

MEDICAL INFORMATION

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Does your child have any allergies, medication requirements, on-going illnesses etc? YES / NO

- Asthma Inhaler require Diabetes
 Bee Sting allergy Peanut allergy Other (please specify)

Does your child have any specific learning needs / difficulties / abilities? YES / NO

Please ensure that all information is fully disclosed at the time of submitting this application including support agencies involved previously. No application will be disadvantaged by disclosing this information. However it would assist our preparations for your child's start at school.

PARENT / CAREGIVER DETAILS

Mother or Caregiver 1:

Family Name: _____ Occupation: _____

First Name: _____ Work place: _____

Title: (circle) MRS MISS MS MR Work phone: _____

Religious Affiliation: _____ Ethnicity: _____

Lives with child: YES / NO If "NO", state address: _____

Invoices: YES / NO

Father or Caregiver 2:

Family Name: _____ Occupation: _____

First Name: _____ Work place: _____

Title: (circle) MR MRS MISS MS Work phone: _____

Religious Affiliation: _____ Ethnicity: _____

Lives with child: YES / NO If "NO", state address: _____

Invoices: YES / NO

Emergency contacts:

1. Name: _____ Phone Nos: Home: _____

Relationship to child: _____ Mobile: _____

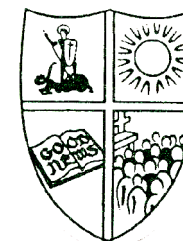
2. Name: _____ Phone Nos: Home: _____

Relationship to child: _____ Mobile: _____

Name: _____

Date of birth: ___/___/___

ST MICHAEL'S CATHOLIC SCHOOL



**Be it known to all who enter here that
Christ is the reason for this school.
Christ is the unseen but ever present
teacher in its classes, and the model
and inspiration for parents, teachers
and children.**

Enrolment Form

6 Beatrice Road Remuera, Auckland, New Zealand

SPECIAL CHARACTER

I/We the undersigned, undertake as a condition of enrolment that the above named pupil will participate in the general school programme that gives our school its Special Character.

Baptised: Parish _____ Date _____

Baptismal Certificate required (photocopy)

Reconciliation	Yes / No	Documentation required
Eucharist (1 st Communion):	Yes / No	“ “
Confirmation :	Yes / No	“ “

Do you have a Preference Card for your child? Yes / No (attach copy)

ATTENDANCE DUES AND SCHOOL CONTRIBUTIONS

I/We the undersigned, undertake as a condition of enrolment and attendance to pay Attendance Dues as determined from time to time by the Proprietor and approved by the Minister. Furthermore, I/we accept that the school can discontinue attendance of the above named pupil in default of this undertaking.

Signed: _____ Date: ____/____/____
Parent/Caregiver/

The following is required under the Education Act 1989 (Section 77A)

a) In the case of students who have never been enrolled before, an *Enrolment Record* will be begun for the student, and in the case of other students, their *Enrolment Record* will be requested from the student's previous school.

b) When the student leaves this school to go to another school, the *Enrolment Record* will be updated and passed on to the student's next school.

c) The school the student is attending will hold the *Enrolment Record*, and the student and parent can request a copy from the school.

d) The *Enrolment Record* will be made available to the Ministry of Education or its agents if requested for a specific purpose.

Signed: _____ Date: ____/____/____
Parent/Caregiver/

CHECK LIST *Please ensure you have attached:*

- Immunisation Certificate
- Preference form from your Priest
- Birth Certificate or passport
- Other relevant documentation

DATE STARTED: ____/____/____ Signed: _____
PRINCIPAL

PUPIL DETAILS

Family Name _____ First Names: _____

Gender: Boy / Girl Date of Birth: ____/____/____ Preferred Name: _____

Address:

1. (No & street) _____ Home Phone: _____

2. Suburb _____ Family Email: _____

3. City & Postcode _____

Place in family: ____ out of ____ Is there a sibling at this school: YES / NO

First day to attend: ____/____/____

ETHNIC BACKGROUND

Nationality _____ Language spoken other than English _____

Entered NZ on _____ Home Language _____

Ethnic Group [Tick one of the following]

- | | | |
|---|---------------------------------|------------------------------------|
| <input type="checkbox"/> NZ European / Pakeha | <input type="checkbox"/> Tongan | <input type="checkbox"/> S E Asian |
| <input type="checkbox"/> Other European | <input type="checkbox"/> Niuean | <input type="checkbox"/> Indian |
| <input type="checkbox"/> NZ Maori – | <input type="checkbox"/> Fijian | <input type="checkbox"/> Chinese |
- If Maori, state Iwi:
- | | | |
|--|---|---|
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Other Asian (Jap.Kor.) |
| <input type="checkbox"/> Cook Is Maori | <input type="checkbox"/> Other Pasifika | <input type="checkbox"/> Other (S.Amer.African) |

(Every school is required to supply this information to the Ministry of Education)

PRE-SCHOOL HISTORY: i.e. Kindergarten, Learning Centre, Day Care

Pre-school attended: _____ Years / Months attended: _____

PREVIOUS SCHOOL DETAILS

Previous School: _____

Area: _____ Current class level (Year) _____