

Status: Accepted   
 Waiting   
 Declined

Principal  
 Signature: \_\_\_\_\_

Preference: \_\_\_\_\_

## St Mary's Catholic School Ellerslie

We provide a Catholic Education for the whole child.



### Enrolment Application

Office Only

Enrolment No:	NSN:	Room No:	ESOL: Y / N
Birth Certificate No:		Date of Entry:	
Preference Form:	Y / N	Identification:	

Child information (please complete in full)

Family Name:			
First Name:			
Preferred Name:		Gender:	M / F
Address:			
Home Phone Number:		Mobile Phone Number:	
Email Address:			
Date of Birth:		Country of Birth:	
Residency/Citizenship:	Y / N	Date NZ Entry:	
Home Language 1:		Home Language 2: (other than English)	

All enrolments must have copies of Baptism Certificate, Preference Form, Birth Certificate or Passport attached.  
 Pupils born overseas must have copies of passport visa/permit attached.

Ethnicity/ Nationality:		If Maori, please state lwi:	
Religion:		Parish:	
Doctor:		Doctor Phone number:	
Allergies:			
Medication:			

#### STUDENT DETAILS:

Is there a sibling at this school? Y / N      Place in family: \_\_\_\_\_ out of \_\_\_\_\_

Names of other children who maybe attending this school in the future:

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

## Information to support learning

We aim to support your child's learning as best we can from their first day at school. We would appreciate as much information as possible to assist this.

1 At how many gestational weeks was your child born? \_\_\_\_\_

2 Were there any complications/information about your child's birth you think we should know about?

\_\_\_\_\_

\_\_\_\_\_

Does your child experience any difficulties that you are aware of? (Learning behaviour, emotional, psychological, other)	<i>If yes, please explain.</i>
Has your child received Learning Support at his/her previous school/pr school? (specialist agencies/resourcing)	<i>If yes, please explain.</i>
Does your child have any chronic illness or specific condition that may affect his/her learning?	<i>If yes, please explain.</i>
Has your child experienced any emotional events or had any trauma that may affect his/her learning? (Death in the family, parental separation etc)	<i>If yes, please explain.</i>
Does your child have any concerns with their sight:	<i>If yes, please explain.</i>
Does your child have any concerns with their speech:	<i>If yes, please explain.</i>
Does your child have any concerns with their Hearing:	<i>If yes, please explain.</i>
Is there any other information you would like us to know?	

PRE-SCHOOL HISTORY: i.e. Kindergarten, Learning centre, Day care.

Pre School attended: \_\_\_\_\_

Hours per day attended: \_\_\_\_\_ Years / Months attended: \_\_\_\_\_

## PREVIOUS SCHOOL DETAILS

Current year level: \_\_\_\_\_ As at: \_\_\_\_\_

Previous school: \_\_\_\_\_

Previous school: \_\_\_\_\_

Parent Information.

	Mother	Father
Title (Mr/Mrs/Ms/Miss/Other)		
Surname:		
First Name:		
Home address: (incl. postcode)		
Home phone number:		
Mobile phone number:		
Email address:		
Religious Affiliation:		
Occupation/Employer:		
Work phone number:		
County of birth:		
Residency/Citizenship/Visa:		
Are there are custody arrangements/court orders?		
Lives with student? (Y/N)		
Caregiver: (if not parent)		

Emergency Contacts (Other than a Parent and preferably within the Central Auckland area)	
Name: _____	Relationship to child: _____
Home phone: _____	Mobile: _____
Address: _____	
Name: _____	Relationship to child: _____
Home phone: _____	Mobile: _____
Address: _____	

Thank you for your application to St Mary's Catholic School, Ellerslie.  
You may either drop this completed application into the school office, at 58 Main Highway Ellerslie, or email a copy to [adminaccounts@stmary.school.nz](mailto:adminaccounts@stmary.school.nz).

Please note that we review enrolments twice a term and we will be in touch once your application has been processed. Thank you.



**CATHOLIC DIOCESE OF AUCKLAND  
CATHOLIC SCHOOLS OFFICE**

**APPLICATION FOR ENROLMENT**

**SCHOOL/COLLEGE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Student's First and Middle Name:** \_\_\_\_\_ **Family Name:** \_\_\_\_\_

**Student's Date of Birth:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Student's Home Address:** \_\_\_\_\_

**Confirmation:** Yes / No      **Eucharist (1<sup>st</sup> Communion)** Yes / No      **Reconciliation:** Yes / No

**Parents' First Names: Mother:** \_\_\_\_\_ **Father:** \_\_\_\_\_

**Parents' Family Name: Mother:** \_\_\_\_\_ **Father:** \_\_\_\_\_

**Parents' Address: Mother:** \_\_\_\_\_

**Father:** \_\_\_\_\_

**Parents Date of Birth: Mother:** \_\_\_\_\_ **Father:** \_\_\_\_\_

**Parish of Parents:** \_\_\_\_\_

**PRIVACY ACT 1993**

Our school undertakes to collect, use and store information you provide on this form according to the principles of the Privacy Act 1993. 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 purpose.

**PARTICIPATION IN SCHOOL PROGRAMME**

I/We the undersigned, undertake as a condition of enrolment that the above named student will participate in the general School programme that gives your school its Catholic Special Character.

**ATTENDANCE DUES**

I/We the undersigned, undertake as a condition of enrolment and attendance to pay Attendance dues as determined from time to time by the Proprietor and approved by the Minister of Education. Furthermore, I/we accept that the school can discontinue attendance of the above named student in default of this undertaking.

**Both parents sign for above**

**Signed:** \_\_\_\_\_ **(Mother/Guardian)**      \_\_\_\_\_ **(Father /Guardian)**

**PREFERENCE OF ENROLMENT**

I have sighted evidence that the Proprietor has stated that the above named student should be given preference of enrolment.

**Signed:** \_\_\_\_\_ **(Principal)**      **Date:** \_\_\_\_\_

The applicant is non-preference: \_\_\_\_\_ **(Principal)**      **Date:** \_\_\_\_\_