

St Peter Chanel School Enrolment Form

Class: _____ Room: _____
Date enrolled: ____/____/____
NSN No: _____
Completed by: _____

Pupil Details (One form per pupil)

Students Legal _____
First names _____ Surname _____

Preferred name _____
First names _____ Surname _____

Ethnicity : (Cultural identification with a particular ethnic group. Dual ethnicity may be selected)

NZ European / NZ Maori / _____

If NZ Maori please state the Iwi (up to three allowed) _____

Languages Spoken at Home _____

Mail to whom _____ Home Phone _____

Home address Road/Street _____ Fax _____

Rural Delivery No _____

Country of origin NZ / _____ Language English / Maori (cross out one)

Previous School _____

Gender M / F Date of birth ____/____/____ Verified Yes ☐ No ☐ **Enrolment No** _____

Date **first started** school ____/____/____ Date first attended **this school** ____/____/____

Enrolment status Regular class student / Fee paying / Special Education Agreement
(delete all except one) List detail: _____

Caregiver 1 Details : Mother / _____ Legal Guardian ☐ Access ☐

Name _____
Family name _____ First names _____ Mrs/Ms/Miss/Mr
Salutation _____

Address _____ Home phone _____

Work phone _____

Email _____ Cellphone _____

Religion: _____ Occupation _____

Other details _____

Other siblings likely to attend: _____ DOB _____

DOB _____

Caregiver 2 Details : Father / _____ Legal Guardian ☐ Access ☐

Name _____
Family name _____ First names _____ Mr/Mrs/Miss/Ms
Salutation _____

Address _____ Home phone _____

Work phone _____

Email _____ Cellphone _____

Religion _____ Occupation _____

Extra report required _____

Other details _____

Caregiver 3 Details : Emergency contact

Name _____ Mr/Mrs/Ms/Miss
 _____ Family name First names Salutation
 Home phone _____ Work phone _____ Relationship to student _____
 eg grandparent/neighbour/friend

Caregiver 4 Details : Emergency contact

Name _____ Mr/Mrs/Ms/Miss
 _____ Family name First names Salutation
 Home phone _____ Work phone _____ Relationship to student _____
 eg grandparent/neighbour/friend

Medical details : (List any medical problems, medication and information the school should be aware of).
 If they are on medication we have a **Medication Authority Form** to be completed at the office on enrolment.

 Doctor _____ Phone no _____
 Immunisation Cert shown _____ Complete _____

I understand that the school will take action on my behalf in case of sudden illness or injury Yes ☐ No ☐

Prior-participation in Early Childhood Education

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

Instructions:

1. If the child was attending more than one service *at the same time*, please enter hours per week for up to three services.
2. If the 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.
3. If the 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 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten <i>or</i> 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	<input type="checkbox"/>
h. Attended, but don't know what type of service	<input type="checkbox"/>
i. Did not attend	<input type="checkbox"/>
j. Unable to establish if attended or not	<input type="checkbox"/>

Did the 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.

- ☐ Yes, for the last ____ year(s).
- ☐ Not regularly, only occasionally with no on-going schedule.
- ☐ No, did not attend ECE.

Transport: Car ☐ Cycle ☐ Walk ☐ Bus ☐

Cyber Safety

☐ I give my permission for images of my child / children to appear on-line in school publications, School Face Book page, website and for school promotion

If from a previous school was your child on any programmes e.g. RTLB or involved with any agencies

Confidentiality

This information is requested by the school in order to communicate with parents and caregivers, to maintain the safety of the pupil, in order to meet the statutory requirements of the Ministry of Education. Information is held securely at St Peter Chanel's Primary School and used for the purpose of education only. It is accessible by staff members of the school and the Board of Trustees.

Parent / Caregiver Verification:

The information above is true and correct. I undertake to advise the school of any change circumstances so that accuracy and contacts may be maintained.

Signed _____ Date _____

Participation in School Programme

The undersigned undertakes as a condition of enrolment and attendance that the above named pupil will participate in the general school programme that gives the School its special character

Signed Name: Date

I accept all Policy statements at St Peter Chanel School

Signed Name: Date

ATTENDANCE DUES AGREEMENT FORM

All students attending Catholic schools are required to pay Attendance Dues. These dues are for servicing of school debts, insurance of school buildings, and other costs permitted by legislation. The billing of Attendance Dues is centralised through Catholic Schools Board Limited (CSBL) at the Catholic Centre, PO Box 12-341, Wellington.

+Prior to enrolment, the parents, or other persons taking responsibility for the student, must agree to pay Attendance Dues at a rate determined by the Proprietors and approved by the Minister of Education, or at such other rate as may be agreed from time to time between the undersigned and the person delegated by the Proprietors to act on their behalf.

The Catholic Schools Board Limited will send four invoices through the year, the first on or about 1 March, for the total family attendance dues to be paid. In the event of default in payment, then any recovery costs will be an additional expense to the parent or caregiver.

I/We the undersigned agree as a condition of enrolment and attendance to pay attendance dues at the rate levied from time to time by the school Proprietor.

Name: **Name:**
(Please print) (Please print)

Address **Address:**
.....
.....

Signed: **Signed:**
(Parent/Caregiver) (Parent/Caregiver)

Student Name: **Date:**

PRIVACY ACT 1993

The information given in the enrolment form may be disclosed to the Proprietor, or his/her agents, for the purpose of attendance dues and other purposes provided or envisaged by law.

We hereby consent to this use.

Signed:
(Parent/Caregiver)

Signed:
(Parent/Caregiver)

Date: