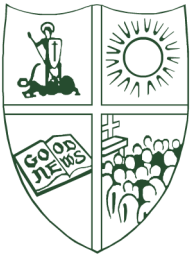




# ST MICHAEL'S CATHOLIC SCHOOL

## *APPLICATION FOR ENROLMENT*

*Be it known to all who enter here that Christ  
is the reason for this school.  
Christ is the unseen but ever present teacher in its classes,  
and the model and inspiration  
for parents, teachers and children.*



# ST MICHAEL'S CATHOLIC SCHOOL ENROLMENT FORM

## STUDENT INFORMATION

Family Name: \_\_\_\_\_ Legal Name/s: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Entry year (e.g. 2017): \_\_\_\_\_ Present School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_

Current Year Level: (If already attending school) \_\_\_\_\_ Previous School Level: \_\_\_\_\_

Language spoken other than English: \_\_\_\_\_

Why did you choose St Michael's Catholic School? \_\_\_\_\_

Is your child baptised Catholic? Yes/No  
(please circle Yes or No)

Confirmation: Yes/No

Reconciliation: Yes/No

Eucharist (1st Communion): Yes/No

Other Religion: \_\_\_\_\_

## FAMILY INFORMATION

### MOTHER

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

Legal Names: \_\_\_\_\_

Parents Date of Birth: Mother: \_\_\_\_\_

Title: \_\_\_\_\_ (Ms/Miss/Mrs/Dr)

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

Suburb: \_\_\_\_\_ City: \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Occupation: \_\_\_\_\_

Mobile: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Name of Parish Attended: \_\_\_\_\_

St Michael's Old Girl: \_\_\_\_\_

Student lives with: Both parents  Mother

If other—please provide: Name: \_\_\_\_\_

Does the Student have Siblings attending St Michael's?

Yes  No

If Yes, please name sibling/s: \_\_\_\_\_

### FATHER

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

Legal Names: \_\_\_\_\_

Parents Date of Birth: Father: \_\_\_\_\_

Title: \_\_\_\_\_ (Mr/Rev/Dr/Sir)

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

Suburb: \_\_\_\_\_ City: \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Occupation: \_\_\_\_\_

Mobile: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Name of Parish Attended: \_\_\_\_\_

St Michael's Old Boy: \_\_\_\_\_

Father  Other

Relationship: \_\_\_\_\_



# ST MICHAEL'S CATHOLIC SCHOOL ENROLMENT FORM

## FAMILY INFORMATION contin...

Is your child a NZ Citizen/Permanent Resident?    Yes     No

If not, please provide Date of Entry into New Zealand: \_\_\_\_\_

**Please provide a copy of your Residency Permit and any other Immigration Documentation pertaining to your Status in New Zealand**

Ethnic Group: (e.g. Maori, European, Tongan, Samoan, Asian, Indian, Filipino): \_\_\_\_\_

If Maori, please state Iwi: \_\_\_\_\_

## PRE-SCHOOL HISTORY

Pre-School Attended: \_\_\_\_\_ Years/Month Attended: \_\_\_\_\_ yrs \_\_\_\_\_ mths

## MEDICAL INFORMATION

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does your child have any allergies, medical condition or medical requirements?    Yes     No

If yes, please state: \_\_\_\_\_

**ACTION PLAN:** \_\_\_\_\_

## LEARNING / DEVELOPMENTAL INFORMATION

Does your child have any learning or/and developmental concerns?    Yes     No

If yes, please state: \_\_\_\_\_

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# ST MICHAEL'S CATHOLIC SCHOOL ENROLMENT FORM

## PRIVACY ACT 1993

Our school undertakes to collect, use and store information you provide on this form according to principles of the Privacy Act 1993. 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.

## 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 your school its Catholic Special Character.

## ATTENDANCE DUES

I/We the undersigned, undertake as a condition of enrolment and attendance to 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.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Mother/Guardian) (Father/Guardian)

*A Tax Receipt shall be issued for school donations made payable to St Michael's Catholic School for each respective Tax Year that your child is enrolled at St Michael's Catholic School.*

Please return this completed form with the following documents:

- Copy of Preference Certificate
- Copy of Baptism Certificate
- Copy of Self Criteria Assessment Form
- Copy of Birth Certificate or Passport
- Copy of Immunisation Form

I/We the undersigned, agree to the information given being legally accurate.

Signed on the \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Mother/Guardian) (Father/Guardian)

### PREFERENCE OF ENROLMENT

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Principal)

The applicant is non-preference: \_\_\_\_\_ Date: \_\_\_\_\_  
(Principal)