

# **ST. LEO'S CATHOLIC SCHOOL DEVONPORT**

## **APPLICATION FOR ENROLMENT**



*Please complete this form to make an application for a pupil to be considered for enrolment at St. Leo's Catholic School. Please note that this is a pre-enrolment application and acceptance at the school is not confirmed until the Principal has advised you in writing.*

Child's legal surname: \_\_\_\_\_ Legal first names: \_\_\_\_\_

Preferred surname: \_\_\_\_\_ Preferred first name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Place and date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Place and date of Baptism: \_\_\_\_\_

Ethnicity: (up to three in pref of order) \_\_\_\_\_

Iwi child belongs to – (if applicable – up to three): \_\_\_\_\_

Last school or pre-school attended: \_\_\_\_\_

(If new entrant a separate form is to be completed on first day at St Leo's)

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

Siblings (preschool) \_\_\_\_\_

Siblings at this school \_\_\_\_\_

Siblings at another Catholic School \_\_\_\_\_

### ***FAMILY INFORMATION***

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

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

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

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

Parents' Religion: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Parents' Phone Number: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

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

Parents' Occupation: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

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

Please state the reasons you would like your child enrolled at St. Leo's Catholic School

**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. (both parents please initial)

**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 for the above named student in default of this undertaking.

**SPECIAL CHARACTER LEVY**

The Special Character Levy is an amount requested by the Catholic Education Office to fund a range of services to ensure the Catholic Special Character is maintained.

**BOARD OF TRUSTEES OPERATING CONTRIBUTION**

This is requested by the School Board of Trustees to help pay for the shortfall in the operating grant received from the Ministry of Education for the general running of the school.

**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 and that we as parents will support all policies and programmes of St Leo's Catholic School.

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

**Both Parents to sign**

I/we give permission for my/our child to have routine vision/hearing tests taken by a Public health nurse during the course of the year.

Health problems: \_\_\_\_\_

Has your child required any outside intervention? (eg G.S.E, early intervention, paediatrician, speech)

- Copy of Birth Certificate Yes/No
- Copy of Immunisation certificate attached Yes/No
- Copy of Baptism certificate attached Yes/No
- Preference of enrolment form attached Yes/No
- Copy of passport attached (if born outside NZ) Yes/No

**OFFICE USE ONLY:**  
The above named student should be given preference of enrolment.

Signed \_\_\_\_\_ Principal Date: \_\_\_\_\_

The applicant is non-preference: \_\_\_\_\_ Principal Date: \_\_\_\_\_

Student Mgr \_\_\_\_\_ Enrol \_\_\_\_\_ NSN No \_\_\_\_\_

