



Pupil Details			
Legal First Name		Legal Surname	
Middle Name(s)		Preferred Name	
Date of Birth		Gender	
Home Address			
Post Code		Home Phone	
Postal if different		Email	
Ethnicity	<input type="checkbox"/> NZ European <input type="checkbox"/> Māori <input type="checkbox"/> Australian <input type="checkbox"/> Polynesian <input type="checkbox"/> Japanese <input type="checkbox"/> British <input type="checkbox"/> South African <input type="checkbox"/> Other, please state:		
Māori Iwi/			
Country of Birth		New Zealand Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No*
*Date entered New Zealand		If 'no' please provide a copy of your visa with this form (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 attending KingsView School			
<b>New Entrant</b>	Service and hours attended		
Did your child attend one or more Early Childhood Education service in the six months prior to starting school?	Kōhanga Reo	<input type="checkbox"/>	
	Playcentre	<input type="checkbox"/>	
	Kindergarten or Education and Care Centre Homebase Service	<input type="checkbox"/>	
	Playgroup	<input type="checkbox"/>	
	The Correspondence School	<input type="checkbox"/>	
	<b>Previous School</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Year Level</b>		
<b>Please provide a copy of your child's birth certificate/passport, and a copy of your child's immunisation report.</b>			

Pupil Medical Details			
Please list any medical information that the school should be aware of (conditions/allergies etc)			
Doctor Name		Practice Name	
Practice Address			
Medical Permission		Practice Phone	
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)
<b>If your child requires medication other than paracetamol to be administered while school, please come to the school office to complete a separate Medication form upon the child's first day.</b>			

Parent Guardian Details					
Please enter the Parental/Guardian details below for those residing at the <b>main residence</b> of the pupil you are applying for.					
<b>Main Caregiver 1</b>	Relationship to pupil. <i>Mother/father/Step Mother/Father etc.</i>				
Surname		First Name		Title	
Home Address					
Postcode		Home Phone/work		Mobile	
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		
Parent Guardian Details					
<b>Main Caregiver 2</b>	Relationship to pupil. <i>Mother/father/Step Mother/Father etc.</i>				
Surname		First Name		Title	
Home Address					
Postcode		Home Phone/work		Mobile	
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		
Parent Guardian Details					
If there is a shared custody arrangement please enter the Parental details below for the Secondary Caregiver e.g not living at the pupils main residence, if applicable.					
<b>Secondary Caregiver 1</b>	Relationship to pupil. <i>Mother/father/Step Mother/Father etc.</i>				
Surname		First Name		Title	
Home Address					
Postcode		Home Phone/work		Mobile	
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		
Extra copy of School Report required <input type="checkbox"/> Yes <input type="checkbox"/> No School Notices and Newsletters <input type="checkbox"/> Yes <input type="checkbox"/> No					
Emergency Contact					
Please enter the person we can contact in case of an emergency if neither parent/guardian can be contacted					
Surname		First Name		Title	
Relationship to Pupil		Home Phone/work		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/talents/professional expertise or even contacts that could be used to help enhance our academic, sporting or cultural programmes. Please list below anything that you can offer that can assist KingsView School (i.e drama, dance, art, sport, coaching)					
Any Significant Learning or Behavioural Needs? Yes <input type="checkbox"/> No <input type="checkbox"/>					

If Yes Please Specify
<b>Church and KingsView School Special Character</b>
<b>Admission Category</b>
A requirement of Section 29 (1) of the Integration Act is that all pupils shall be enrolled as either preference or non-preference students. Preference shall be given to those pupils whose parents/guardian(s) are either members of, or have a religious or philosophical connection with the objectives of, the NZCPT. To be considered under the preference category, families should be active members of a local Christian Church. Our integration agreement allows for no more that 10% of the maximum school roll to comprise non-preference students, who while accepting the Christian Special Character of the school, are not involved with the Christian community.
Do you wish to be considered as a preference or non-preference applicant (tick appropriate box)
Preference <input type="checkbox"/> Non Preference <input type="checkbox"/>
<b>Preference applicants only</b>
Church affiliation
Outline any particular Christian ministry responsibilities
Name, address, and contact number of a Church referee
<b>All applicants</b>
Please list reasons for wanting your child (ren) to attend a Christian School

I request that my \_\_\_\_\_,(give relationship) be considered for admittance to KingsView School. I agree he/she shall be subject to the rules, routines and discipline of the School. I agree to give support to the life of the School, both in practical tasks and in involvement with any opportunities the Board of Trustees provides for furthering our understanding of Christian education. I also undertake to pay such attendance dues as are charged by NZCPT (New Zealand Christian Proprietor Association (the Proprietor), and before withdrawing him/her to give one term's notice in writing, or in default to pay such proportion of attendance dues as shall be determined by the Proprietor.

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of pupil information to appropriate education and health authorities, within the limitations of the Privacy Act. I understand that the school will take action on my behalf in case of sudden illness or injury and I agree to abide by school policies.

I give permission for my child's name, appearance and work to be published as part of the school's promotional literature and our newsletters.

Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_.

### KingsView School Enrolment Check List

On enrolling your child/ren you **must bring the following documents** with you to the School Office.

**If born in New Zealand or Australia**

**If NOT born in New Zealand or Australia**

<input type="radio"/> School Enrolment Form	<input type="radio"/> Student Visa and your child's Passport
<input type="radio"/> Birth Certificate or Passport	<input type="radio"/> Work permit - on YOUR Passport or Residency Permit
<input type="radio"/> Immunisation Certificate	<input type="radio"/> Child's Birth Certificate and Immunisation Certificate
<input type="radio"/> Well Child Service Consent Form	<input type="radio"/> School Enrolment form and Well Child Consent Form
<input type="radio"/> NZCPT Form	<input type="radio"/> NZCPT Form

Mike Stanley  
Principal  
principal@kingsview.school.nz

School Use Only			
Name & Date of Birth Verified	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Immunisation Certificate Verified	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Start Date	Year Level		
Classroom	NSN Number		

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