



# ST JOSEPH'S CATHOLIC SCHOOL

## Enrolment Form

### PUPIL DETAILS

Child's Legal Full Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
 Current Age: \_\_\_\_\_ Gender: Male / Female  
 Previous School attended: \_\_\_\_\_ Year Level: \_\_\_\_\_  
 Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

### Ethnic Group

Ethnicity 1	_____
Ethnicity 2	_____
NZ Maori - Please state Iwi _____	

### Citizenship

New Zealand Citizen Yes / No                      Permanent Resident: Yes / No / N/A  
 Languages spoken at home: \_\_\_\_\_  
 Date of arrival into NZ (if Immigrant): \_\_\_\_\_ Passport No.: \_\_\_\_\_  
 Student Visa: Yes / No / N/A                      Expiry Date: \_\_\_\_\_

### Siblings

Name: \_\_\_\_\_ Date of birth \_\_\_\_\_ School \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of birth \_\_\_\_\_ School \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of birth \_\_\_\_\_ School \_\_\_\_\_

### PARENT/CAREGIVER DETAILS

**Mother's Full Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
 Phone: (W) \_\_\_\_\_ (M) \_\_\_\_\_ (H) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Name of Company: \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Country of Birth: \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
 Phone: (W) \_\_\_\_\_ (M) \_\_\_\_\_ (H) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Name of Company: \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Country of Birth: \_\_\_\_\_

### Child lives with (tick one):

Both parents	<input type="checkbox"/>	Father only	<input type="checkbox"/>
Mother only	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Please supply any further information (e.g restricted access etc)

**Pre-school /Early Childhood:**

Please circle one box:	
Never attended an early childhood centre	Attended Kohanga Reo
Kindy or Playcentre	Early Childhood centre
Name of Centre: _____ Hrs__ Years__	
MOE special education agency referrals:	

**1 Other Contact ( a relative or friend)**

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

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

Phone: (W) \_\_\_\_\_ (M) \_\_\_\_\_ (H) \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**2 Other Contact ( a relative or friend)**

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

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

Phone: (W) \_\_\_\_\_ (M) \_\_\_\_\_ (H) \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**SACRAMENTS RECEIVED**

My child has received the following Sacraments

Sacrament of Baptism	YES / NO
Sacrament of Reconciliation	YES / NO
Sacrament of Confirmation	YES / NO
Sacrament of Holy Communion	YES / NO

**Conditions of Enrolment**

I/We the undersigned accept as conditions of enrolment that:

1. The herein named pupil will participate in the general school programme that give St Joseph's Catholic School its Special Character.
2. As a condition of attendance a St Joseph's Catholic School, I/We will pay **Attendance dues** as determined from time to time by the Proprietor and approved by the Minister of Education. Furthermore, I/We accept that the school can discontinue attendance of the above named student in default of this undertaking.
3. Privacy Act 1993: Our school undertakes to collect, use and store information on this form according to the principles of the Privacy Act 1993. The information may be provided to the Proprietor's agent, the Minister of Education Review Office, and for the administration purposes within the school.
4. I /We agree that this information can be used for the above purpose.

The following is required under the Education Act 1989 (Section 77A):

1. In the case of students who have never been enrolled before , an *Enrolment Record* will be begun for the student, and in the case of other students their *Enrolment Record* will be requested from the student's previous school.
2. When the students leaves this school to go to another school, the *Enrolment Record* will be updated and passed on to the student's next school.
3. The school the student is attending will hold the *Enrolment Record*, and the student and parent can request a copy from the school.
4. The *Enrolment Record* will be made available to the Ministry of Education or it's agents if requested for a specific purpose.

\_\_\_\_\_ Date

Parent/ Caregiver

\_\_\_\_\_ Date

Parent/ Caregiver

**Agency Referral**

I/We give St Joseph's Catholic School permission to seek advice and guidance where necessary and to refer our child/children to:

Pastoral Care Team (SWiS), Hearing and Vision Team, Ministry of Education, Ministry of Health.

\_\_\_\_\_ Date

Parent/ Caregiver

\_\_\_\_\_ Date

Parent/ Caregiver

**Medical Information**

Family Doctor & Phone no: \_\_\_\_\_

Any known health problems or allergies? \_\_\_\_\_

Is your child fully immunised YES / NO If no, please supply reason \_\_\_\_\_

**Consent for images of child to be published.**

St Joseph's School has an online presence. I agree images of my child can be used.

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

**PARENT CHECKLIST**

The documents listed below are required for full enrolment;

- Fully completed and signed enrolment form
- Birth Certificate
- Passport and Visa (proof of residence eligibility if student is from overseas)
- Immunisation certificate
- Preference Enrolment
  - Preference of Enrolment certificate signed by a Catholic Priest
- Criteria number for Preference of Enrolment (5.1, 5.2, 5.3, 5.4, 5.5)
- Baptism certificate
- Non - Preference Enrolment
- Written character references (two required)
- Interview with principal

**Please be aware that with any change of detail you need to notify the office in order for us to keep our records up to date.**

*(For school use only)*

**REFERENCE OF ENROLMENT**

I have sighted evidence that the Proprietor has stated that the above named student should be given preference of enrolment.

Principal \_\_\_\_\_ Date \_\_\_\_\_

This applicant is non-preference:

Principal \_\_\_\_\_ Date \_\_\_\_\_

Start date: _____	Enrolment no.: _____	Room no: _____	Year _____
NSN: _____			

