

APPLICATION FOR ENROLMENT SAN ANTONIO SCHOOL

PUPIL'S DETAILS:

NAME: _____ DATE OF BIRTH: _____
(Surname) (Christian Names)

NAME: _____ DATE OF BIRTH: _____
(Surname) (Christian Names)

DATE EXPECTED TO START SCHOOL _____

PARENTS / GUARDIAN Contact Details :

NAME/S : _____

ADDRESS: _____

PHONE: (Home) _____ (Work) _____

PARTICIPATION IN GENERAL SCHOOL PROGRAMME:

The undersigned accepts as a condition of enrolment that the above named pupil/s will participate in the general school programme that gives the school its special character.

SCHOOL ATTENDANCE DUES: \$280 per child per year

All students attending Catholic schools are required to pay Attendance Dues. These dues are for servicing of school debts, insurance of school buildings and other costs permitted by legislation. The billing of Attendance Dues is centralised through the Catholic Schools Board Ltd., PO Box 12-341, Thorndon, Wellington.

Prior to enrolment, the parents, or other persons taking responsibility for the student must agree to pay Attendance Dues at a rate determined by the Proprietors and approved by the Ministry of Education or at such other rates as may be agreed from time to time between the undersigned and the person delegated by the Proprietors to act on their behalf.

The Catholic Schools Board will send four invoices through the year, the first on or about the 1st March for the total family attendance dues to be paid.

In the event of default in payment, then any recovery costs will be an additional expense to the parent or caregiver.

I / We the undersigned agree as a condition of enrolment and attendance to pay attendance dues at the rate levied from time to time by the school Proprietor.

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

PRIVACY ACT 1993

The information given in the enrolment form may be disclosed to the Proprietor or his/her agents for the purposes of attendance dues and other purposes provided or envisaged by law.

We hereby consent to this use.

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

(Please complete other side of form)

Pupil Information: parents / caregivers please complete:

PREFERRED NAME (known as): _____

ETHNICITY: Which Ethnic group does your child **identify** with ? Please circle:

NZ European / Other European / NZ Maori / Samoan / Cook Island Maori

Tongan / Niue / Fijian / Tokelauan / Other Pacific Island / SE Asian / Indian

Chinese / Other Asian / Other _____

COUNTRY OF ORIGIN: Where born: _____

LANGUAGE(S) SPOKEN AT HOME: _____

EARLY CHILDHOOD EDUCATION ATTENDED: _____

OR

PREVIOUS SCHOOL (if any) : _____ class level : _____

HEALTH PROBLEMS AND NOTIFIABLE DISEASES / ANY MEDICATION:

- The school requests the sighting of your child's current Immunisation Certificate. This certificate will be available from your Doctor. Thank you.
- (Please indicate) **I / we do / do not** wish our child/rens address and phone number to be available on the school's published pupil name & address list - distributed to all families at San Antonio School.

Parent / Guardian signature: _____ Date: _____

PREFERENCE OF ENROLMENT:**EITHER:**

1) *I have sighted evidence that the applicant has established a religious connection with the Catholic Character of the school and the applicant's child is therefore given a preferential place on the list of applicants for enrolment.*

SIGNED: _____ **(Principal)****OR :**

2) *The applicant has not produced evidence of a religious connection with the Catholic Character of the school. The applicant's child is therefore placed on the list of those to be enrolled , if a place is available after all preferential applicants have been assigned in the school.*

SIGNED: _____ **(Principal)**