



STATEMENT OF INTEREST

Please note that this is not formal enrolment but a formal **statement of interest**. Those who have filled out this form (and fulfilled the entry requirements) will gain priority as we finalize our 2026 intake. Your support at this stage is important for us because how many staff we can hire (and classes we can initially run) ultimately depends on registered demand.

Prior to confirming registration, we will send out a formal enrolment form and will organize interviews with parents and prospective students.

Please be aware **our 2026 intake is for Year 1-6**.

Please complete this form and return to Covenant Christian Academy, c/o 3a Montana Place, Merrilands, 4312

Or email it to enquiries@cca.school.nz



Cambridge Assessment
International Education

(022) 682 3251
cca.school.nz

Student Details

If application is for more than one child, please ask for an additional form.

First Name(s): _____ Last Name: _____

Date of Birth: _____ Gender: Male ☐ Female ☐

Country of Birth: _____ Country of Citizenship: _____

Ethnicity / Nationality: _____

Current School: _____ Current Year Level: _____

Which year are you planning to enrol your child? *(please circle)*

2026 2027 2028

Does your child have any special learning needs? _____

Medical Information _____

Siblings *(pre-school or school age only)*

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Please note: You are required to fill in a separate enrolment form for each child you wish to enrol



Parent Details

Father / Stepfather / Caregiver *(please circle)*

First Name(s): _____

Last Name: _____

First language: _____

Address: _____

Home Phone: _____

Mobile: _____

Work Phone: _____

Occupation: _____

Email: _____

Marital Status: *(please circle)*

Single

Married

de facto

Separated

Divorced

Church Involvement

Do you regularly attend a church? Yes ☐ No ☐

If yes, please state Church Name: _____

Pastor's Name: _____ Phone: _____

How long have you been a member of that church? _____

(If you have attended this church for less than a year, please provide details for your previous church)

I would describe my Christian walk as:

☐ New Believer

☐ Stable / Growing Believer

☐ Recommitted Believer

☐ Mature Believer

☐ Other

☐ Not Applicable

Why would you like your child to attend Covenant Christian Academy?



Parent Details

Mother / Stepmother / Caregiver *(please circle)*

First Name(s): _____

Last Name: _____

First language: _____

Address: _____

Home Phone: _____

Mobile: _____

Work Phone: _____

Occupation: _____

Email: _____

Marital Status: *(please circle)*

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☐ Other

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Why would you like your child to attend Covenant Christian Academy?



Availability to Support the School Community

As you know, a school is as strong as its community. Our staff would greatly benefit from parental support in areas such as:

Fundraising

Teacher aid

Physical Education

Art

Receptionist

Transport

Other _____

Are you willing and able to provide support in one of these areas? *(please circle)*

Do you have any expertise in these areas which would help?

As the needs arise we will be in contact. Thankyou for your support!

Privacy declaration (as per the Privacy Act 2020):

- ☐ This application form collects personal information about you and your child.
- ☐ The information is collected in relation to the education services Covenant Christian Academy provides.
- ☐ This information may be passed to government agencies in statistical form as required by the Education Act 2020, and other statutory requirements.
- ☐ You have rights of access to, and correction of, the information subject to the provisions of the Privacy Act 2020.

Signature of Father/Guardian: _____ Date: _____

Signature of Mother/Guardian: _____ Date: _____

