



ST JOSEPH'S CATHOLIC
SCHOOL

P.O. Box 1292
Pukekohe 2340

94 Seddon Street
Pukekohe 2120

Application for Enrolment

Student's Surname: _____

Student's First Name: _____

Student's Middle Name: _____

Student's Home
Address: _____

Student's Date of Birth: _____

For school use only:

Enrolment Number: _____

NSN Number: _____ Level: _____ Date: _____

Application for Enrolment

Student's Full Name: _____

Date of Birth: _____ Male/Female

Country of Birth: _____ If NZ, Birth Certificate or Passport required.

If not born in NZ, provide evidence of valid visa or residency permits: _____

What date did your child arrive in NZ? _____

What languages do you speak at home to each other? _____

Has your child received the following Sacraments - please circle:

Baptism: Yes No Reconciliation: Yes No Eucharist(1st Communion): Yes No

Confirmation: Yes No

Parents Name & Address:

Mother's Name &

Address: _____

Mobile: _____ Email Address: _____

Mother's Date of Birth (for identification purposes) _____

Father's Name &

Address: _____

Mobile: _____ Email Address: _____

Father's Date of Birth (for identification purposes) _____

Conditions of Enrolment

PRIVACY ACT 2020

Our school undertakes to collect, use and store information you provide on this form according to the principles of the Privacy Act 2020. 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 purposes.

PARTICIPATION IN SCHOOL PROGRAMME

I/We the undersigned, undertake as a condition of enrolment that the above named pupil will participate in the general school programme that gives our school its Special Catholic Character. We agree to abide by the uniform Policy and other school policies. (These may be found on stjosephspukekohe.schooldocs.co.nz)

ATTENDANCE DUES

I/We the undersigned, undertake as a condition of enrolment and attendance, to pay Diocesan Attendance Dues each year as determined by the Proprietor and approved by the Minister of Education.

ST JOSEPH'S SCHOOL HOME/SCHOOL RELATIONSHIP

As a school we work in partnership with parents to provide students with 'An Excellent Education Befitting Our Catholic Character'. As we value the help and support of parents we ask that you complete the following;

I am able to share the following skills/resources/expertise with the school:

I/We give permission for my phone number to be released to members of St Joseph's Catholic School PTA - Friends of St Joseph's School.

Mother/Guardian

Signature: _____

Father/Guardian

Signature: _____

Date: _____

Pre-enrolment does not guarantee admission

For School Use Only

PREFERENCE FOR ENROLMENT

I have sighted evidence that the Proprietor has stated that

Should be given Preference of Enrolment

Preference Criteria: _____

Signed: _____ Date: _____
Principal

The applicant is Non-Preference

Signed: _____ Date: _____
Principal

Parents/Caregivers notified: Yes/No

Date: _____