

APPLICATION DATA	
Date of Application:	Entry Year Being Applied For:
PLEASE ATTACH ALL RELEVANT SUPPORTING DOCUMENTATION - Please refer to check list on page 4.	

STUDENT'S DETAILS	
Family Name:	Given Name(s):
Name Usually Called:	Gender: M / F Year Level:
<input type="checkbox"/> Home Address:	(home)
Date of Birth: DD / MM / YYYY	Country of Birth:
Current School:	Religious Affiliation: Jewish <input type="checkbox"/> Other <input type="checkbox"/>
Date of Arrival in NZ (If not NZ born):	First Language(s):
If not NZ Resident, Permit type:	Expiry Date:

MOTHER'S DETAILS		
Family Name:	Type of Work:	
Given Name:	Position Held:	
<input type="checkbox"/> Home Address:	Religious Affiliation: Jewish <input type="checkbox"/> Other <input type="checkbox"/>	
(home)	(work)	(mobile)
(e-mail)	(skype)	(fax)
If not NZ Resident, Permit type:	Expiry Date:	

FATHER'S DETAILS		
Family Name:	Type of Work:	
Given Name:	Position Held:	
<input type="checkbox"/> Home Address:	Religious Affiliation: Jewish <input type="checkbox"/> Other <input type="checkbox"/>	
(home)	(work)	(mobile)
(e-mail)	(skype)	(fax)
If not NZ Resident, Permit type:	Expiry Date:	

LEGAL GUARDIAN'S DETAILS (if different from above)		
Family Name:	Relationship to Child:	
Given Name:	Religious Affiliation: Jewish <input type="checkbox"/> Other <input type="checkbox"/>	
<input type="checkbox"/> Home Address:		
(home)	(work)	(mobile)
(e-mail)	(skype)	(fax)
If not NZ Resident, Permit type:	Expiry Date:	

SPECIAL PERMISSIONS	
Do we have your permission to ask for information from your child's previous school should we require it? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO-please explain _____ _____	Custody/Access Arrangements (attach separate sheet if more space is required) _____ _____ Extra copy of school reports to: _____ Court order issued? YES / NO / N/A

SPECIAL NEEDS INFORMATION (attach separate sheet if more space required)

LEARNING

SOCIAL / EMOTIONAL

PHYSICAL

OTHER ISSUES

HEALTH

Allergies:	Vision:
Medication:	Hearing:
Speech:	Serious Problems:
I consent to my child's vision and hearing being tested Yes <input type="checkbox"/> No <input type="checkbox"/>	
Immunisation Certificate (office use)	SIGHTED: Yes <input type="checkbox"/> No <input type="checkbox"/> Requested <input type="checkbox"/> COMPLETED: Yes <input type="checkbox"/> No <input type="checkbox"/>

REGULATIONS:

Payment of fees:

- All fees are due upon receipt of account at the beginning of each term. Parents may be required to withdraw pupils whose fees have not been paid within a period specified by the Board of Governors

Notice Of withdrawal from the school:

- The refundable portion of the initial payment is only refundable if a term of notice is given in writing to the principal.
- Notice should be given before the beginning of the previous term

Attendance:

- Punctual and regular attendance is required by all pupils, illness excepted.
- In the event of special leave being required, written notification is required.

Leave:

- No place may be kept for a pupil (due to absence from school) unless appropriate school fees are paid.

School Polices:

- School policies are set down by the Governing Committee
- Pupils and parents must abide by school policies
- A copy of the school policies is available from the School Office

Uniform:

- Correct school uniform must be worn at all times.

Agreement:

- The school authorities reserve the right to refuse admission or request withdrawal of any pupil for any cause which they, in their discretion, may deem reasonable.
- Pupils are required to conform to the rules and standards of the school.
- Pupils will participate in all 'Special Character' lessons and activities.
- Parents who sign this Application for Admission Document thereby accept these regulations. Failure to read, or remember them cannot be as a reason for their non-observance.

FEES STRUCTURE

(All prices are inclusive of GST.)

UPFRONT PAYMENT 1

Application Fee	NZ \$ 100
This is a once off non-refundable upfront admin fee payable when handing in your enrolment application.	

UPFRONT PAYMENT 2

Application Acceptance Fee	Refundable Damages Deposit*	NZ \$ 1062
	Compulsory Donation* (non-refundable)	NZ \$ 946

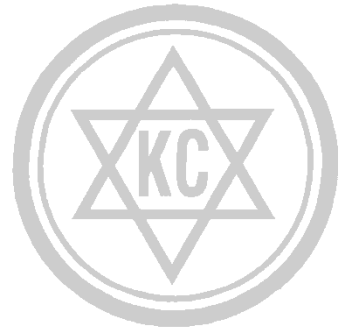
Refundable Damages Deposit* This will be refunded to you less damage claims, provided a term's notice is given in writing prior to your child or children leaving Kadimah College.

Compulsory Donation* This is GST exempt

FEES PER TERM IN 2009

(There are four terms per annum)

CLASS	FEE
Kabbalat Shabbat	NZ \$ 261.00
Preschool	NZ \$ 2114.20
New Entrants	NZ \$ 2726.00
Year 1	NZ \$ 2726.00
Year 2	NZ \$ 2726.00
Year 3	NZ \$ 2726.00
Year 4	NZ \$ 2726.00
Year 5	NZ \$ 2726.00
Year 6	NZ \$ 2852.60
Year 7	NZ \$ 2852.60
Year 8	NZ \$ 2852.60


ADDITIONAL COSTS PER TERM

School Uniform (See attached school uniform list and order form)
School Outings
School Camps
Stationery

These costs are not included in the school fees

FAMILY DISCOUNT

If you have 3 or more children attending Kadimah at the same time you will qualify for a discount of 50% off the charge of the Fees of the youngest child.

This is only applicable if the youngest child is in pre-primary or a higher grade. It does not apply if the youngest child is in the Kabbalat Shabbat grade.

DETAILS OF THE BILL PAYER

Name:	
<input type="checkbox"/> Billing Address:	Signature: _____
<input type="checkbox"/> (Phone)	<input type="checkbox"/> (mobile)
<input type="checkbox"/> (e-mail)	

DOCUMENTATION CHECK LIST

Please ensure you have attached:

- Latest school report (if applicable)
- Copy of Birth Certificate if NZ born
- Copy of relevant section of passport if not NZ born
- Immunisation Certificate
- Any other relevant documentation

PRIVACY STATEMENT

The information collected will be used by the school for enrolment and forms an essential part of the information held by the school on your child. The records made from this information may be viewed on request at the school.

The information collected may be disclosed to appropriate education, health and welfare authorities, and for data-gathering purposes by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

PARENT APPROVAL

I AGREE THAT THE SCHOOL WILL TAKE ACTION ON MY BEHALF IN CASE OF SUDDEN ILLNESS OR INJURY. I AGREE TO ABIDE BY SCHOOL POLICIES.

SIGNATURE OF PARENT/CARE GIVER: _____ DATE: ___ / ___ / _____

DECLARATION

I DECLARE THAT ALL THE INFORMATION PROVIDED IN THIS DOCUMENT IS BOTH ACCURATE AND TRUTHFUL.

SIGNATURE OF PARENT/CARE GIVER: _____ DATE: ___ / ___ / _____

We recommend that you keep a copy of this document for your own files

INTERNAL ADMIN NOTES

Large empty box for internal administrative notes.