

FATHER / GUARDIAN INFORMATION	MOTHER / GUARDIAN INFORMATION
Surname:	Surname:
First Name:	First Name:
Title:	Title:
Home Ph:	Home Ph:
Mobile Ph:	Mobile Ph:
Email:	Email:
Street Address: Town/Suburb: City: Post Code:	Street Address: Town/Suburb: City: Post Code:
Occupation:	Occupation:
Employer:	Employer:
Work Contact Number:	Work Contact Number:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Church Attending:	Church Attending:
Preferred email address for newsletter/notices:	

OTHER CUSTODIAL INFORMATION
Please specify any conditions around custodial access if the above parent/guardians are separated or divorced etc. Please also state below any step-parents' names and contact numbers.

ALTERNATIVE EMERGENCY CONTACT (other than parents)	
In the event of an emergency, parents will be contacted first. However, if they are unavailable, the person listed below will be contacted. This must be a person who is able to collect your child from school and offer care.	
Surname:	
First Name:	
Title:	Home phone:
Mobile:	Relationship to student:
Street Address: Town/Suburb: City: Post Code:	
Occupation:	Work Contact Number:

STUDENT MEDICAL INFORMATION

Information is required for the health and safety of your child and other students. Appropriate information will be available to those staff who require it. The material will be handled sensitively in a way that protects confidentiality.

Please indicate any medical conditions which affect your child and circle applicable severity:

Asthma Mild / Moderate / Severe	<input type="checkbox"/>	Diabetes Mild / Moderate / Severe	<input type="checkbox"/>	Epilepsy Mild / Moderate / Severe	<input type="checkbox"/>
Heart Condition Mild / Moderate / Severe	<input type="checkbox"/>	Migraines Mild / Moderate / Severe	<input type="checkbox"/>	Hearing Impairment Mild / Moderate / Severe	<input type="checkbox"/>
Eyesight Mild / Moderate / Severe	<input type="checkbox"/>	Allergies (please state below) Mild / Moderate / Severe	<input type="checkbox"/>	Other (please state below) Mild / Moderate / Severe	<input type="checkbox"/>

Allergies/Other:

Is your child on regular medication or has he/she any existing condition which necessitates the administering of a specific treatment? NO YES

Please state treatment and medications for above stated conditions:

Doctor:

Phone No:

Practice Name/Address:

Please attach a copy of your child's immunisation certificate Attached

CONSENTS

Please indicate below by crossing out one that does not apply

I give / do not give permission for the school to contact a local Doctor in the case of sudden illness or injury of my child.

I give / do not give permission for the school to administer paracetamol to my child without needing to contact me first.

I give / do not give permission for the school to publish named or un-named photos of my child in any school publication.

I give / do not give permission for my child to join class trips that arise in class time as part of the classroom programme. Individual permission will be sought for overnight trips and excursions in high risk situations.

I give / do not give permission for the school to give my child restricted/supervised access to the internet. A policy is available from the office on request.

Parent/Guardian full name (please print): _____

Parent/Guardian signature: _____ Date: _____

SIBLING INFORMATION of younger siblings

NAME	DATE OF BIRTH	WILL THEY BE ATTENDING WCS?

FURTHER STUDENT INFORMATION

Is there a particular subject in which the student excels? Yes No

If yes, please give details:

Have there been any problems with the student's academic development? Yes No

If yes, please give details:

Have there been any serious discipline problems or suspension? Yes No

If yes, please give details:

How will the student travel to and from school? Bus Walk Bike Car

Distance lived from school: _____ km's

Student's who live 3.2km or more from school are eligible to travel on the bus FREE. Student's who live closer are welcome to use the bus service, however, a \$35/term fee applies.

Student's extra curricular interests eg. Musical instruments, sports etc

PARENTAL INVOLVEMENT

Please indicate with below areas you are able to assist the school

Prayer

Fundraising

Working bees

School trips (transport)

Enviro club

Classroom helper

I would be willing to assist the school in a voluntary way with the following skills:

The above involves working with students; please send me a copy of the Volunteer's Agreement and police vetting form

Name of Parent/Guardian _____

FRIENDS OF WAIPA CHRISTIAN SCHOOL

NB: This group is for those parents/caregivers and supporters of the school who wish to be involved in fundraising, co-ordinating community events and other WCS community activities.

I am interested in finding out more about how I can be involved with this group.

Name of Parent/Guardian _____

WCS POLICIES

It is the responsibility of parents/caregivers to read and understand all school policies and procedures; eg. Prohibited items, Bullying, Behaviour Management (PB4L) etc.

