



Application for Enrolment

GENERAL INFORMATION

Child's Surname: _____ Male / Female *please circle*

Child's Christian Names: _____

Child's Preferred Names: _____

Date of Birth: _____ Country of Birth: _____

If NOT born in NZ, date of entry into NZ: _____

Child's Home Address *enter details on rear*:

- Lives with Mother
 Lives with Father

Preschool / Kindy Attended: _____ Hrs Attended Per Week: _____ No. of Yrs Attended: _____

Name of current School: _____ Current Year Level: _____

RELIGIOUS AFFILIATION *eg Catholic*

Child: _____ Mother: _____ Father: _____

ETHNIC RELATIONSHIP

Family's Ethnic Group: _____ *please circle* Maori, NZ European, Samoan, Tongan, Chinese, Indian, Other

If Maori, please state your Iwi:

1. _____
2. _____
3. _____

First Language spoken if other than English: _____

Other Languages spoken: _____

MEDICAL INFORMATION

Family Doctor / Medical Centre: _____ Phone No: _____

Medical Condition (eg. asthma, allergy etc): _____

Referral to any agencies (eg. Speech Therapist, Special Education Services) OR is there any further support the school would need to know: _____

SIBLINGS likely to attend in future

Name: _____ Boy / Girl Date of Birth: ____ / ____ / ____

Name: _____ Boy / Girl Date of Birth: ____ / ____ / ____

PARENT DETAILS (Custodial Parents)**MOTHER Christian Name:** _____**Surname Name:** _____ Ms / Miss / Mrs / Dr / Other: _____

Address: _____ Post Code: _____

Home Email: _____ Work Email: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Occupation: _____ Work Place: _____

Are you a past student?: **Yes / No** Years Attended 19____ to _____ Maiden Name _____**FATHER Christian Name:** _____**Surname Name:** _____ Mr / Dr / Rev / Other: _____

Address: _____ Post Code: _____

Home Email: _____ Work Email: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Occupation: _____ Work Place: _____

Are you a past student?: **Yes / No** Years Attended 19____ to _____**ALTERNATIVE CONTACT** *if the school cannot contact parent/s*

Name: _____ Relationship: _____

Email Contact: _____ Home / Mobile Number: _____

In the event of a civil emergency your child/ren will remain at school and will be released **ONLY** to the person(s) listed on your Student Contact & Permission Form completed when starting school. This can be updated as required.

DECLARATION - I / We accept as a condition of enrolment:

- To embrace the Catholic Character of St Brendan's School including the Religious Education programme and participating in Masses, Liturgies and any other events that enhance our Catholic faith.
- To abide by the School's Policies and School Rules and subsequent changes. This Agreement also applies to the above-named child, whose acceptance of a place at the School indicates his / her commitment to adhere to the School Rules.
- To accept the School Behaviour Management Policy and will support the school's position of zero tolerance to bullying.
- To pay Attendance Dues as determined by the Proprietor from time to time and approved by the Ministry of Education. The information I have provided maybe disclosed for this purpose.

*I/We have read and understood and agree to abide by the Declaration.***Signed Parent / Caregiver:** _____ **Date:** _____**Signed Parent / Caregiver:** _____ **Date:** _____

DOCUMENTS REQUIRED - Please attach the following to this application

- Preference & Baptism Certificates
- Passport if born outside NZ & Copy of Residency Permit (to be copied)
- NZ Birth Certificate
- Immunisation Certificate
- Custody Documents (if applicable) to outline arrangements
- Attendance Dues Agreement

**Thank you for applying to enrol at St Brendan's School.
Successful applications will be advised in writing, typically in August, the year prior to commencement.**

Office Use Only	<input type="checkbox"/> Preference <input type="checkbox"/> Non-Preference	Principal Signature: _____		Date: ____/____/____
	Enrolment No. Enter ENROL:	Date Started: Enter MUSAC:	Room: NSN:	Year Level: Received Stamp

Office Use Only	<input type="checkbox"/> Preference	Principal Signature: _____		Date: ____/____/____
	<input type="checkbox"/> Non-Preference			
	Enrolment No. Enter ENROL:	Date Started: Enter MUSAC:	Room: NSN:	Year Level: Received Stamp