



KINGSWAY SCHOOL

Enrolment Officer
100 Jelas Road
Orewa 0932
Phone: 09 427 0904
Fax: 09 427 0919
Email: enrolment@kingsway.school.nz

Application for Entry to KingsWay School - Section A

Section A

Page 1 New Zealand **Permanent** Residents

Page 2 **All** applicants

Page 3 **All** applicants

Page 4 **All** applicants

Page 5 **All** applicants

Page 6 **All** applicants

Page 7 **All** applicants

Section B

All applicants **except** for siblings

Section C

Enrolment information for KingsWay School

Check list for completing your application

Tick

Section A completed	
Section B completed	
Confidential reference form forwarded to Pastor/Minister for completion	
A copy of the two latest school reports (for students who have attended a previous school) A pre-school report for New Entrants is desirable	
A copy of the student's NZ Birth Certificate, Passport or current Visa	
A small ID photo of student	
Applicants born 1995 or later must provide a copy of their Immunisation Certificate signed by their doctor	

If applicable:

Non-NZ citizens who are Permanent Residents of NZ must provide a copy of their **Residency Visa and Residency Permit.** OR

Overseas students must provide a copy of their passport and current **Student Visa** (or visitor's permit if applicable).

Please forward your completed application form to:

**Enrolment Officer
KingsWay School
100 Jelas Road
Orewa 0932
Auckland**

Application Form Section A

Student Details Year 1 - 13

Surname:	First names:
Date of birth:	Preferred name:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Current Church attending:
Country of birth:	Language spoken at home:
Ethnic group:	Iwi Affiliation:
Present year level:	Proposed Year of Admission:

Present School:

Prior to an interview do you as parent/guardian give KingsWay School permission to contact the applicant's school for additional information? YES/NO (please circle answer)

Parental Permission

KingsWay School requests permission for your child's name and/or photograph(s) to be included in any regular school newsletter, bulletin, yearbook, or the school's website? **GIVEN/NOT GIVEN**

- Student is a New Zealand citizen** (copy of birth certificate or New Zealand passport attached)
- Student holds a New Zealand residency permit** (copy from passport attached)
- Student is a dependent of a person on an unexpired work permit and holds a student permit from NZ Immigration Service** (copy of current work permit and student permit from passport attached)

Student Medical Details

Medical History: (allergies/conditions/treatment)

Doctor's Name: _____ **Phone Number:** _____

Doctor's Surgery and Address: _____

Sight: _____

Hearing: _____

Special Learning Requirements

Parent / Guardian / Caregiver Details

Father / Stepfather / Caregiver Please circle one of the above	Mother / Stepmother / Caregiver Please circle one of the above
Surname:	Surname:
First Names:	First Names:
Title:	Title:
Home Address:	Home Address:
Suburb:	Suburb:
City:	City:
Country:	Country:
Phone Home:	Phone Home:
Phone Work:	Phone Work:
Mobile:	Mobile:
Fax:	Fax:
Email:	Email:
Church attending:	Church attending:
Occupation:	Occupation:
Business Name:	Business Name:
Business Address:	Business Address:

Custodial parent/s

Student lives with:

Both parents
 Mother
 Father
 Other

Other (specify name & relationship):

If there are legal custodial arrangements please state what the arrangements are:

Are invoices to be sent to the home address? If not please specify.

Mailing Address (if different to home address):

If separate addresses, do you wish both caregivers to receive reports, notices, etc?

Yes
 No

Sibling Details (if applicable)

Sibling of the applicant who are past or present pupils of KingsWay School:

Name:

Name:

Name:

Sibling of the applicant who are currently on the waitlist or applying for admission to KingsWay School and name of current school or pre-school that applicant attends:

Name:

Name:

Name:

Sibling of the applicant who may be on the future waitlist of KingsWay School:

Name:

Name:

Name:

Other Contact Details

Please list details of alternative caregivers and an emergency contact should parents be unable to be reached in an emergency.

Guardian/Caregiver

(for students not living with parents)

Emergency Contact

(other than parents)

Surname:

Surname:

First Names:

First Names:

Home Address:

Home Address:

Suburb:

Suburb:

City:

City:

Phone Home:

Phone Home:

Phone Work:

Phone Work:

Mobile:

Mobile:

Fax:

Fax:

Email:

Email:

Relationship to student:

Relationship to student:

Do you wish the guardian to receive copies of reports and newsletters: Yes/No (please circle one)

Background Information

Personal

Student's Surname: _____ **First Names:** _____

(If your child is under 4 this page may be required to be re-submitted closer to interview date)

Other information, specify length of involvement in activities.

Hobbies and Leisure activities:

Cultural Interests: (Music, Drama etc)

Community Involvement: (Church, Boys'/Girls' Brigade, Scouts, Guides, Clubs)

Sports Background: (Indicate Teams, Representation, Achievements)

Summer

(use separate sheet if necessary)

Winter

Other Achievements: (Certificates, Awards etc)

School or Club Responsibilities: (Librarian, Monitor, Captain etc)
