

I REQUEST THAT _____ be admitted to Sonrise Christian School. I have read the conditions published in the Prospectus and acknowledge that if he/she is admitted, he/she as a student, and I as a parent, are bound by these requirements.

We commit ourselves to full payment of attendance dues regularly and promptly.

I authorize Sonrise Christian School to make legitimate use, for educational purposes, of the personal information contained on this form.

SIGNATURE OF MOTHER OR GUARDIAN _____

SIGNATURE OF FATHER OR GUARDIAN _____

DATE _____

SONRISE CHRISTIAN SCHOOL – PARENT’S COVENANT

(TO BE COMPLETED BY BOTH PARENTS/GUARDIANS EXCEPT IN THE CASE OF SOLO PARENTS).

Having become familiar with the philosophy of Sonrise Christian School and the conditions for enrolment, we commit ourselves to support the School, the Board of Trustees and the teachers.

We hold ourselves responsible for the behaviour of our child. We will willingly be available to discuss problems which may arise, and to administer appropriate discipline.

We acknowledge that the philosophy of the School recognizes that parents are responsible for the education of their child. To outwork this responsibility, we will be prepared to work with the teacher to know and understand the material our child is learning. We shall attend any meetings held to explain curriculum outlines.

We realize that the responsibility for our child’s education will necessitate time being spent at home reinforcing the work done at the school. This will be especially important if the child has any learning difficulties. We will meet with the teacher for discussions as necessary.

We realize that _____ is likely to make, or may have already made a commitment to Jesus Christ as Saviour and Lord. We will encourage our child to live by Christian standards, and to develop this relationship with God.

We realize that our child's continuing attendance at the School is subject to our fulfilling these commitments we have made.

FATHER _____ DATE _____

MOTHER _____ DATE _____

OFFICE USE ONLY

APPLICATION FORM RECEIVED _____

INTERVIEWED _____

INTERVIEWED BY _____

RECOMMENDATION _____

VACCINATION CERTIFICATE SIGHTED: YES/NO

BIRTH CERTIFICATE SIGHTED: YES/NO

**Sonrise Christian School
451 Nelson Rd.
GISBORNE
Phone: (06) 868 9841
Fax: (06) 868 9820**