



# ST PETER CHANEL SCHOOL - MOTUEKA

## Enrolment Form



**STUDENT DETAILS (Main Residence) please provide a copy of Birth Certificate or Passport and Immunisation Certificate**

Legal Name: .....  
*Family Name* *First Names*

Preferred Name: .....  
*Family Name* *First Names*

Date of Birth: ..... Gender: Male / Female

Address: ..... Postal Address: .....  
 .....  
 (if different from .....  
 physical Address)

Postcode: ..... **Date First Started School:** .....  
**Date First Attended Here:** .....

<b>PRIMARY CAREGIVERS</b>	<b>Caregiver 1 (eg Mother)</b> <i>Legal Guardian</i> <input type="checkbox"/> <i>Access</i> <input type="checkbox"/>	<b>Caregiver 2 (eg Father)</b> <i>Legal Guardian</i> <input type="checkbox"/> <i>Access</i> <input type="checkbox"/>
Full Name: _____	_____ Mr/Mrs/Ms/Miss	_____ Mr/Mrs/Ms/Miss
Relationship to student: _____	_____	_____
Address: _____	_____	_____
Email: _____	_____	_____
Mobile: _____	_____	_____
Home Ph: _____	Work Ph: _____	Home Ph: _____
Occupation: _____	_____	Occupation: _____
Religion: _____	_____	Religion: _____
<b>Other siblings likely to attend:</b> _____	DOB: .....	_____ DOB: .....

<b>Caregiver 3</b>	<b>Emergency Contact</b>	<b>Caregiver 4</b>	<b>Emergency Contact</b>
Name: _____	_____ Mr/Mrs/Ms/Miss	_____	_____ Mr/Mrs/Ms/Miss
Relationship to student: _____	_____	_____	_____
Mobile: _____	Home Ph: _____	Mobile: _____	Home Ph: _____

**Please tick the ethnic group(s) you identify with:**

NZ Maori: IWI: 1 ..... 2 ..... 3 .....

NZ European:  Pasifika (*please state*) .....  Other (*please state nationality*) .....

Language/s spoken at home: ..... Country of Origin: .....

Verification Document: ..... Document Expiry Date: ..... Document Serial No: .....

Date of Arrival in NZ: .....

**STUDENT HEALTH RECORD**

Doctor / Medical Centre: ..... Phone: .....

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.

.....

**Degree:** Mild, Moderate, Severe Medication Required? ..... If yes, please provide written instructions on Authority Form.

I give permission for the school to act on my behalf in the case of an emergency  YES  NO

**FOR SCHOOL USE ONLY**

Start Date: ..... Year Level: ..... Room: ..... NSN Number: ..... Enrolment No: .....

DOCUMENTS PROVIDED: Birth Certificate / Passport / Citizen / Residency / Immunisation Certificate

**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.

1. If the child was attending more than one service *at the same time*, please enter hours per week for up to 3 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*.
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 <b>hours per week</b> for up to three services	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Home Based			
b. Kindergarten <i>or</i> Education and Care Centre			
c. Kohanga Reo			
d. Playcentre			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

**OR**

Please tick appropriate box	Did the child regularly attend Early Childhood Education?
g. Attended, but don't know what type of service	"Regularly attend" means the child was booked into a service for sessions each week/fortnight and went to those sessions unless they were sick, or on holiday. <input type="checkbox"/> Yes, for the last ..... year(s). <input type="checkbox"/> Not regularly, only occasional with no on-going schedule. <input type="checkbox"/> No, did not attend ECE.
h. Attended, but only outside New Zealand	
i. Did not attend	
j. Unable to establish if attended or not	

**Previous School:** .....

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

**Preference Status:**  Yes  No Preference Criteria: 5.1; 5.2; 5.3; 5.4

**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 in 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**

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:** .....

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

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