These can be found at www.schooldocs.co.nz **username:** waipachristian **password:** john316

Please tick here for acknowledgement

EARLY CHILDHOOD EDUCATION - For new entrants only

Please complete the table below for the last service(s) attended.

Please enter the number of hours per week for up to three services:	Service 1	Service 2	Service 3
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten or 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

g. Attended, but only outside New Zealand	
h. Attended, but don't know what type of service	
i. Did not attend	
j. Unable to establish if attended or not	

Did the child regularly attend Early Childhood Education?

INSTRUCTIONS: "Regularly attend" means the child was booked in to a service for sessions each week/ fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

- Yes, for the last ____ year(s).
- Not regularly, only occasionally with no on-going schedule.
- No, did not attend ECE.

UNIFORM POLICY

Students enrolled at Waipa Christian School are required to wear the official school uniform. The uniform establishes the school's identity and sense of belonging, and supports the school's attempts to create a sense of pride in personal appearance and the school's image.

Guidelines

- Students are required to wear the correct school uniform at all times during the school day as well as on school trips when required. The uniform must be clean, tidy and in good repair.
- If a child is not wearing a school uniform item, they must have a note written by their parent/ caregivers giving reasons. Non regulation items are only allowed to be worn for one day when accompanied by a note.
- It is parents'/caregivers' responsibility to label all uniform items. The school takes no responsibility for lost property.
- School hats must be worn by students in terms 1 and 4 whenever they go outside. No hat, no play.
- **No jewellery** to be worn except one pair of plain studs. Boys are not allowed to wear earrings to school. The school takes no responsibility for lost jewellery.
- Hair must be clean and tidy. Colour enhancements can only be the same as the students' natural hair colour.
- All hair that touches the collar **must** be tied back, including boys. Hair accessories are to be school colours (black, forest green or white).
- Any undergarments should not be seen e.g.: singlets, t-shirts, boxer shorts.
- No nail polish.
- Parents who are not complying with the school's uniform policy will receive a formal note firstly from the class teacher (standardized school note), followed by a personalized letter from the Principal. Should they not meet the Principal's request, they will be requested to attend a meeting with the Board Chairperson or Deputy and be reminded of their signing of the enrolment agreement to '...abide by the school policies'

CONDITIONS OF ENROLMENT

SPECIAL CHARACTER and ENROLMENT PREFERENCES

Waipa Christian School is established by the school trust for parents choosing a God-centred education for their children. As a state-integrated school, there is an enrolment preference policy.

PREFERENCE enrolment at the school under Section 29(1) of the Education Act, shall be given to those students with parents or guardians who have established a particular connection with the School through written evidence of, membership, or affiliation with, a Christian church or a general connection with the acceptance of the **Statement of Beliefs** of the school.

NON-PREFERENCE applications are defined as those who have no personal commitment to an evangelical Christian faith but are sympathetic towards Christian education.

Describe your personal stance and commitment with regard to your Christian beliefs and practice.
Father/Guardian:

Mother/Guardian:

Reference from Church Pastor/Minister

This section is to be completed for *Particular preference enrolment* by the Pastor/Minister or Senior Leader of the church at which the applicant and their family attend. Your response will be treated with the utmost confidentiality.

Name of person giving reference: _____

Name and Address of Church: _____

Denomination: _____

Church email address: _____

Positions of service and comments: _____

Signed: _____ Position: _____ Date: _____

STATEMENT OF BELIEFS

- ◆ There is one God eternally existent in three persons: Father, Son and Holy Spirit, being the same nature, equal in power and glory, and worthy of equal honour, obedience and worship.
- ◆ God became flesh in the person of Jesus Christ, was conceived by the working of the Holy Spirit, born of a virgin, crucified, died and was buried, resurrected from the dead and ascended to Heaven.
- ◆ The Bible, both the Old and New Testament, as originally given, is the inspired Word of God as the supreme guide in all matters of life and faith.
- ◆ God's acts of deliberate creation, are responsible for the origin of all living things and creation as we currently know it.
- ◆ Through personal faith and commitment to the Lord Jesus Christ, forgiveness, acceptance and restored union with God are freely available to all. We receive God's goodness and salvation by faith in His Son, Jesus Christ.
- ◆ It is essential for the Holy Spirit to work within people's lives to align, instruct and develop the character of Christ within them.
- ◆ In the beginning God created male and female. Marriage is an institution created by God in which one man and one woman enter into an exclusive relationship intended for life, and that marriage is the only form of partnership approved by God for sexual relations .

I/We accept the Statement of Beliefs and Special Character of Waipa Christian School .

