



*Knowing.....Doing.....Caring
 Mōhiotanga.....Mahinga.....Manaakitanga*

Office Use Only			
Admission Number		Preference Student	Signed Preference Certificate Received
School Start Date		Non-Preference Student	
Year Level		CSB Dues Agreement Signed & Received	
Classroom		CSB Dues Agreement sent to CSBL	
ENROL NSN		Birth Certificate/Passport Received	
Dental Clinic advised		Immunisation Certificate Received	

ENROLMENT FORM

Date of Application	
Anticipated Start Date	

Student Details	
Legal Surname	
Legal First Names	
Preferred Surname and/or First Name	
Date of Birth	Gender: M / F
Ethnicity	
Language Spoken at Home	
Iwi Affiliations (if NZ Maori)	

Country of Birth	
If not NZ born, date of arrival in NZ	
NZ Citizen	Yes / No
Permanent Resident	Yes / No
Permit Holder	Yes / No
Permit Expiry	

Parent Details	
Mother's Details	
Family Surname	
First Names	
Email	
Living with Student	Yes / No Ethnicity
Residential Address	

Home Phone	
Mobile	
Occupation	
Work Phone	

Father's Details	
Family Surname	
First Names	
Email	
Living with Student	Yes / No Ethnicity
Residential Address	

Home Phone	
Mobile	
Occupation	
Work Phone	

Guardian/Caregiver Details		<i>To be completed where appropriate</i>		
Family Surname			Home Phone	
First Names			Mobile	
Email			Occupation	
Living with Student	Yes / No	Ethnicity	Work Phone	
Residential Address				

Details of Custody Arrangements/Restrictions		<i>To be completed where appropriate</i>	
School Accounts to be sent to			
Additional copy of School Newsletter to be sent to			
Additional copy of School Report to be sent to			

Emergency Contact Details (not parents or caregivers)	
Family Surname	
First Names	
Relationship to Student	

Home Phone	
Mobile	
Work Phone	

Family Surname	
First Names	
Relationship to Student	

Home Phone	
Mobile	
Work Phone	

Schooling Details	
Pre-School Attended (please complete details on Early Childhood Education page)	
Year Level at Current School	
Current School Enrolled at	

Please provide names & date of birth of any pre-school children	

Health Details	
Current Dental Clinic attended	
Family Doctor	
Immunised	Yes / No
Please provide immunisation details	
Allergies / Health Problems	
Regular Medication	
Disability/Special Needs	

Asthma	Yes / No
If medication is required whilst at school for any condition then please fill in the authorisation form included in the pack.	

Catholicity	
Student Baptised	Yes / No
Date & Place of Baptism	
If student is not Catholic, please state their religion:	
Mother/Guardian Catholic	Yes / No / Other:
Father/Guardian Catholic	Yes / No / Other:

Received First Reconciliation	Yes / No
Received First Eucharist	Yes / No

Additional Information

Please complete if there is any other pertinent information that may help the school and classroom teacher.

EARLY CHILDHOOD EDUCATION

To assist the Ministry of Education in gathering information about children's participation in early childhood education before school, it is required that the following questions be completed.

1. Did your child attend one or more Early Childhood Education services in the six months prior to starting school? Please complete the table below for the last service(s) attended.

Instructions:

- a) If your child was attending more than one service *at the same time*, please enter hours per week for up to three services.
- b) If your child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the *last service only*, not both.
- c) If your child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of hours per week.

Please enter the number of **hours per week** for up to three services:

		Service 1 Hours per week	Service 2 Hours per week	Service 3 Hours per week
A	Kohanga Reo			
B	Playcentre			
C	Kindergarten or Education and Care Centre			
D	Home based service			
E	Playgroup			
F	The Correspondence School – Te Aho o Te Kura Pounamu			

or (please tick the appropriate box)

G	Attended, but only outside New Zealand	
H	Attended, but don't know what type of service	
I	Did not attend	
J	Unable to establish if attended or not	

2. Did your child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means the child was booked in to a service for sessions each week/fortnight and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

Please tick the appropriate box.

<input type="checkbox"/>	Yes, for the last		year(s).
<input type="checkbox"/>	Not regularly, only occasionally with no on-going schedule.		
<input type="checkbox"/>	No, did not attend Early Childhood Education.		

PARENTAL CONSENT

Local Visits

At times, interesting activities are happening in the New Plymouth area which classes attend. By signing this form, it will allow teachers to take the class on visits without having to seek parental consent each time. The same safety precautions will be taken by staff as with any trip. Parents will be advised of all excursions. On occasions, classes may walk out of the school grounds to view or partake in activities, e.g, Park visits.

Photo Publishing

Please indicate below if you accept that photos of your child, participating in school events be used in the school newsletter (which will be available on our school website www.stpiusx.school.nz), Parish newsletter, local newspaper and/or any other publication where deemed acceptable by the school Principal and BOT.

Signed:

Date:

Cybersafety

A copy of our Cybersafety Use Agreement is enclosed in the Information Pack you have received. The School does its best to restrict student access to offensive, dangerous or illegal material on the internet or other communication technologies but it is the responsibility of your child to have no involvement in such material or activities including any he/she may bring into the school environment. Please confirm below that you have received this Cybersafety Use Agreement and will discuss it with your child.

Transport Safety

Please indicate below that you understand that if you undertake to transport children on school trips, that children must be safely seatbelted and your vehicle is registered and warranted. Under NZ law all children are required to be correctly secured in an approved restraint until their seventh birthday. Because of this legislation, junior children will travel by bus on all school trips. The school has a number of approved car seats available for times when students may need to be transported individually.

CONSENT

- I grant the school consent to take my child on trips/visits. This consent will apply during the time my child is enrolled at St Joseph's School.
- I grant the school consent to publish my child's photograph on the school website.
- I confirm that I have received the Cybersafety Use Agreement and will discuss it with my child.
- I understand that if my vehicle is used for school trips that it must be warranted and children must be seatbelted.

Signed:

Date:

Telephone Release

To comply with the Privacy Act, we are required to seek your permission to release information. Please indicate below your willingness for your address and phone number to be released for legitimate purposes (at the discretion of the Principal) e.g, Coach of sports team, Te Henui Dental Clinic, H&S Committee, TBH Health Nurse.

I would prefer that my phone number is confidential. Signed:

I give permission for the school to release information. Signed:

Milk in Schools

Our school participates in the Milk in School programme and milk is delivered weekly on Monday, Wednesday and Friday and given to the children during Munch, Crunch time. Please confirm your preference below:

- I would like my child to participate in Fonterra Milk in Schools
- I would not like my child to participate in Fonterra Milk in School
- My child has a dairy intolerance and/or allergy and cannot participate

Signed:

Date:

Clothes Changing Permission

On occasions students may require their clothes to be changed. Please indicate below your permission for staff members or other authorised adults to remove, under supervision, articles of your child's clothing should it be necessary for the purpose of first aid, hygiene or swimming.

Signed:

Additional Notes/Information

Date:

Additional Notes/Information