



Serving with Faith and Love

456 Great North Road, Grey Lynn, Auckland. Telephone: 376 5456

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.....

Cell Phone: Business Phone No:

Email Address:

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

Cell Phone: Business Phone No:

Email Address:

Current Address:

Home Phone Number: Language Spoken at Home

Emergency Caregiver: Phone Number:

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

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

I authorize 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:

ESOL (English as Second Languages) purposes:

Is your child born outside of NZ? YES / NO

If YES – Where If NO – Is one of the child’s parents born outside of NZ? YES / NO

If YES – Where Please list the languages spoken at home

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.
- 3) We adhere to the Education Act 1989, part 33; evidence of school roll.

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 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 at a rate determined 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.

Attendance Dues

Attendance dues are approved by the Minister of Education under the terms of the Education and Training Act 2020.

Special Character Contributions

Special Character Contributions collected on behalf of the Proprietor are permitted under the terms of the Education and Training Act 2020. These contributions are eligible for a taxation rebate.

PREFERENCE OF ENROLMENT

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

Signed: _____
(Principal)

Date: _____

The applicant is non-preference: _____
(Principal)

Date: _____



Serving with Faith and Love

456 Great North Road, Grey Lynn, Auckland. Telephone: 376 5456

Agreement for the Payment of Attendance Dues

Full Name of Students _____

Full Name of Parents / Caregivers _____

Address _____

I/We the undersigned, undertake as a condition of enrolment and attendance to pay Attendance dues at a rate determined 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.

I /We agree to pay Attendance dues as follows:

- In full every term or annually, at the beginning of the school year
- Every two weeks by Automatic Payment or Direct Credit
- Every two weeks by cash or cheque, directly to the school office

Communication between families and the school is extremely important. Please contact the Principal as soon as possible if you experience any financial issues that will impact on the payment of attendance dues. Failure to communicate reasons for non-payment may lead to the proprietor passing the unpaid debt to a debt collector.

Attendance Dues are a legal charge and not a donation, nor is it tax deductible.

I/We have read the above conditions and agree to pay the Attendance Dues in accordance with this Agreement. This agreement is effective from _____

The undersigned acknowledges that student information which is related to the functions of the Proprietor of the school may be disclosed to the Proprietor or the Proprietors agents.

Signed: _____
Parent/Guardian

Date: _____

Signed: _____
Parent/Guardian

Date: _____