

Holy Cross Catholic School
21 Carruth Road
PAPATOETOE



Phone: (09) 278-8224

Database No.	
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ENROLMENT FORM

Student's Last Name:

.....

First Names:
(please underline preferred name)

Address:

..... Phone No.

Email Address: Cellphone No

Date of Birth: Current Age: (years) (months)

Gender: **Male** **Female** Religion:

Names of brothers or sisters already attending Holy Cross School:

.....

Is this child baptised: **Yes** **No** Parish where Baptised:

First Holy Communion: **Yes** **No** Confirmed: **Yes** **No** Reconciliation: **Yes** **No**

Last School Attended:

Year of Entry to Holy Cross: Level of Entry to Holy Cross:
(Year 1, 2, 3, 4, 5, 6, 7, 8)

New Zealand Citizen **Yes** **No**

Iwi that you belong to: **Language Spoken at Home**.....

Date of Arrival into New Zealand *(if immigrant)* _____ / _____ / _____

Permanent Resident **Yes** **No** New Zealand Citizen **Yes** **No**

Refugee Status **Yes** **No** Student Visa Expiry Date

Child lives with: (please tick appropriate circle):

Mother	Father	Both Parents	Other
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If other, please state relationship to child:

Caregiver(s) Details

Father's Details:

Surname: First Name:

Address (if different to student):

.....

Home Phone: Work Phone:

Cellular Phone: Email Address:

Occupation: Place of Work:.....

Father's Country of Birth..... Father's First Language

Father's Nationality..... Father's Date of Birth.....

Mother's Details:

Surname: First Name:

Address (if different to student):

.....

Home Phone: Work Phone:

Cellular Phone: Email Address:

Occupation: Place of Work:.....

Mother's Country of Birth.....Mother's First Language

Mother's Nationality.....Mother's Date of Birth

What language do you speak at home to your children:

Emergency Contact (contact if caregiver(s) NOT available)

Surname: First Name:

Home Phone: Work Phone:

Email Address:

Cellular Phone: Relationship with Student:

Address.....

Sensitive Information:

If there is any other information that you feel the school should be aware of relating to the student please fill in details here. This information will be treated with the strictest confidence.

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.....
.....
.....

Medical Information:

Problems:

Degree (Circle one) mild moderate severe

Sight:

Hearing:

Doctor: Phone:

Immunisation Complete Yes No

Immunisation Certificate Sighted Yes No

In an emergency the school may act on behalf of my child Yes No

Special Needs:

Indication of health or learning difficulties enables us to better meet the special needs of students.

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Does your daughter/son currently received any special learning. **Yes** **No**

If yes, please explain:

.....

.....

Pre-school / Early Childhood Experience:

Please list (Kindergarten, Playcentre, Daycare, Kohunga Reo that your child has attended.)

.....

How many years and hours per week did your child attend this pre-school/kindergarten/Kohunga Reo?

Preference of Enrolment

Evidence that the Proprietor has stated that the above named student should be given

preference of enrolment

The applicant is non-preference

Privacy Act 2020

Our school undertakes to collect, use and store information you provide on this form according to the principles of the Privacy Act 2020. 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 purposes.

Participation in School Programme

I/We the undersigned, undertake as a condition of enrolment that the above named student will participate in the general school programme that gives our school its Catholic Special Character.

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 name student in default of this undertaking.

Board of Trustees Policies and Procedures

I / We, (parents / caregivers names), acting as the legal parents or caregivers of (student's name) agree that our child, _____ (student's name) and our family/ whanau will adhere to and comply with all approved Holy Cross School Board of Trustees Policies and Procedures, as a condition of (student's name) enrolment at Holy Cross School.

Both parents sign for above

SIGNED: **Mother/Guardian**

Mother/Guardian**Please print name**

DATE:

SIGNED: **Father/Guardian**

Father/Guardian**Please print name**

DATE:

Check List for a Complete Enrolment (The following documents are required for a full enrolment)

- Fully completed and signed enrolment form.**
- Birth Certificate.**
- Baptism Certificate** (only if baptised Catholic)
- Passport and Visa.** (Proof of residence eligibility **if student born in Australia or overseas**)
- Immunisation Certificate**
- Signed Attendance Dues Parents Responsibility Form**