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:

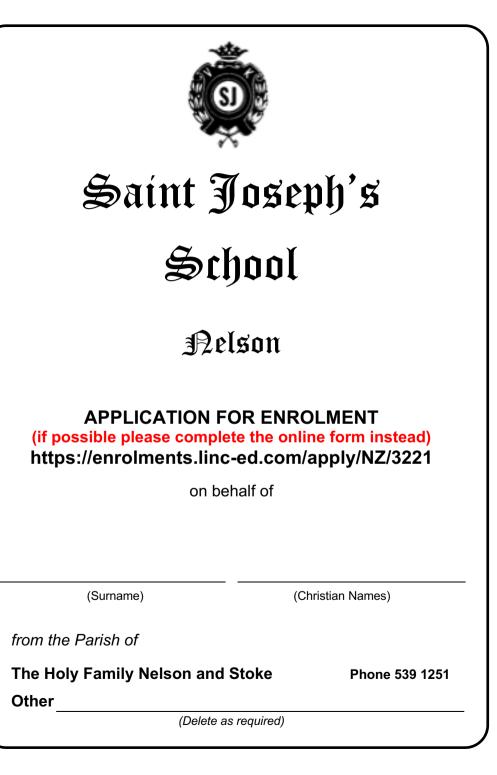
It is expected that parents and caregivers of students accepted by the Parish Priest (or his nominee will support both the Parish and the school communities. Ideally this will include attendance at Mass and participation in the Sacramental programmes of Reconciliation, Confirmation and First Communion.

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.



Pupil Details	Parent / Caregiver Details	
Full Name	Mother/Caregiver 1Cou	intry of Birth
Legal Family Name Legal First Name Legal Middle Names	Address	
Known Name Gender Male / Female Date of Birth/ /	Postcode	Ph
Religion	Occupation Work Place	
Catholic Sacraments Received (please tick)	Work and / or Cell Phone	
Baptism Reconciliation Eucharist	Email Address 1	
	Father/Caregiver 2Cou	intry of Birth
Pupil Ethnicity Details	Address	·
NationalityHome Language	If different	Dh
VISA Type: Entered NZ on / /		
If not NZ Citizen DD MM YY		
Ethnicity (up to 3)	Work and / or Cell Phone	
	Email Address 2	
Iwi - if applicable (up to 3)	Please send School 🔲 Email Address 1 👘 Email Ad	dress 2
	Newsletter home via: (please tick your choices)	
Pupil Medical Details	Child Lives with (circle as appropriate)	
Family Doctor Ph	Both Parents Mother Father Caregive	er 1 Caregiver 2
Does your child have any other allergies, medical conditions / requirements etc?	Other Info	
	(Restricted access etc)	
Previous Primary School Details (not for New Entrants)	EMERGENCY CONTACTS (NOT the people already detailed above)	
Previous School Year Level	Contact 1 Name Ph	
Date Started First Primary Schooling / /	Contact 2 Name Ph	
DD MM YY		