



ST. JOSEPH'S CATHOLIC SCHOOL

HATO HOHEPA

Application for Enrolment



DECLARATION

The UNDERSIGNED HAS READ THE School's current Prospectus and agrees as a condition of enrolment and attendance to accept its provisions and to abide by the School's policies and rules and subsequent changes. This Agreement also applies to the above-named student, whose acceptance of a place at the School indicates their commitment to uphold the Code of Conduct for students.

Signed Parent/Guardian: _____

PRIVACY REQUIREMENT

I/We understand that the information I/we have given will be used by staff for educational purposes. This information may be disclosed to the Proprietor or their Agent for the purposes of Attendance Dues.

Signed Parent/Guardian: _____

PARTICIPATION IN THE SCHOOL PROGRAMME

The undersigned accepts as a condition of enrolment that this student will take part in the general school programme that gives the school its Special Character.

Signed Parent/Guardian: _____

ATTENDANCE DUES

The undersigned agrees, as a Condition of Enrolment and Attendance at this school, to pay Attendance Dues as determined by the Proprietor from time to time and approved by the Ministry of Education.

Signed Parent/Guardian: _____

ENROLMENT PREFERENCE (PRINCIPAL TO SIGN THIS SECTION)

PREFERENCE OF ENROLMENT

I have sighted evidence that the applicant has a religious connection with the Catholic character of the School and this student is, therefore, given a preferential place on the list of students enrolled.

Signed Principal: _____

NON-PREFERENCE ENROLMENT

The applicant has not shown evidence of a religious connection with the Catholic character of the School. The student is, therefore, placed on the list of those to be enrolled, if a place is available, after all Preferential Enrolments have been assigned a place in the School. It is understood that notification of enrolment might unavoidably be very late.

Signed Principal: _____

FOR OFFICE USE ONLY

Birth Cert	Pref Cert	Passport	Imms Cert	Assembly	ENROL	House

STUDENT DETAILS (Please Print)

Entry Year Level (Please Circle) 1 2 3 4 5 6 7 8

Surname: _____ Date of Birth: _____

Christian Names: _____

Preferred Name: _____ Gender: (Please Circle) Male Female

Address: _____

Post Code: _____

Preschool: _____ Hours per week: _____ No. of years attended: _____

Previous School: _____ Birth Certificate seen and photocopied Y/N

CULTURAL RELATIONSHIP (Please Print)

Family's Cultural Group: (Please Circle) NZ Euro/Pakeha Maori Samoan Tongan Chinese

Other: _____

If Maori, please state which Iwi

1. _____

2. _____

3. _____

Country of Birth: _____ Nationality: _____

Date of New Zealand Entry: _____ Student Passport seen and photocopied: Y/N

First language spoken (if other than English): _____

Student's religion: _____ Preference Form signed: Y/N

Do you have any other children attending the School?

Name: _____ Year: _____ Room: _____

Name: _____ Year: _____ Room: _____

Name: _____ Year: _____ Room: _____

FOR OFFICE USE ONLY

Date Started	Enrolment Number	Room Number	NSN

HEALTH INFORMATION *(Please Print)*

Doctor: _____

Health Concerns: (ie. Asthma, allergies etc) _____

Does your child require medication: Y/N *If yes, please speak to office staff.*

Referral to any agencies: (eg. Speech Therapist, Special Education Services) _____

PERMISSIONS (PLEASE CIRCLE)

Are you happy for your child's name or photo to be published in any school publications including the school's website? Yes No

(If a photo is used on the website it will not have your child's name on it.)

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? Yes No

(Specific permissions will be sought for trips involving greater distances)

Are you happy for staff to provide basic first aid to your child if needed? (ie. Administer Panadol, clean blood, put on plasters etc) Yes No

Are you happy for your child to attend H2O Extreme Leisure Centre for Swimming Lessons? Yes No

Are you happy for your child to use digital devices, such as, iPads, Laptops etc for educational purposes? Yes No

PARENTS/GUARDIANS AT STUDENT'S MAIN RESIDENCE (WHO THE STUDENT LIVES WITH)

Mr/ Mrs/ Miss/ Ms/ Dr (Please Circle)		Mr/ Mrs/ Miss/ Ms/ Dr (Please Circle)	
Surname:		Surname:	
Christian Names:		Christian Names:	
Relationship:		Relationship:	
Occupation:		Occupation:	
Address:		Address:	
Home Phone:	Work Phone:	Home Phone:	Work Phone:
Mobile Phone:		Mobile Phone:	
Email:		Email:	
Religion:		Religion:	

PARENTS/GUARDIANS AT STUDENT'S SECONDARY RESIDENCE (IF APPLICABLE)

Mr/ Mrs/ Miss/ Ms/ Dr (Please Circle)		Mr/ Mrs/ Miss/ Ms/ Dr (Please Circle)	
Surname		Surname:	
Christian Names:		Christian Names:	
Relationship:		Relationship:	
Occupation:		Occupation:	
Address:		Address:	
Home Phone:	Work Phone:	Home Phone:	Work Phone:
Mobile Phone:		Mobile Phone:	
Email:		Email:	
Religion:		Religion:	
To Receive Reports: Yes/No		To Receive Reports: Yes/ No	

EMERGENCY CONTACT(IF THE SCHOOL CANNOT CONTACT PARENTS/GUARDIANS, WHO WOULD YOU LIKE US TO CONTACT)

Mr/ Mrs/ Miss/ Ms/ Dr			Mr/ Mrs/ Miss/ Ms/ Dr		
Surname:			Surname:		
First Name:			First Name:		
Relationship to Student:			Relationship to Student:		
Home Phone:	Work Phone:	Mobile Phone:	Home Phone:	Work Phone:	Mobile Phone:

