



# Kaitaia Abundant Life School

*To be a Christian School that partners with families to produce young people of academic and personal excellence in a safe environment*

*Faith Excellence Whanaungatanga*

11 North Road P O Box 246 KAITAIA 0441 NEW ZEALAND | Phone 0064 9 4082671 | Fax 0064 9 4082417 | email: office@abundantlife.school.nz

## REFERENCE FORM FOR ENROLMENT

*The parents of the student named below are making application to enrol the student at Abundant Life School.*

*Would you be so kind as to complete this reference form and fax or post it to us as soon as possible, to assist us in the application process.*

*All information will be held in strict confidence to appropriate school admissions personnel only.*

**THANK YOU FOR YOUR ASSISTANCE**

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### **PARENTS TO COMPLETE**

This application is for (year)201\_\_\_\_

Full Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Class/Year level: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone No: \_\_\_\_\_

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### **REFEREE TO COMPLETE**

*Please note: Two references are required from persons of standing in the community e.g. employer, kaumatua. If the family attends church, one referee should be their minister, pastor or church leader.*

1. How long have you known the student and their family?

\_\_\_\_\_

2. In what capacity? e.g. minister, employer

\_\_\_\_\_

3. Please comment on the stability and strength of the applicants home and family.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Please comment on the respect and obedience the student shows to his/her parents

\_\_\_\_\_

\_\_\_\_\_

Please turn over

5. The school prospectus states that students are to abstain from smoking, drinking alcohol, using illegal drugs or indecent language and profanities, and to strive to be above reproach and avoid all "appearances of evil".

Please comment on the student's exposure to any of the above activities, in their home or community \_\_\_\_\_

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6. Christian experience.

If you are the family's minister, pastor or church leader or if you know the family well enough, please comment.

a) Do either or both parents regularly attend Sunday church? Please specify which church and how often. \_\_\_\_\_

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b) Comment on the parents involvement in other church/christian activities. \_\_\_\_\_

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c) Does the student attend church regularly with their parents? Please comment on any history of involvement \_\_\_\_\_

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7. The school has available to it qualified and experienced pastors and counsellors to assist individuals and their families should the need arise.

Are there any problem areas the school should know about?

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8. Finally, please give your name and details so that we may contact you should it be necessary to clarify any points of information.

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Church role (if any) \_\_\_\_\_

Contact Telephone: Day \_\_\_\_\_ Night \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

### THANK YOU FOR YOUR ASSISTANCE

Please **FAX** to: Abundant Life School or  
**(09) 4082417**

**MAIL** to: Kaitaia Abundant Life School  
PO Box 246  
**KAITAIA 0410**

**Email** to: office@abundantlife.school.nz