

## PUPIL ENROLMENT FORM

### PUPIL DETAILS – Please Print

Legal Surname: \_\_\_\_\_ Legal First Name/s: \_\_\_\_\_

Preferred Surname: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Boy / Girl      Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Current Year Level: \_\_\_\_\_

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

Home Phone No: \_\_\_\_\_

Is there a sibling at this school? Yes / No      Place in family: \_\_\_\_\_ out of \_\_\_\_\_

Previous School: \_\_\_\_\_ Home Language: \_\_\_\_\_

Ethnic Group/s (Number up to three – state first Ethnicity for our Ministry records): \_\_\_\_\_

NZ Maori Iwi (up to three): \_\_\_\_\_

NZ Resident/Citizen? Yes/No (If no, please enter details below)

Birth Certificate or Passport Number \_\_\_\_\_ Country of Birth \_\_\_\_\_

Date of entry into NZ \_\_\_\_\_ Visa Number \_\_\_\_\_

### EARLY CHILDHOOD EDUCATION IN THE SIX MONTHS PRIOR TO STARTING SCHOOL

Did your child regularly attend Early Childhood Education? (i.e. attended most booked sessions each week)

- Yes, for the last \_\_\_\_ year(s)
- Not regularly, only occasionally with no on-going schedule
- No, did not attend ECE

Please enter the number of hours per week attended for up to three services:

- a. Kohanga Reo
- b. Playcentre
- c. Kindergarten
- d. Home based service
- e. Playgroup
- f. The Correspondence School – Te Aho o Te Kura Pounamu

**OR**

Please tick the appropriate box

- Attended, but only outside New Zealand
- Attended, but don't know what type of service
- Unable to establish if attended or not

**PARENT / CAREGIVER DETAILS**

Child lives with (*tick one*): Both Parents  Mother  Father

Caregiver 1  Caregiver 2

**Caregiver 1 Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_ **Country of Birth:** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**Caregiver 2 Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_ **Country of Birth:** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**RELIGION**

Caregiver 1: \_\_\_\_\_ Caregiver 2: \_\_\_\_\_

**CUSTODY ACCESS**

Court order issued? Yes / No / NA (Attached further information as required)

Extra copy of school report to: \_\_\_\_\_

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

**EMERGENCY CONTACT (Other than a Parent/Caregiver and preferably within the Central Auckland area)**

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

Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Centre: \_\_\_\_\_

Does your child have any allergies, medication requirements, on-going illnesses etc? \_\_\_\_\_

Immunisation Certificate Attached: Yes / No

**PRIVACY ACT 1993**

St Therese School undertakes to collect, use and store the information you provide on this form according to the Privacy Act 1993. The information will be used to prepare class rolls, reports required by the Ministry of Education and for administrative purposes within the school. I agree that this information can be used for the above purposes:

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

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

**ATTENDANCE DUES**

The Catholic Integrated Schools Board charges compulsory Attendance Dues. It is a condition of enrolment that you pay all Attendance Dues in advance.

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

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

**SPECIAL CHARACTER**

As a Catholic School we will be teaching your child the fundamentals of the Catholic Faith and we ask that you support the school in this. It is a condition of enrolment that all children attend school Masses and Liturgies.

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

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

Child Baptised Yes / No

Child Confirmation Yes / No

Do you have a Preference Card for your child? Yes / No

I give permission for a photograph of my child to appear in the school newsletter, website, Facebook and promotional material.

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

## CHECK LIST

*Please ensure you have attached:*

- Signed Preference form from your Catholic Priest for each child
- Baptism Certificate
- New Zealand Birth Certificate or New Zealand Passport
- Immunisation Certificate

Once your enrolment has been accepted you will need to obtain from the school office and complete the following:

- Hearing & Vision Permission Slip
- Milk in Schools Permission Slip

## CONTACT DETAILS

School Office: Phone 620-9441  
Address: 463 Mt Albert Road, Three Kings, Auckland  
E-mail: [office@sttherese.school.nz](mailto:office@sttherese.school.nz)  
Web: [www.sttherese.school.nz](http://www.sttherese.school.nz)  
St Therese Parish: Phone 620-9689

If you are aware of any specific learning needs / difficulties that your child may have, please ensure that all information is fully disclosed at the time of submitting this application. No application will be disadvantaged by disclosing this information.