



ST JOSEPH'S CATHOLIC SCHOOL

Enrolment Form 2021

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
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Kindy or Playcentre	Early Childhood centre
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Name of Centre: _____ Hrs__ Years__

MOE special education agency referrals:

1 Other Contact (a relative or friend)

Full Name: _____ Title: _____

Address: _____

Phone: (W) _____ (M) _____ (H) _____

Relationship to child: _____

2 Other Contact (a relative or friend)

Full Name: _____ Title: _____

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.

Parent/ Caregiver_____
Date_____
Parent/ Caregiver_____
Date**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.

Parent/ Caregiver_____
Date_____
Parent/ Caregiver_____
Date

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 / do not agree images of my child can be used.

Signed: _____ Date: _____

PARENT CHECKLIST

The documents listed below are required for full enrolment;

- Fully completed enrolment form signed by two Parents
- Birth Certificate
- Passport and Visa (proof of residence eligibility if student is from overseas)
- Immunisation certificate
- Preference Enrolment
 - Preference of Enrolment certificate signed & stamped by a Catholic Priest
- Criteria number for Preference of Enrolment (5.1, 5.2, 5.3, 5.4, 5.5)
(Criteria needs to be written on the preference form by the Catholic Priest)
- Baptism certificate
- Non - Preference Enrolment
- Written character references - two required **(for non preference only)**
- 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: _____



Together We Nurture
Confident Compassionate Connected
Catholic Guardians of Aotearoa



