

**Office use only:**

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| <input type="checkbox"/> Birth Cert | <input type="checkbox"/> Passport |
| <input type="checkbox"/> Preference Form | <input type="checkbox"/> Baptism Form |
| <input type="checkbox"/> Resident Visa | <input type="checkbox"/> Visitor Visa <input type="checkbox"/> Student Visa |
| <input type="checkbox"/> Indefinite | <input type="checkbox"/> Permanent |

PRE-ENROLMENT FORM

Parents should complete and return this form to St Paul's School. Complete one form per student.
Further forms are available from St Paul's School Office – Phone: 832 7200
Email address: office@stpaulsprimary.school.nz

STUDENT INFORMATION

Please provide the following information about the applicant

Surname _____ First Names _____

Address _____ Post Code: _____

Date of birth _____ Sex _____ (M or F) Home Phone No. _____

Present Preschool or School _____ Present School Year Level _____

Country of Birth: NZ or _____

Citizenship: _____ Date of Entry into NZ: _____

Ethnicity: _____

Visas: Resident: Y / N Student: Y / N Visitor: Y / N Expiry Date: _____

Special Needs (behavioural, learning, medical etc) please specify: _____

Religion of Applicant _____ Present Parish _____

Place of Baptism: _____ Date: _____

Confirmation: Yes / No Eucharist (1st communion): Yes / No Reconciliation: Yes / No

Please supply the names and ages of the applicant's brothers and sisters (incl. pre-schoolers)

Name _____ Date of Birth: _____ Age: _____ M / F

Name _____ Date of Birth: _____ Age: _____ M / F

Name _____ Date of Birth: _____ Age: _____ M / F

Name _____ Date of Birth: _____ Age: _____ M / F

PARENT / CAREGIVER INFORMATION

Please provide the following information about the applicant's family:

1. Surname _____ First Names _____
- Address _____ Post Code: _____
Street Address Suburb
- Occupation _____ Religion _____
- Phone Home _____ Work _____ Mobile _____
- Email: _____
- Relationship: Mother ___ Father ___ Other ___ please specify _____
- Signature: _____
2. Surname _____ First Names _____
- Address _____ Post Code: _____
- Occupation _____ Religion _____
- Phone Home _____ Work _____ Mobile _____
- Email: _____
- Relationship: Mother ___ Father ___ Other ___ please specify _____
- Signature: _____

CONDITIONS OF ENROLMENT

PARTICIPATION IN SCHOOL PROGRAMME

All applicants, whether Catholic or not, are expected to support and endeavour to live by the values and Christian standards appropriate to the Catholic school and to participate willingly in Religious Education and worship.

- I / We hereby consent to this.

Signature: _____ Date _____

ATTENDANCE DUES

All applicants are required to pay attendance dues at a rate determined by the Proprietor and approved by the Minister of Education.

- I / We hereby consent to this.

Signature: _____ Date _____

PRIVACY ACT 2020

The information given in the enrolment form may be disclosed to the Proprietor or his agents and maybe used for administration purposes within the school.

- I / We hereby consent to this.

Signature: _____ Date _____

Thank you for completing this form.