

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 and on the school website 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
- Dental 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
Web: 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.