

ENROLMENT PACK

Documentation Requirements for New Entrants / Year 1 Students

Please also provide copies of the following:

- Birth Certificates
- Passport
- Visas (if applicable)
- Immunisation records.

In this pack you will find the following forms to be completed and signed where indicated.

- Enrolment Information Form *
- Conditions of Enrolment *
- Preference Determination Questionnaire
- Commitment to Pay Attendance Dues (CTP Form)
- Payment Plan Application
- Emergency Details
- Health Profile *
- Permission Form
- Student Internet and ICT Safety Use Agreement
- Permission for student pickups

Any questions regarding the forms or information we have provided in the pack, please do not hesitate to contact the office on 04 2376282 or email office@wellingtonsda.school.nz

Thank you

- Student and Family - Update Contact Details - *may be included for new Sibling enrolments*

* extra forms required for multiple enrolments



ENROLMENT INFORMATION FORM

STUDENT INFORMATION

Family Name	Boy / Girl
First Names	Birth Date / /
Preferred Name	Previous Class
Address	Previous School/ Child Care Centre
Postcode:	Years attended:
	Number of hours attended each week:

PARENT AND CONTACT INFORMATION

Father/Guardian	E-mail address
Occupation	
Employer	Contact Phone
Religion SDA <input type="checkbox"/> Other <input type="checkbox"/>	Church Attending
Mother/ Guardian	E-mail address
Occupation	
Employer	Contact Phone
Religion SDA <input type="checkbox"/> Other <input type="checkbox"/>	Church Attending
Names of siblings who may be attending school in the future	
First Name	Date of birth
First Name	Date of birth

STATISTICAL INFORMATION

Ethnic Background	Home Language	Iwi Affiliation of Maori Students
Citizenship – Passport must be sighted	Number of Children in Family	Place in Family
New Entrant Information Immunisation Card info must be provided	Birth Certificate / / Must be sighted	Vaccination Card Yes/ No

GENERAL INFORMATION

Student Special Needs or Abilities (e.g. dyslexia, autism, gifted assessment)		
Student Interests		
Transport	To School	From School

PREFERENCE DETERMINATION QUESTIONNAIRE

Wellington Seventh-day Adventist School is a state-integrated Christian school. We are able to enrol students from any Christian denomination. We may also enrol a limited number of students from non-Christian backgrounds; these students are referred to as non-preferential. We value all students and welcome applications from diverse backgrounds.

Please answer the following questions as best you can. If you wish to add further information, please write on a separate sheet of paper and attach it. Please bring the questionnaire and any other material you feel will help to determine your preferential status to the interview.

PERSONAL INFORMATION

Parent/caregiver name(s)	Phone
Address	
Student name(s)	Year level

RELIGIOUS INFORMATION

Are parents/caregivers of the applicant(s) members of the Seventh-day Adventist Church?	Yes No
If YES: a. Which church is membership held at? b. Which church is being attended currently? c. Name of church pastor? OR If NO: a. Are you members of a church congregation? b. If YES (in 'a' above), which church congregation?	
Are you a regular and active church member of the congregation?	Yes No
Describe your involvement in church life	
Name and phone number of pastor or church official who can verify your comments (above)	
Why did you choose this school for your child to attend?	
Are you prepared to become involved in the life of the school and support the various activities of the school? (worship, Christian outreach, weeks of spiritual emphasis, church programs)	Yes No
Are you prepared to support the special character of the school by providing a family environment consistent with the Christian aims and ideals of the school? (church attendance, family worship, prayers, healthy lifestyle, Bible reading)	Yes No



EMERGENCY DETAILS

This must be completed, along with the Health Profile, by all adult and student participants in school activities and events, to comply with school health and safety requirements, and to enable the school to ensure that optimal staffing levels are provided, the specific needs of participants are met and the educational value and safety of school activities and events is maximised.

