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 2020

St Therese School undertakes to collect, use and store the information you provide on this form according to the principles of the Privacy Act 2000. The information may be provided to the Proprietor or Proprietor's agent, the Minister of Education and the Education Review Office, and for administration purposes within the school. I/We agree that this information can be used for the above purpose.

Signed:_____ Date: _____

Name: _____

ATTENDANCE DUES

I/We the undersigned, undertake as a condition of enrolment and attendance to pay Attendance Dues at a rate determined 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.

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/Instagram and promotional material.

Signed: _____ Date: _____

Name: _____

CHECK LIST

Please ensure you have attached:

☐ New Zealand Birth Certificate or New Zealand Passport

☐ Healthy School Lunches Programme, Specialised Diet Form

☐ Signed Preference Form from your Catholic Priest for each child (if applicable)

☐ Baptism Certificate (if applicable)

☐ Attendance Dues Agreement

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.