



## Application for Enrolment

### GENERAL INFORMATION

Child's Surname: \_\_\_\_\_ Male / Female *please*

*circle*

Child's Christian Names: \_\_\_\_\_

Child's Preferred Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

If NOT born in NZ, date of entry into NZ: \_\_\_\_\_

Child's Home Address *enter details on rear*:

- Lives with Mother
- Lives with Father

Preschool / Kindy Attended: \_\_\_\_\_ Hrs Attended Per Week: \_\_\_\_\_ No. of Yrs Attended: \_\_\_\_\_

Name of current School: \_\_\_\_\_ Current Year Level: \_\_\_\_\_

### RELIGIOUS AFFILIATION *eg Catholic*

Child: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_

### ETHNIC RELATIONSHIP

Family's Ethnic Group: \_\_\_\_\_ *please circle* Maori, NZ European, Samoan, Tongan, Chinese, Indian, Other

If Maori, please state your Iwi:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

First Language spoken if other than English: \_\_\_\_\_

Other Languages spoken: \_\_\_\_\_

### MEDICAL INFORMATION

Family Doctor / Medical Centre: \_\_\_\_\_ Phone No: \_\_\_\_\_

Medical Condition (eg. asthma, allergy etc): \_\_\_\_\_

Referral to any agencies (eg. Speech Therapist, Special Education Services) OR is there any further support the school would need to know: \_\_\_\_\_

### SIBLINGS likely to attend in future

Name: \_\_\_\_\_ Boy / Girl Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Boy / Girl Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT DETAILS (Custodial Parents)**

**MOTHER Christian Name:** \_\_\_\_\_

**Surname Name:** \_\_\_\_\_ Ms / Miss / Mrs / Dr / Other: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Place: \_\_\_\_\_

Are you a past student?: **Yes / No** Years Attended 19\_\_\_\_\_ to \_\_\_\_\_ Maiden Name \_\_\_\_\_

**FATHER Christian Name:** \_\_\_\_\_

**Surname Name:** \_\_\_\_\_ Mr / Dr / Rev / Other: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Place: \_\_\_\_\_

Are you a past student?: **Yes / No** Years Attended 19\_\_\_\_\_ to \_\_\_\_\_

**ALTERNATIVE CONTACT** *if the school cannot contact parent/s*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Contact: \_\_\_\_\_ Home / Mobile Number: \_\_\_\_\_

**In the event of a civil emergency your child/ren will remain at school and will be released ONLY to the person(s) listed on your Student Contact & Permission Profile Form completed when starting school. This can be updated as required.**

**DECLARATION - I / We accept as a condition of enrolment:**

- To embrace the Catholic Character of St Brendan’s School including the Religious Education programme and participating in Masses, Liturgies and any other events that enhance our Catholic faith.
- To abide by the School's Policies and School Rules and subsequent changes. This Agreement also applies to the above-named child, whose acceptance of a place at the School indicates his / her commitment to adhere to the School Rules.
- To accept the School Behaviour Management Policy and will support the school’s position of zero tolerance to bullying.
- To pay Attendance Dues as determined by the Proprietor from time to time and approved by the Ministry of Education. The information I have provided maybe disclosed for this purpose.

*I/We have read and understood and agree to abide by the Declaration.*

**Signed Parent / Caregiver:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed Parent / Caregiver:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DOCUMENTS REQUIRED - Please attach the following to this application**

- Preference & Baptism Certificates
- Passport if born outside NZ & Copy of Residency Permit (to be copied)
- NZ Birth Certificate
- Immunisation Certificate
- Custody Documents (if applicable) to outline arrangements
- Attendance Dues Agreement

**Thank you for applying to enrol at St Brendan’s School.**

**Successful applications will be advised in writing, typically in August, the year prior to commencement.**

Last revised 4 July 2017 as approved by the BOT

<b>Office Use Only</b>	<input type="checkbox"/> Preference <input type="checkbox"/> Non-Preference	Principal Signature: _____	Date: ___/___/___
	Enrolment No. Enter ENROL:	Date Started: Enter MUSAC:	Room: NSN:
		Year Level: Received Stamp	