

NEW ENTRANTS

Please complete this section if the student is starting school for the very first time.

Note: If this application is being completed more than six months prior to commencing, please enter the hours of ECE you anticipate the student will attend.

Will/has the student attend/ed one or more Early Childhood Education (ECE) services prior to commencing school? Yes No
 If Yes, how long did the student attend ECE services? _____ years _____ months

Please complete ONE of the following tables for the last service the student attended.

Please enter the number of hours per week for up to three services:	Service 1 (hrs/wk.)	Service 2 (hrs/wk.)	Service 3 (hrs/wk.)
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten <i>or</i> Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

OR

Please tick the appropriate box:	
a. Attended, but only outside New Zealand	<input type="checkbox"/>
b. Attended, but don't know what type of service	<input type="checkbox"/>
c. Unable to establish if attended or not	<input type="checkbox"/>

SCHOOLING

Please complete this section if the student is transferring from another school.

How is the student managing at school?

Academically: Very Good Good Average Poorly Very Poorly
 Socially: Very Good Good Average Poorly Very Poorly

Previous School: Grade:

Address:

Reason for leaving:

Has the student ever been asked to leave a school or been refused enrolment? Yes No

If yes, please state reason:

CHURCH

Religion: Denomination:

Church: Pastor/Minister:

Address:

Is the father a Christian?..... Yes No Is the mother a Christian?..... Yes No

Has the student ever made a decision of faith in Jesus Christ?..... Yes No

Are you applying under the non-churched category?..... Yes No

*A written reference from your pastor/minister is required to verify your family's church attendance/commitment/beliefs.
 See form attached.*

PARENT

Father/Guardian Mr Dr Rev

First Name: Last Name:

Address: (If different from student)

Country of Birth: Language: (If other than English)

Nationality: Occupation:

Work Phone: Home Phone: Mobile:

Email: Fax:

Marital Status: Single Married Separated Divorced Widowed

Mother/Guardian Mrs Ms Miss Dr Rev

First Name: Last Name:

Address: (If different from student)

Country of Birth: Language: (If other than English)

Nationality: Occupation:

Work Phone: Home Phone: Mobile:

Email: Fax:

Marital Status: Single Married Separated Divorced Widowed

FAMILY

Student lives with: Both Parents Mother Father Guardian Other

Is there a court order pertaining to the custody of your child/children? Yes No

Please note: This school has a policy whereby in the event of a separation or divorce between parents, the school is able to share information with the non-custodial parent.

Does the student have siblings? Yes No

Name/s of Sibling/s:
(First Name) (Last Name) (Age)

Name/s of Sibling/s:
(First Name) (Last Name) (Age)

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(First Name) (Last Name) (Age)

Name/s of Sibling/s:
(First Name) (Last Name) (Age)

COMMENTS

Why do you want your children educated at a Christian School?

Why did you choose Richmond View School?

Where did you hear about Richmond View School?

DECLARATION

I hereby make application to enrol my child at Richmond View School.

I have read the **Richmond View School Prospectus** and agree:

To support the school, staff and Principal by ensuring the student will be subject to all school rules and dress code requirements. Yes No

To ensure the student is punctual to class and fully equipped with stationery requirements. Yes No

To support the Richmond View School behaviour management system and procedures. Yes No

To give permission for images and video of the student and/or their work on the Richmond View Internet site, in accordance with the School's policy for the online publication of student images, video and work. Yes No

I have supplied all relevant documents concerning my child's learning, physical and emotional needs. I agree to support the ethos, philosophy and practices of Richmond View and will be responsible for the payment of all fees and charges by regular automatic payment or on a per term basis. I understand that non-payment of fees could result in the withdrawal of my child from Richmond View School. I understand that acceptance of my child/children will depend on the outcome of an interview, a Board of Trustees assessment and availability of places in the school. I understand that this Enrolment Application does not ensure enrolment, and that I will be notified accordingly.

Signed: Date:
(Father/Guardian)

Signed: Date:
(Mother/Guardian)

All information collected is treated in accordance with the school's Privacy Policy, which is available upon request.

CHECKLIST

Please return the completed Enrolment Application with one of the following:

- | | |
|---|--|
| <input type="checkbox"/> Copy of New Zealand Birth Certificate | <input type="checkbox"/> New Zealand Citizenship documentation |
| <input type="checkbox"/> Immigration Service Documentation of Refugee Status | <input type="checkbox"/> New Zealand Passport |
| <input type="checkbox"/> Child's Birth Certificate and Student Visa plus parent's work visa. | |

