

Westminster Christian School

est. 1981

Educating for Time and Eternity

International Student Application for Enrolment Form (2026)

FOR OFFICE USE ONLY	
Interview date/time: _____	Accepted/declined/waitlisted _____
Start date: ____/____/____	Acceptance letter and pack sent: ____/____/____
School visits arranged: ____/____/____	

Student Information

Surname/Family name: _____ Given names as on passport _____

Date of Birth: ____/____/____ Preferred name: _____

Male / Female NZ Age on Enrolment: _____

New Zealand Address _____
 _____ Post Code: _____

NZ home telephone: _____ Mobile: _____

Email: _____

Ethnicity:

Ethnicity: _____ First Language : 1. _____

Other Languages: 2. _____

Country of Birth: _____ Mother's first language: _____
 (Other than English)

Date of entry into New Zealand: ____/____/____

Date of exit from New Zealand: ____/____/____

First day of attendance at Westminster Christian School: ____/____/____

Last day of attendance at Westminster Christian School: ____/____/____

Student Information continued

First name of Parents/Legal Guardian: Mother: _____ Father: _____

Family name/surname: _____

Full residential address in home country: _____

Home country telephone: _____ Mobile: _____

Emergency contact person in home country:

Emergency contact telephone number in home country:

Emergency email address in home country:

Early Childhood Education (ECE)

Did your child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means the child was booked into 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 ongoing schedule.
- ☐ No, did not attend ECE.

Name of ECE Provider: _____

Please enter the number of hours per week for up to three services:	Service 1 (hrs / week)	Service 2 (hrs / week)	Service 3 (hrs / week)
a. Playcentre			
b. Kindergarten or Education and Care Centre			
c. Home based service			
d. Playgroup			

Or

Please tick appropriate box	
e. Attended, but only outside New Zealand	
f. Attended, but don't know what type of service	
g. Did not attend	
h. Don't know	

Parent / Legal Guardian / Designated Caregiver Information (New Zealand)

Mother / Legal Guardian/ Designated Caregiver 1:

Nationality: _____ Ethnicity: _____ Country of origin: _____

Surname/Family name: _____ Mr / Mrs / Miss / Ms / (circle one)

Given name: _____ Relationship to student: _____

NZ Address: _____
 _____ Post code: _____

NZ home telephone: _____ NZ work telephone: _____

Mobile: _____ Email: _____

Occupation: _____ Work place: _____

Father / Legal Guardian/ DesignatedCaregiver 2:

Nationality: _____ Ethnicity: _____ Country of origin: _____

Surname/Family name: _____ Mr / Mrs / Miss / Ms / (circle one)

Given name: _____ Relationship to student: _____

NZ Address: _____
 _____ Post code: _____

NZ telephone: _____ Work telephone: _____

Mobile telephone: _____ Email: _____

Occupation: _____ Work place: _____

Emergency Contact Information (New Zealand)

Emergency Contact 1 (In the event that Parents/Legal Guardians/DesignatedCaregivers cannot be contacted)

Surname/Family name: _____ Mr / Mrs / Miss / Ms (circle one)

Given name: _____ Relationship to student: _____

Home telephone: _____ Work telephone: _____

Mobile: _____ Email: _____

Emergency Contact 2 (In the event that Parents/Legal Guardians/Designated Caregivers cannot be contacted)

Surname/Family name: _____ Mr / Mrs / Miss / Ms (circle one)
 Given name: _____ Relationship to student: _____
 Home telephone _____ Work telephone : _____
 Mobile: _____ Email: _____

Medical Details:

NZ Doctor's name: _____ Telephone: _____

NZ Doctor's work address: _____

Parents and Legal Guardians have a responsibility to accurately disclose health and learning information relating to risk factors. These can include:

- i) mental illness
- ii) health concerns
- iii) medication
- iv) existing conditions
- v) special learning or behavioural needs

Please specify, (if applicable), known medical conditions / life threatening allergic reactions (e.g. asthma, diabetes, epilepsy, allergy to penicillin etc.) special learning or behavioural needs:

NB: *If it is necessary for staff to administer medication to your child/student, the Parent/Legal Guardian/Designated Caregiver needs to complete the necessary details at the school office.*

Agreements

Water Safety Activities

I/We give permission for my child to take part in this programme.

Out of School Activities

In accordance with the school's *Education Outside the Classroom Policy*, I/we give permission for my child to participate in organised activities outside the school grounds.

Privacy Act

1. I/We give permission for all information to be stored and accessed by the Principal and staff of Westminster Christian School. Also, I/we allow relevant data to be passed on to the next school my child attends.
2. I/We understand that the relevant information provided in this enrolment form may be passed on to agencies of Westminster Christian School namely School Health Nurse, Dental Therapist or any other education/health agencies.
3. I/We understand that photographs may be taken of school activities, which could include my son/daughter and used on the school website, newsletter, or, for school publicity.
4. I/We agree to my/our telephone number being used as part of a class telephone tree, e.g. Friends of

Westminster.

5. I/We allow, with the identity of the individual being protected, such information as is legitimately requested by official Government agencies to be passed on to these agencies.
6. I/We allow the educational information gained at the school to be used for research purposes on the condition that the information does not reveal the identity of the individual.

School Policies

I/We agree to abide by the policies, rules and code of conduct of Westminster Christian School. [Policies](#)

Accident/Illness

I/We agree and understand that the school will take action on my/our behalf in case of an emergency, and that I/we will meet the costs incurred.

Information Required

I/We agree to provide a copy and an English translation of the student's most recent school report (long term students - one or more years only).

Declaration

I/We have read, understood and agreed to the information enclosed in this enrolment form. All information provided is both accurate and truthful.

Signature/s: _____
Mother / Father / Legal Guardian

Dated: ____ / ____ / ____

Please ensure you provide all relevant information and forms.