

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 (1st 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 _____