Name		DOB	
Address			
Phone	Home:	Work:	Mobile:

Family Doctor		Phone	
Address			
Community Service Card number			
Medic Alert number (if applicable)			

EMERGENCY CONTACT DETAILS (please provide at least two sets of contact details not already covered on Family Form)

Name			
Relationship			
Address			
Phone	Home:	Work:	Mobile:

Name			
Relationship			
Address			
Phone	Home:	Work:	Mobile:

Name			
Relationship			
Address			
Phone	Home:	Work:	Mobile:

Print Name	Date	
Signature	To be read and signed by legal guardian	



HEALTH PROFILE

Name		Medic Alert Number (if known)	
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1. Please tick if your child has any of the following:

	Migraine		Epilepsy		Asthma
	Diabetes		Travel Sickness		Fits of any type
	Chronic Nose Bleeds		Heart Condition		Dizzy spells
	Colour Blindness				
	Other (Please specify)				

2. Is your child currently taking medication? **Yes/No** If YES, please state:

Ailment/s	
Name of medication/s	
Dosage and times to be taken	
Other treatment	

3. Has your child had any major injuries (breaks or strains) or illness (glandular fever, etc.) in the last six months that may limit full participation in any activities? **Yes/No** If YES, please state the injury/illness:

4. Is your child allergic to any of the following? Please specify and state treatment

Prescription medication	
Food	
Bites and stings	
Other allergies	

5. When was your child's last tetanus injection? _____

6. Outline any dietary requirements _____

7. What pain medication may your child be given if necessary? _____

8. Is there any information the staff should know to ensure the physical and emotional safety of your child? (For example, cultural practices, disability, anxiety about heights/darkness/small spaces, behaviour or emotional problems) **Yes/No**

If yes, please state: _____

Please tick the following where applicable:

	I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure the medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
	I will inform the school as soon as possible of any changes in the medical condition or other circumstances during the year
	I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
	Any medical costs not covered by ACC or a Community Service Card will be paid by me.

Print Name	Date	
Signature	To be read and signed by legal guardian	

PERMISSION FORM

Dear Parents / Caregivers

Please read this form carefully, understanding that permission is granted for the **duration of the child's enrolment**. If you have any questions about any part of this form, please contact the Office at office@wellingtonsda.school.nz or call us on 04 237 6282

Name/s of Student/s _____

Room/Rooms _____

Parent / Caregiver's Name/s _____

Email contact: _____

Phone numbers: Home _____ Mobile _____

Work _____ Other _____

Please tick box to indicate you give permission. A tick indicates **Yes**)

I give permission for my child/children to leave school grounds for educational or sporting events.

I give permission for my child's work to be used in school publications, understanding that the newsletter is placed on the website. This may include the class blog where the student's first names only will be used. (This could occasionally include a local newspaper)

I give permission for my child's photo to be used in school publications. This may include our website, Facebook or a local newspaper.

I give permission for my child to be videoed; this may be used on the class blog or website or may be used by teachers for their professional development.

Medical emergencies:

I give permission for school staff to act on my behalf in the event of a medical emergency, where the school staff are unable to contact me or any of the emergency contacts I have given for my child. I will pay any associated costs of the emergency treatment.

Parent/ Caregiver signature: _____ Date: _____

Kawa of Care with Digital Devices

Student Internet and ICT Safety Use Agreement

Student Agreement for Cyber Safety	What Cyber Safety Looks Like
<ul style="list-style-type: none"> • I will respect others by always using this Chromebook to interact with anyone in a kind, positive and helpful way. • I will always be in the right place and the right time when I am online • I will protect my chromebook password and my school email account password and keep it completely secret • I will log out when I am not using my Chromebook or the school's device <p><i>...whatever is true, whatever is honorable, whatever is just, whatever is pure, whatever is lovely, whatever is commendable, if there is any excellence, if there is anything worthy of praise, think about these things. Phil 4:8</i></p>	<ul style="list-style-type: none"> • I will tell my parents when I am going to work online • I will always tell an adult when I see or hear something inappropriate or I feel unsafe • I will follow instructions about the length of time I am allowed on the internet • I will never share my password • I will use the Chromebook and school email for learning only • My emails are positive and connected to my learning

Kotahitanga (Whanau Engagement) Teacher/School Agreement	What That Looks Like:
<ul style="list-style-type: none"> • Student's learning tasks are appropriate for their needs and interests and extend their thinking • The classroom environment adheres to the Cybersmart values • Teachers will give students the affirming and guiding feedback online that will support next steps in their learning • Teachers will provide support and training opportunities to families to help them support their children's learning • Teachers will ensure Chromebooks are kept safe while they are at school • Planning for learning reflects the values, principles and learning objectives from the NZ Curriculum, developed by the school to embrace their Charter and Strategic Goals 	<ul style="list-style-type: none"> • Home Learning is linked to the classroom programme • Teacher comments will be evident on the student's work on the Chromebook • Cybersmart values and behaviours will be taught and displayed on classroom walls • Teachers will keep up regular contact with parents about home learning • Liquid, food and drink paints etc. will be kept away from students when they are working on the Chromebooks • Teachers will know and respect what students bring to school and demonstrate cultural responsiveness in all their interactions with students and Whanau.

