parents either apply for the preference or non-preference roll. The term 'preference' is a government term chosen to describe those who subscribe to the special character of the school. Preference and Non-preference families are equally as welcome, but we have less spaces available for non-preference families. Only one parent/caregiver needs to subscribe to the special character for a family to be on the preference roll.

Please complete the following three sections to help us determine which roll you are eligible for.

1. Agreement with the statement of faith
2. Pastoral reference
3. Credible profession of faith

### 1 – Agreement with the Statement of Belief

**Tick one of the following:**

Having read the schools Statement of Belief - We believe the school's belief statement is true and that the Bible is the Word of God and without error (**go to Section 2**).

Having read the schools Statement of Belief - While not affirming the school's belief statement as true or the Bible as the Word of God and without error, we do agree to support the school in the application and teaching of those beliefs as the school sees fit (**non-preference – please sign the bottom of the form**).

### 2 – Credible Profession of Faith

A credible profession of faith means you confess Jesus Christ as your Saviour and Lord.

Jesus as **Saviour** means you confess your sin, your need of forgiveness, your repentance and acceptance of Jesus death in your place.

Jesus as **Lord** means you desire to live a life of thankful obedience and submission to God.

Does this describe you as parents/caregivers?  Yes  Unsure  No (**non-preference**)

Add a supporting comment (optional):

### 3 – Pastoral Reference

Have a church Pastor complete the pastoral reference form.

We have/will request a referee to complete the form (**go to Section 3**).

We do not have a referee available (**go to Section 3**).

I/we, agree to our child/ren being enrolled at Ashburton Christian School under the conditions according to the special character and beliefs outlined in the prospectus, the statement of belief (above) and other school publications from time to time, which I/we accept as applying to him/her. I/we agree that he/she will be subject to school by-laws, dress code requirements and discipline of the school.

Signed By Parent 1 \_\_\_\_\_ Date \_\_\_\_\_

Signed By Parent 2 \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Date received:	Seen by Principal: <input type="checkbox"/> Yes <input type="checkbox"/> No
Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Start date:
Class / Teacher:	
Documents received:	Birth certificate <input type="checkbox"/> Yes <input type="checkbox"/> No Visa <input type="checkbox"/> Yes <input type="checkbox"/> No Immunisation records <input type="checkbox"/> Yes <input type="checkbox"/> No



## Ashburton Christian School – ‘To God Alone the Glory’

PO Box 632, Ashburton 7740, Phone (03) 307 6340, principal@acs.school.nz

Dear Referee,

You have been given this form by a parent wishing to enrol their child into Ashburton Christian School. Please fill out the following sections and either return to the applicant, email principal@acs.school.nz or post to: The Principal, Ashburton Christian School, PO Box 632, 7700, Ashburton

Thank you for your time.

Parents' Names: \_\_\_\_\_ Date: \_\_\_\_\_

Referees Name: \_\_\_\_\_

Church: \_\_\_\_\_

Relationship to the applicant:

\_\_\_\_\_

Please write a brief statement about the faith of the parents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please rate the church attendance of the family (circle)

1  
Never

2  
Occasionally

3  
Monthly

4  
Fortnightly

5  
Weekly\*

(\*when possible, notwithstanding family or work commitments)

Please write any other comments that would be helpful in decisions regarding enrolment of the children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_