

CONDITIONS OF ENROLMENT

1. I / We undertake, as a condition of enrolment (Private Schools' Conditional Integration Act 1975) to ensure that my / our child(ren) will participate in the Religious Education Programme which gives this school its special character.
2. I / We undertake to support the school policies and procedures authorised by the school's Board of Trustees and the school's Proprietor.
3. I / We undertake to support the school uniform requirements by having our child dressed in correct uniform while attending or representing the school.

Signed: _____ (Parent / Guardian) Date: _____

It is expected that parents and caregivers of students accepted by the Parish Priest (or his nominee) will support both the Parish and the school communities. Ideally this will include attendance at Mass and participation in the Sacramental programmes of Reconciliation, Confirmation and First Communion.

Documentation that MUST be attached with THIS form:

- ☐ Priest-Signed Preference of Enrolment Certificate (for preferential enrolment)
- ☐ Attendance Dues Agreement Form
- ☐ NZ Birth Certificate / Any Passport (copy required to verify date of birth)
- ☐ VISA status documentation (for non-NZers)
- ☐ Immunisation Certificate

New Entrants (5yr olds) Only:

- ☐ Prior-participation in Early Childhood Education Questionnaire (this is required by the Ministry of Education and will be sent out with the letter confirming your child's placement / preschool visits). You will be given this form by the New Entrant Teacher.



Saint Joseph's School

Nelson

APPLICATION FOR ENROLMENT

(if possible please complete the online form instead)

<https://enrolments.linc-ed.com/apply/NZ/3221>

on behalf of

(Surname)

(Christian Names)

from the Parish of

The Holy Family Nelson and Stoke

Phone 539 1251

Other _____

(Delete as required)

Pupil Details

Full Name _____			
Legal Family Name	Legal First Name	Legal Middle Names	
Known Name _____	Gender Male / Female	Date of Birth ____ / ____ / ____ DD MM YY	
Religion _____			
Catholic Sacraments Received (please tick)			
<input type="checkbox"/> Baptism	<input type="checkbox"/> Reconciliation	<input type="checkbox"/> Eucharist	

Pupil Ethnicity Details

Nationality _____	Home Language _____
VISA Type: _____	Entered NZ on ____ / ____ / ____ If not NZ Citizen DD MM YY
Ethnicity (up to 3) _____ _____ _____	
Iwi - if applicable (up to 3) _____ _____ _____	

Pupil Medical Details

Family Doctor _____	Ph _____
Does your child have any other allergies, medical conditions / requirements etc?	

Previous Primary School Details (not for New Entrants)

Previous School _____	Year Level _____
Date Started First Primary Schooling ____ / ____ / ____ DD MM YY	

Parent / Caregiver Details

Mother/Caregiver 1 _____	Country of Birth _____
Address _____ _____ _____ Postcode ____ Ph _____	
Occupation _____	Work Place _____
Work and / or Cell Phone _____	
Email Address 1 _____	
Father/Caregiver 2 _____	
Country of Birth _____	
Address _____ If different from above _____ _____ Postcode ____ Ph _____	
Occupation _____	Work Place _____
Work and / or Cell Phone _____	
Email Address 2 _____	
Please send School Newsletter home via: <input type="checkbox"/> Email Address 1 <input type="checkbox"/> Email Address 2 (please tick your choices)	
Child Lives with (circle as appropriate)	
Both Parents	Mother
Father	Caregiver 1
	Caregiver 2
Other Info (Restricted access etc)	

EMERGENCY CONTACTS (NOT the people already detailed above)	
Contact 1 Name _____	Ph _____
Contact 2 Name _____	Ph _____