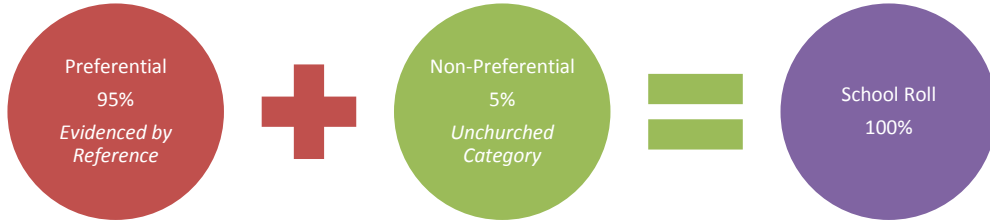
Also, please include:

- A copy of the student's Immunisation Certificate
- Copies of three most recent School Reports (Years 1 – 8 students only)
- Copies of Specialist Reports (where necessary)
- A completed Reference from your Pastor/Minister or check here if this is being sent separately
- A completed Medical Information form

REFERENCE

Richmond View School is a Designated Special Character School serving the wider inter-denominational Christian community of Marlborough. This 'Special Character' is defined by the Elim Church Statement of Faith (Appendix 1). Preference for enrolment is given to those families who establish "a particular or general connection with the Special Character of the school." (Integration Agreement: 24.1). However, 5% of the roll is reserved for those who wish to apply under the Non-Preferential (or non-churched) category.

In accordance with the Integration Agreement between the Blenheim Elim Church Trust and the Ministry of Education, Richmond View has two rolls, each with their own waiting list:



Family Name:

Student's Name:

Desired Date of Entry:

Desired Year Level of Entry:

DEAR REFEREE

This family has applied for enrolment at Richmond View School. Kindly complete the information requested below and return to the school. You may be assured your comments will be treated as confidential. Thank you for your assistance.

What is the nature and length of the family's association with you?

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.....
.....

Does the family have any involvement in church?

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.....

Other information that may help the school to assess the educational needs of the family or student:

.....
.....
.....

Name:

Title:

Address:

Phone:

Email:

Signed:

Date:

STATEMENT OF SPECIAL CHARACTER

The Special Character of the School is determined by the faith systems made of the Christian beliefs and values of the Blenheim Elim Church as determined by the Trustees of the Blenheim Elim Church Trust. This is:

THE BIBLE

We believe that the Bible is the inspired Word of God and that no one may add there to or take away there from, except at their peril.

THE TRINITY

We believe that the Godhead eternally exists in three persons: Father, Son and Holy Spirit, and these three are one God.

THE CHURCH

We believe that the Church consists of all persons who have been regenerated by the Holy Spirit and made new creatures in Christ Jesus.

THE SAVIOUR

We believe that all have sinned and come short of the glory of God and that through the death and risen power of Christ all who believe and confess Jesus as Lord can be saved from the penalty and power of sin.

THE HEALER

We believe that our Lord Jesus Christ is the Healer and that healing is provided for in the atonement.

THE BAPTISER

We believe that our Lord Jesus Christ is the Baptiser in the Holy Spirit and that this Baptism with signs following is promised to every believer.

THE COMING KING

We believe in the personal return of our Lord Jesus Christ to receive unto Himself all born again believers.

THE FRUIT

We believe that every believer on the Lord Jesus Christ as Saviour should produce the nine-fold fruit of Holy Spirit – as in Galatians 5:22 & 23.

THE GIFTS

We believe that the Church should claim and manifest the nine gifts of the Holy Spirit as in 1 Corinthians 12:8 – 10.

MISSION STATEMENT

The mission statement of the school is:

Within the framework of a Christian Worldview,
Richmond View School will provide an excellent education
that equips each student for their future.

Richmond View School is a school that integrates all teaching and learning with the principles of the Bible as the inspired Word of God, having absolute authority in all aspects of life.

It is a ministry designed to assist parents in their God-given task to bring up their children in the "training and admonition of the Lord." (Ephesians 6:4) so that they may, "love the Lord their God with all their heart, and with all their soul, and with all their mind and with all their strength." (Deuteronomy 6:5)

As such the school is a ministry to all parents in the Christian community who desire Christian education for their children.

MEDICAL INFORMATION

Student's Name:
(First Name) (Last Name)

EMERGENCY CONTACTS

Emergency Contact:
(First Name) (Last Name)

Relationship to student:

Phone: Home: Work:

Alternative Emergency Contact:
(First Name) (Last Name)

Relationship to student:

Phone: Home: Work:

Doctor's Name: Phone :

MEDICAL

Allergies or illnesses: (Please provide details) Yes No

Does the student require **prescription medication** during school hours? Yes No

Does the student suffer from **Asthma**? Yes (please sign statement below) No

I give permission for my child to be administered emergency procedures, including administering reliever medication, should that be necessary.
Signed:
(Father/Mother/Guardian)

IMMUNISATION

Is the student **fully immunised**? Yes No

If the student is not fully immunised, list any immunisations they have received below:

DENTAL

Name of last dental clinic attended:

DECLARATION

I declare that the above information is correct as at(date). I will notify the school of any changes. I understand that the school will not administer any non-prescription medication without parental permission at the time.

Signed: Date:
(Father/Mother/Guardian)