Classroom Teacher/Class Agreement	Consequences
<ul style="list-style-type: none"> ● Use our devices for learning only. Emailing others and chatting is not considered learning. ● Email addresses to be used for school and learning purposes. ● Handle the devices with care at all times ● Playing games that have not been approved by the teacher(s) is not learning. ● Use approved websites that have been approved by the teachers. ● I will leave the settings alone in all devices. ● Refrain from using your email for signing up for websites and games. ● Refrain from listening to music on YouTube unless given express permission. ● Keep liquid and food away from devices. ● Downloading Apps, programs need to be approved by the teacher(s). ● Wash your hands before using a device. ● Type gently. ● We will respect the devices and how we use them. ● We will always do our best when using a device. ● I will let the teacher(s) know if I am aware that someone is not following the kawa of care. 	<ul style="list-style-type: none"> ● If you use the device to socialise with others in our school and to people out of our school you will receive a warning. ● You will receive 3 warnings before your account is suspended and you will not be allowed to use any devices in the school for a set amount of time agreed upon the teacher(s) ● The teacher(s) will then call a meeting with my parents to discuss my online behaviour ● If the kawa is broken, the teacher(s) will contact your parents. ● The teachers have the right to collect evidence of my online behaviour.

Google Doc Expectations

I will ensure to read and edit the work I submit through google docs and Hapara.
 I will make every effort to proof-read my work before I submit it.
 I will organise my google drive so that documents are put into the appropriate folders.
 I will respond appropriately to feedback that I receive from my teacher(s) - this includes my homework, and any work that I submit.

I agree to this contract and will follow the Kawa of Care set out in it. I will take responsibility for my own actions and be a responsible digital citizen at all times.

Signed: _____
(Student) (Parent)

Date: _____



Wellington Seventh-day
Adventist School

Educating for Eternity

PERMISSION TO PICK UP STUDENTS

Permission to Pick Up the following Student/s

The following people are authorised to pick up the above named students:

Name	Address	Phone

Signed _____ Date _____

**PLEASE READ OUR CONDITIONS OF ENROLMENT CAREFULLY BEFORE SIGNING
ON THE FIRST PAGE OF THIS DOCUMENT**

Attendance Dues are compulsory as permitted by legislation. Unpaid fees may lead to your child being excluded from all Seventh-day Adventist Schools. In the event of a default in payment, then any recovery costs levied by a debt-collection agency will be charged to the account payer.

ATTENDANCE DUES ARE DUE IN FULL AT THE BEGINNING OF EACH TERM.
Payment plans are available by prior arrangement.

Having applied for enrolment at a New Zealand Seventh-day Adventist Integrated School, I understand the following Terms and Conditions:

1. Attendance at a Seventh-day Adventist School is conditional upon the payment of Attendance Dues.
2. Payment of Attendance Dues is due at the commencement of each school term.
3. Attendance Dues will be invoiced for each student in Term 1, or on enrolment:
 - a. Years 1 – 8: \$590 per year (i.e. \$147.50 per term, or \$14.75 per school week)
 - b. Years 9 – 12: \$810 per year (\$202.50 per term, or \$20.25 per school week)
4. Accounts in arrears at the end of the term may result in exclusion
5. Payment plans can be applied for provided the account is up to date by the end of each term.
6. Failure to maintain payment plans up to date may result in exclusion
7. The parent or caregiver who enrolls the student is ultimately responsible for payment. Where another person or organisation is paying the Attendance dues, they must agree to do this by signing in the Yellow section of the Form.
8. Any costs, commissions, disbursements and legal fees incurred in the course of The Proprietor recovering outstanding Attendance Dues, will be recovered from the account payer.

