



# ST. JOSEPH'S CATHOLIC SCHOOL

## HATO HOHEPA



### Application for Enrolment

#### GENERAL INFORMATION (Please Print)

Pupil's Surname \_\_\_\_\_

Pupil's Christian names \_\_\_\_\_

Male      Female      (circle as appropriate)

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Home Phone No.      (    )      \_\_\_\_\_

Cell Phone No. Mother \_\_\_\_\_      Cell Phone No. Father \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_      Country of Birth \_\_\_\_\_

(If not born in NZ, date of entry into NZ)

Preschool \_\_\_\_\_      Hours per week \_\_\_\_\_      No. of Years attended \_\_\_\_\_

Name of previous school \_\_\_\_\_

#### ETHNIC RELATIONSHIP Please print

Family's ethnic group?      Pakeha NZ, Maori, Samoan, Tongan, Chinese, other

Please circle

If Maori, please state which Iwi

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

First Language (if other than English) \_\_\_\_\_

Child's Religion \_\_\_\_\_

Doctor \_\_\_\_\_

Health Problems (ie. Asthma, allergies etc.) \_\_\_\_\_

Referral to any agencies (eg. Speech Therapist, Special Education Services) \_\_\_\_\_

Date Started	Enrolment No.	Room
<small>NSN      (Office Use Only)</small>		

## PARENT DETAILS

*(Please print)*

Father's Surname \_\_\_\_\_ Religion \_\_\_\_\_

Father's Christian Names \_\_\_\_\_

Address *(if different)* \_\_\_\_\_

Post Code \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Surname \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Christian Names \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Family members likely to attend school in the future

_____	Date of Birth	_____
_____	Date of Birth	_____
_____	Date of Birth	_____

## EMERGENCY CONTACTS

*(Please print)*

Please list family or friends who could be contacted should your child fall ill at school?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

In case of an emergency your child will remain at school and will be released *ONLY* to the person(s) listed below

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## PERMISSIONS

Are you happy for your child's name or photo to be published in any school publications including the school's website?  
*(If a photo is used on the website it will not have your child's name with it.)*

Yes No

Are you happy to have your child take part in activities in the immediate area outside St Joseph's School grounds under the supervision of a teacher?  
*(Specific permissions will be sought for trips involving greater distances)*

Yes No