



ST MICHAEL'S CATHOLIC SCHOOL

APPLICATION FOR ENROLMENT

*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.*



ST MICHAEL'S CATHOLIC SCHOOL ENROLMENT FORM

STUDENT INFORMATION

Family Name: _____ Entry year (e.g. 2015): _____

Legal Name/s: _____ Preferred Name: _____

Date of Birth: _____ Gender: _____

Nationality: _____ Present School: _____

Language spoken other than English: _____

FAMILY INFORMATION

MOTHER

FATHER

Family Name: _____ Family Name: _____

Legal Names: _____ Legal Names: _____

Title: _____ (Ms/Miss/Mrs/Dr) Title: _____ (Mr/Rev/Dr/Sir)

Home Address: _____ Home Address: _____

Suburb: _____ Suburb: _____

City: _____ Postcode: _____ City: _____ Postcode: _____

Phone (Home): () _____ Phone (Home): () _____

Business: _____ Business: _____

Mobile: () _____ Mobile: () _____

Email address: _____ Email address: _____

Religious Affiliation: _____ Religious Affiliation: _____

Name of Parish Attended: _____ Name of Parish Attended: _____

St Michael's Old Girl: _____ St Michael's Old Boy: _____

Student lives with: Both parents Mother Father Other

If other—please provide: Name: _____ Relationship: _____

Does the Student have Siblings attending St Michael's? Yes No

If Yes, please name sibling/s: _____

Is the Student Baptised Catholic? Yes No

If not, when will they be? _____



ST MICHAEL'S CATHOLIC SCHOOL ENROLMENT FORM

FAMILY INFORMATION *contin...*

Is the Student a NZ Citizen/Permanent Resident? Yes No

If not, please provide information: _____

Ethnic Group: (e.g. Maori, European, Tongan, Samoan, Asian, Indian): _____

If Maori, please state Iwi: _____

PRE-SCHOOL HISTORY

Pre-School Attended: _____ Years/Month Attended: _____ yrs _____ mths

MEDICAL INFORMATION

Family Doctor: _____ Phone #: _____

Dentist: _____ Phone #: _____

Does your child have any allergies, medical condition or medical requirements? Yes No

If yes, please state: _____

ACTION PLAN: _____

LEARNING / DEVELOPMENTAL INFORMATION

Does your child have any learning or/and developmental concerns? Yes No

If yes, please state: _____



ST MICHAEL'S CATHOLIC SCHOOL ENROLMENT FORM

SPECIAL CHARACTER INFORMATION

PARTICIPATION IN SCHOOL PROGRAMME

The undersigned undertakes, as a condition of enrolment and attendance, that the named student will participate in the general school programme that gives the school its Special Character.

ATTENDANCE DUES

The undersigned undertakes, 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, 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, and furthermore accepts that the school can discontinue attendance of the named pupil/student in default of this undertaking.

DISCLOSURE

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

Signature: _____ Date: _____
(Parent/Caregiver)

FURTHER PERSON/S RESPONSIBLE FOR PAYMENT OF FEES

Name of person/s /Organisation or Trust: _____

Address: _____

Phone: (Hm) _____ (Bus) _____ (Mob) _____

Signature: _____ Date: _____
(Parent/Caregiver)

A Tax Receipt shall be issued for school donations made payable to St Michael's Catholic School for each respective Tax Year that your child is enrolled at St Michael's Catholic School.

Please return this completed form with the following documents:

- Copy of Preference Certificate
- Copy of Baptism Certificate
- Copy of Self Criteria Assessment Form
- Copy of Birth Certificate or Passport
- Copy of Immunisation Form

I/We the undersigned, agree to the information given being legally accurate.

Signed on the _____ day of _____ Year _____ Parent Signature _____