I understand that the information given in this form may be disclosed to The Proprietor, or his/her agent for the purposes of collection of Attendance Dues and any other purposes provided for or envisioned in law as promulgated in the Privacy Act (1993)

I have read, understood and agree to comply with all terms and conditions as contained in this document. –

- *As Parent/Caregiver/Guardian please sign in the Purple/Green Section overleaf.*
- *If a sponsorship or scholarship arrangement is in place, please sign in the yellow section overleaf.*

School Codes							
ASDAH	ASDAH	Longburn	LAC	Rotorua	ROT	Waitakere	WAI
Balmoral	BAL	New Plymouth	NPL	South Auckland	SASDA	Wellington	WEL
Christchurch	CAS	Palmerston North	PNACS	Southland	SACS	Whakatane	WHK
Hamilton	HAM	Parkside	PRK	Tauranga	TAU	Whangarei	WACS

Payment Plan Agreement Form 2023

Purpose of this Application

By electing to enrol your child in an Adventist school and filling in this form, you are committing to making regular payments towards Attendance Dues. This application is aimed at creating a reasonable, workable schedule for the payment of the Attendance Dues which are your legal obligation.

***** Please ensure that you complete all questions below *****

Personal Details of Applicant

Account Details

1 Your Last Name or Family Name

6 Account Code

(Ask school or ring 0800 469 3837 for details)

2 Your First Name or Given Name(s)

7 I commit to pay: (see Payment Plan Guideline below)

Tick only one and fill in the amount you commit to pay.

3 Postal Address

Street

Suburb

City

Postcode

Weekly Amount \$

Fortnightly Amount \$

Monthly Amount \$

Per Term Amount \$

4 Email Address

8 Date of First Payment

5 Telephone Numbers

Daytime

Mobile

Signed

Date

Enrolment in the school cannot be confirmed until this signed form has been returned to the school.

Payment Plan Guideline

All payments of Attendance Dues are to be made to The New Zealand Seventh-day Adventist Schools Association, and are due at the commencement of each school term. Where this is not possible, the options are to pay weekly, fortnightly or monthly in advance over the 10 school weeks of each term. **We reserve the right to direct your child's principal to cancel enrolment for next school term where Attendance Dues payments are not up to date.**

The following schedule is intended to make this task easier for you to budget for the cost of the Attendance Dues (Based on total number "school weeks").

Frequency of Payment	Amount to pay per student Years 1 – 8	Amount to pay per student Years 9 – 13
Annually (in advance)	\$590.00	\$810.00
Per Term (in advance)	\$147.50	\$202.50
Monthly (in advance)	\$59.00	\$81.00
Fortnightly (in advance)	\$29.50	\$40.50
Weekly (in advance)	\$14.75	\$20.25

Regularly Payment Agreement

- Processing Direct Debit or Automatic Banking
- Regular Cash Payments to the school
- Electronic payment directly to the Proprietor

Signed

Electronic Banking Payments are to be made to:

- The NZ SDA Schools Association - Bank Account number **030175 0182096 02**
- Use your Account Reference (see **Account Code** above) and **Student Last Name** as reference.

For NZ SDA Schools Association Office Use Only

Approved

Yes

No

Date Entered

Copy to School / Client / NZSDASA



CONDITIONS OF ENROLMENT

STATEMENT OF APPLICATION FOR ENROLMENT ON BEHALF OF		
Student Name		
CONDITIONS		
I / We the undersigned accept as conditions of enrolment that:		
<ol style="list-style-type: none"> 1. The student/s named herein will participate in the general school programme and demonstrate commitment to appropriate behaviour and study that gives Wellington Seventh-day Adventist School its Special Character. 2. As a condition of attendance at Wellington Seventh-day Adventist School, I / We will pay Attendance Dues as determined from time to time by the Proprietor and approved by the Minister of Education. 		
Signed	Parent/Guardian	Date / /
Signed	Parent/Guardian	Date / /

Office Use Only

FEE PAYMENT ARRANGEMENTS

Pay in Cash at Commencement of Term	
Pay by Automatic Payment Payment plan must be completed and attached along with Commitment to Pay form.	Weekly / Fortnightly / Monthly
	Account Name
	Amount \$