

Enrolment Form

St. MARY MACKILLOP
CATHOLIC SCHOOL



PUPIL DETAILS

Childs Legal Full Name _____
 Street Address _____
 Suburb _____ Postal Code _____
 Date of Birth _____ Country of Birth _____
 Current Age _____ Gender: Male / Female
 Previous School attended _____ Year Level _____
 Religion _____ Parish _____

ETHNIC GROUP

Ethnicity 1 _____
 Ethnicity 2 _____
 NZ Maori—Please state Iwi _____

CITIZENSHIP

New Zealand Citizen: Yes / No Permanent Resident: Yes / No / N/A
 Languages spoken at home: _____
 Date of arrival into NZ (if migrant) _____ Passport Number _____
 Student Visa: Yes / No / N/A Expiry Date _____

SIBLINGS

Name _____ Date of Birth _____ School _____
 Name _____ Date of Birth _____ School _____
 Name _____ Date of Birth _____ School _____

PARENT/CAREGIVER DETAILS

Mothers full name: _____ Title _____
 Phone (W) _____ (M) _____ (H) _____
 Email _____
 Occupation _____ Name of company _____
 Work address _____
 Ethnicity _____ Religion _____
 Country of Birth _____
Fathers full name: _____ Title _____
 Phone (W) _____ (M) _____ (H) _____
 Email _____
 Occupation _____ Name of company _____
 Work address _____
 Ethnicity _____ Religion _____
 Country of Birth _____

Child Lives with (tick one)

Both Parents	<input type="checkbox"/>	Father Only	<input type="checkbox"/>
Mother Only	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Please supply any further information (eg restricted access etc)

Preschool / Early Childhood

Please circle one box

Never attended an early childhood centre Attended Kohanga Reo

Kindy or Playcentre Early Childhood centre

Name of Centre _____ Hrs _____ Years _____

MOE special Education agency referrals:

1 Other Contact (relative or friend)

Full name: _____

Address _____

Phone (W) _____ (M) _____ (H) _____

Relationship to child _____

2 Other Contact (relative or friend)

Full name: _____

Address _____

Phone (W) _____ (M) _____ (H) _____

Relationship to child _____

SACRAMENTS RECEIVED:

My child has received the following Sacraments

Sacrament of Baptism	YES / NO
Sacrament of Reconciliation	YES / NO
Sacrament of Confirmation	YES / NO
Sacrament of Holy Communion	YES / NO

Conditions of Enrolment

I/We the undersigned accept as conditions of enrolment that:

1. The herein named pupil will participate in the general school programme that give St Mary MacKillop Catholic School its Special Character.
2. As a condition of attendance at St Mary MacKillop Catholic School, I/We will pay **Attendance Dues** as determined from time to time 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.
3. Privacy Act 1993: Our school undertakes to collect, use and store information on this form according to the principles of the Privacy Act 1993.
The information may be provided to the Proprietors agent, the Minister of Education Review Office and for the administrative purposes within the school.
4. I/We agree that this information can be used for the above purpose

The following is required under the Education Act 1989 (Section 77A):

1. In the case of students who have never been enrolled before, an enrolment record will be begun for the student and in the case of the other students their Enrolment Record will be requested from the students previous school.
2. When the students leaves this school to go to another school the Enrolment Record will be updated and passed on to the student's next school.
3. The school the student is attending will hold the Enrolment Record and the Student and Parent can request a copy from the school.
4. The Enrolment Record will be made available to the Ministry of Education or it's agents if requested for a specific purpose

Parent/ Caregiver _____ Date _____

Parent/ Caregiver _____ Date _____

Agency Referral

I/We give St Mary MacKillop Catholic School permission to seek advice and guidance where necessary and to refer our child/children to:

Pastoral Care Team (SWiS), Hearing and Vision Team, Ministry of Education, Ministry of Health

Parent/Caregiver _____ Date _____

Parent/Caregiver _____ Date _____

Medical Information

Doctors name and address _____

Phone _____

Is your child fully immunised Yes / No

If no please supply reason _____

Asthma	Yes / No	Glue ear	Yes / No	Hearing problems	Yes/ No
Allergies	Yes / No	Sight Problems	Yes/ No	Serious Health concerns	Yes / No

Brief health details: _____

Has your child had a 4 year old B4 school health check Yes / No

Consent

I give permission for the school to take action on my behalf in case of injury or sudden illness of my child.

Signed: _____

I give permission for my child to leave the school grounds and walk to St Therese Parish for school activities (e.g mass) under supervision of the class teacher

Signed: _____

Consent for images of child to be published

St Mary MacKillop has a strong online presence. I agree images of my child can be used

Signed: _____

Parent checklist

The documents listed below are required for full enrolment

- Fully completed and signed enrolment form
- Birth Certificate
- Passport and Visa (proof of residence eligibility if student is from overseas
- Immunisation certificate
- Preference Enrolment—signed by a Catholic Priest
- Criteria number Preference of Enrolment (5.1, 5.2, 5.3, 5.4, 5.5)
- Non Preference Enrolment
- Interview with the Principal

Please be aware that with any change of address or phone number you need to notify the office immediately for us to keep our records up to date

(for school use only)

Reference of Enrolment

I have sighted evidence that the Proprietor has stated that the above named student should be given preference of enrolment.

Principal _____

This applicant is non-preference

Principal _____

Start Date: _____ Enrolment No _____ Room _____

Year _____ House _____ NSN _____