

ADMISSION NO: \_\_\_\_\_

DATE OF ADMISSION \_\_\_\_\_

APPLICATION FOR ENROLMENT to ST. JOSEPH'S SCHOOL

Child's Family Name: ..... First Name/s .....

Date of Birth: ..... Boy / Girl (Circle One) Place in Family .....

Country of Birth: ..... Date of New Zealand Entry: .....

Previous School: ..... Class: .....

Religion: ..... Baptism: Yes / No Reconciliation: Yes / No Communion: Yes / No

Parent or Guardian: .....

(Mr / Mrs / Miss / Ms)

Adults at Home: Both Parents / Mother / Father / Grandmother / Grandfather / Guardian (Circle one)

Mother's Name ..... Religion: ..... Nationality: .....

Father's Name: ..... Religion: ..... Nationality: .....

Address: .....

Home Phone Number: ..... Language Spoken at Home .....

Emergency Caregiver: ..... Phone Number:.....

Mother's Occupation: ..... Father's Occupation: .....

Business Address: ..... Business Address: .....

.....

Business Phone No: ..... Business Phone No: .....

Family Doctor's Name: ..... Doctor's Phone No: .....

Does your child have any condition that the school needs to know about?.....

I authorise the school to act on my behalf in the case of any emergency concerning the above child. Yes / No

Family have presented Vaccination Record Yes / No

Has your child had any Early Childhood Education? Where:.....

**CONDITIONS OF ENROLMENT**

I/We the undersigned, accept as conditions of enrolment that:

- 1) The herein named pupil will participate in the general school programme that gives St. Joseph's School its special character.
  
- 2) As a condition of attendance at St. Joseph's School, I/we will pay Attendance Dues as determined from time to time by the Proprietor and approved by the Minister of Education.

Signed: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

**PRIVACY ACT 1993**

Our school undertakes to collect, use and store information you provide on this form according to the principles of the Privacy Act 1993. The information will be used to complete forms required by the Catholic Integrated Schools' Board, the Ministry of Education and the Education Review Office, and for administration purposes within the school.

I agree that this information can be used for the above purpose.

Signed: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

**FOR SCHOOL USE ONLY**

This child has been accepted at St. Joseph's School as –

- a) preference enrolment
- b) non-preference enrolment
- c) special enrolment

Signed: Principal \_\_\_\_\_

Date: \_\_\_\_\_

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