



St Michael's Catholic School

APPLICATION FOR ENROLMENT

Motto

Christ is Ever present

Vision

Caring, Adaptable, Inspired Learners Who "Never See A Need Without Doing Something About It"

Mission Statement

St Michael's is a Catholic School of Learners where Everyone is Engaged and Challenged
to Achieve their Full Potential

STUDENT INFORMATION

Family Name: Legal Name/s: Preferred Name: _____

Entry year (e.g. 2017): _____ Present School: _____

Date of Birth: _____ Gender: _____ Nationality: _____

Current Year Level: (If already attending school) _____ Previous School Level: _____

Language spoken other than English: _____

Why did you choose St Michael's Catholic School? _____

Is your child baptised Catholic? Yes/No Confirmation: Yes/No Reconciliation: Yes/No **(please circle Yes or No)**

Eucharist (1st Communion): Yes/No Other Religion: _____

PREFERENCE OF ENROLMENT

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

Signed: _____ Date: _____ (Principal)

The applicant is non-preference: _____ Date: _____
(Principal)

Date Received: _____ Date Accepted: _____ Year Lvl: _____ House: _____



FAMILY INFORMATION

Mother	Father
Family Name:	Family Name:
Legal Names:	Legal Names:
Parents Date of Birth: Mother:	Parents Date of Birth: Father:
Title: (Ms/Miss/Mrs/Dr)	Title: (Ms/Miss/Mrs/Dr)
Home Address:	Home Address:
Suburb:	Suburb:
City:	City:
Postcode	Postcode
Phone (Home/Mobile):	Phone (Home/Mobile):
Occupation:	Occupation:
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:	
Does the Student have Siblings attending St Michael's? Yes No If Yes, please name sibling/s: _____	
Is your child a NZ Citizen/Permanent Resident? Yes No If not, please provide Date of Entry into New Zealand: _____	
Please provide a copy of your Residency Permit and any other Immigration Documentation pertaining to your Status in New Zealand	
Ethnic Group: (e.g. Maori, European, Tongan, Samoan, Asian, Indian, Filipino): If Maori, please state Iwi: _____	



PRE-SCHOOL

HISTORY

Pre-School Attended:	Years/Month Attended:

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:



PRIVACY ACT 1993

Our school undertakes to collect, use and store information you provide on this form according to 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 as determined from time to time by the Proprietor and approved by the Minister of Education. Attendance dues are approved by the Minister of Education under the terms of the Education and Training Act 2020. Furthermore, I/we accept that the school can discontinue attendance of the above named student in default of this undertaking.

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.

Signed: _____

Signed: _____

(Mother/Guardian)

(Father/Guardian)

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 Birth Certificate or Passport
- Copy of Immunisation Form

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

Signed on this day _____

Signed: _____ (Mother)

Signed: _____ (Father)