



Dear Parents and Caregivers,

The information below sets out the enrolment process.

As a non-denominational Christian school we are able to accept families who are looking for high quality, biblically based education and the values these bring to a sound education in a caring environment. Each year Emmanuel Christian School offer places for children to commence in the following year.

Applications for 2024 close on the 25th August 2023. Priority is given to applications received prior to this date, however, further places may be available.

Preference and Non Preference applicants

- A preference applicant is a family who are members of a Christian church and agree with the schools "Statement of Faith". (See application form).
- A non-preference family is not a member of a Christian church, and may or may not agree with the Schools "Statement of Faith".

Emmanuel Christian School accepts a maximum of 5 non-preference children.

Current year Applications

Application for a place in the current year can be made at any time, as places do occasionally become available. If a place is not available the application is recorded on the school waiting list. When a vacancy arises, the school will make contact with the applicant to offer that place. An interview with the Principal or a senior staff member is required prior to accepting current year enrolments.

School Visits

For a personalised tour of the school with one of our senior staff please call the school office at 03-359 3595.

To Apply for a Place at Emmanuel Christian School

1. Complete the application form, remembering to sign and date the appropriate sections.
2. Have the "Church Verification" form completed by your Minister/pastor/elder
3. Ensure all forms are posted or emails to arrive by the due date (not applicable for current year applications).

Required documents for Enrolment

New Zealand Citizens / Residents:	Non-New Zealand Citizens / Residents:
<ul style="list-style-type: none">• Birth Certificate (Original)• Signed Statement of Faith• Signed Church Verification form (Only for Preference applicants)• Immunisation record	<ul style="list-style-type: none">• Birth Certificate (Original)• Passport (Original)• Domestic visa (Must state that student is allowed to study in New Zealand)• Signed Statement of Faith• Signed Church Verification form (Only for Preference applicants)• Immunisation record

Application acknowledgment

We will acknowledge your application by email (if email address provided) or by post.

Further information

If you require additional information, contact the School Office on 03-359 3595.

*"Walk as children of light" Eph
5:8*



STUDENT	Legal Surname:		Legal First Names:		
	Preferred Surname:		Preferred First Name:		
	Eldest Child at this school:	Place in family: of	Boy/Girl: DoB: / /	Current class/Year level:	
	Address:		Previous School/Centre:		
	Address:		Address:		
	Phone:	Mobile:	Ethnicity:	Iwi/Hapu	
	Email:	1.		1.	
	Home Language:	2.		2.	
	Country of Birth:	3.		3.	
	Residency/Citizenship: Yes/No		Proposed Start Date: / /		
PARENT(S)/ CAREGIVER(S)	Title: Legal Surname:		First Name: Relationship to student:		
	Residential Address: (if different from student)		Occupation:	Phone:	
			Home Phone:	Mobile:	
			Email:		
	Title: Legal Surname:		First name: Relationship to student:		
	Residential Address: (if different from student)		Occupation:	Phone:	
			Home Phone:	Mobile:	
			Email:		
	Emergency contact name 1:		Relationship to students:	Hm Ph:	Mobile:
	Emergency contact name 2:		Relationship to students:	Hm Ph:	Mobile:
Family doctor:		Address of practice:		Phone:	
Name/s of legal guardian/s:					
Prior Education & Medical/Health	Has your child had a before school check? Yes No		Identified learning needs:		
	B ₄ SC health?				
	B ₄ SC developmental?				
	B ₄ SC behavioural?				
	Vision:		Specialist Needs/Resourcing/Agencies:		
	Hearing:				
	I consent to my child's vision and hearing being tested: Yes / No				
	Allergies		Other information/requests:		
	Medication				
	I consent to administration of Panadol to my child Yes/No				
Speech:					
Has your child ever been "stood down", "suspended" or "excluded" (expelled) from any pre-school or school. If you answered Yes provide details here.		Yes/No			
OTHER	Member/s of your family likely to be attending in the future:		Additional information:		
	1.	Date of birth: / /			
	2.	Date of birth: / /			
	3.	Date of birth: / /			
PRIVACY	Privacy statement: "Our Privacy Policies and Procedures comply with the NZ Privacy Act 2020". All information collected 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. For further information and to view our full Privacy Policy please read Emmanuel Christian School Policies at www.emmanuelchristian.school.nz policy-procedures.		Parent/Caregiver approval and agreement: I/We agree that the school will take action on my/our behalf in case of sudden illness or injury and that my/our child's work and image may be used in accordance with the school's online publishing policy/procedure. I/We agree to support the teaching and learning programmes of the school and to abide by the principles of the school's Special Christian Character. I/We authorize the school to collect relevant information on my/our child for education purposes from third party organisations and/or individuals, (i.e. previous school, pre-school). I/We confirm we have read the privacy statement and agree to their terms.		
			Parent / Caregiver signature: _____ Date: / /		
OFFICE USE ONLY	Birth date verification: Yes/No		Birth Cert #:	Passport number #:	Passport copy: <input type="checkbox"/>
	Acceptance letter Yes/No		Recent school report: Yes/No	Date of entry: / / 20	Sms: <input type="checkbox"/>
			Class:	Year level:	
	Enrol	Academic	<input type="checkbox"/>	Additional information:	
ESOL		<input type="checkbox"/>			
Behavioural		<input type="checkbox"/>			
Custodial		<input type="checkbox"/>			
Health		<input type="checkbox"/>			
Personal	<input type="checkbox"/>				
		P NP		School Stamp	