Parent/Guardian Signature: _____

I/We are unable to accept the Statement of Beliefs and Special Character of Waipa Christian School

Parent/Guardian Signature: _____

STATEMENT OF AGREEMENT

Please tick boxes

- We the undersigned agree to commit ourselves to support the Special Character of the school, it's Principal and staff in all aspects of the school programme.
- We hold ourselves responsible for our child's/children's behaviour and will willingly be available to discuss any problems that may occur, and to administer appropriate consequences. We have read and agree to abide by the school's **Dress Code and School Uniform** policy. We will acknowledge and accept the authority of the staff over our child/children when attending school functions.
- We recognize the need to work together with the school and its staff and shall aim to attend all meetings that are relevant to the well-being of both the school and our child/children. We also accept our **parental involvement** in education and administration duties and are prepared to commit ourselves to rosters, working bees, fundraising, and curriculum development whenever possible.
- We accept full responsibility for meeting our financial obligations to the school and will endeavour to keep all accounts current and paid on time.
- We agree to give the school no less than **one month's** written notice of withdrawal of our child/children from the school and to have settled all outstanding accounts within that time.
- We accept that our child's/children's continued attendance at Waipa Christian School is subject to our fulfilling the commitments we have made in this agreement.

I/We have read the Statement of Agreement and agree to abide by these conditions.

Parent/Guardian Signature: _____

BRING YOUR OWN DEVICE (BYOD)

Technology has an increasing role in teaching and learning, and in our daily lives. We encourage our students to use technology effectively and responsibly.

In keeping with our Health, Safety, and Welfare policy, we maintain comprehensive cybersafety policies and procedures to guide our use of the internet and ICT devices and equipment. These include filing signed cybersafety agreements, including a BYOD agreement if a digital device is brought to school.

Students in years 4–8 are able to bring their own digital device to use at school to enhance their learning, provided that the following conditions are met:

- The student and their parent/caregiver must read and sign the BYOD agreement (over page) before a device is brought to school. This outlines the expectations and responsibilities of each party.
- **Chromebooks and iPads are the only permitted BYOD devices at the school.** No 3G/4G cellular connectable iPads are allowed – they should only be Wi-Fi capable.
- Android tablets are not compatible with the school network infrastructure and therefore are not permitted.
- Parents record the serial number of the device, and are responsible for its insurance, servicing, repairs, etc.
- Parents are also responsible for ensuring that the device has an antivirus program installed; and for checking and updating any apps installed on the device.

If a student breaches the BYOD agreement, they may lose the privilege of bringing their own device to school, and the school's behaviour management plan may be invoked.

BRING YOUR OWN DEVICE (BYOD) AGREEMENT

This agreement is **additional** to the student digital technology agreement. It refers to digital devices brought to school by students, and must be signed before the student may bring the device to school.

Please read the agreement carefully with your child, to check that you both understand your responsibilities.

School Responsibilities

At our school, we will:

- ◆ encourage safe and effective use of technology and the internet
- ◆ work within the school's digital technology guidelines
- ◆ provide clear guidelines around the use of devices brought from home
- ◆ provide safe storage for students' devices when not at use, e.g. break times.

If a student breaches the BYOD agreement, they may lose the privilege of bringing their own device to school, and the school's behaviour management plan may be invoked.

Student Responsibilities

When I bring my device to school I will:

- ◆ follow the school's digital technology rules
- ◆ use my device when and where the teacher gives me permission
- ◆ only access the internet with the teacher's permission and if an adult is present
- ◆ only use my own login and password
- ◆ be in control of my device and not share it with other students, apart from letting them see the screen
- ◆ charge my device at home so that it doesn't need charging at school
- ◆ take care of my device so that it isn't damaged or stolen.

I will not use my device to be mean, rude, or offensive to anyone.

Parent Responsibilities

I give permission for my child to bring their device to school and I will:

- ◆ encourage them to use it responsibly
- ◆ take an interest in how they are using the device
- ◆ be aware of the content and applications on the device
- ◆ be responsible for the device's maintenance and insurance
- ◆ keep a record of the device's serial number and details
- ◆ contact the school if I have any concerns about cybersafety or other related issues.

Note: This agreement for your child will remain in force as long as he/she is enrolled at this school. If it becomes necessary to add/amend any information or rule, parents will be advised in writing.

I have read this Bring Your Own Device (BYOD) use agreement, and I am aware of the school's initiatives to maintain a cybersafe learning environment, including my child's responsibilities.

Student's name: _____

Student's signature: _____

Parent/Guardian's name: _____

Parent's signature: _____