



# ENROLMENT FORM

*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.*

## PUPIL DETAILS

**Legal Surname:** \_\_\_\_\_ **Legal First Name:** \_\_\_\_\_

**Preferred Surname:** \_\_\_\_\_ **Preferred First Name:** \_\_\_\_\_

**Gender:** Boy / Girl **Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_\_ **First day to attend:** \_\_\_ / \_\_\_ / \_\_\_\_

**Address:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

\_\_\_\_\_

**Is there a sibling at this school:** Yes / No **Place in Family:** \_\_\_\_ out of \_\_\_\_ children

**Names of other children who may be attending this school in the future:**

1. \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_

2. \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_

**CATHOLIC PREFERENCE**

**Has your child been Baptised?** Yes / No If yes, at which Parish: \_\_\_\_\_

**Have they received?:**

Confirmation? Yes / No First Reconciliation? Yes / No First Communion? Yes / No

**Is your Preference of Enrolment Certificate attached?** Yes / No

**PRE-SCHOOL HISTORY**

ie: Kindergarten, Learning Centre, Daycare

**Pre-school attended:** \_\_\_\_\_

**PREVIOUS SCHOOL DETAILS**

(If applicable)

**Previous School:** \_\_\_\_\_

**MOTHER'S DETAILS**

**First Name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

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

**Home Address:** (if different from pupil)  
\_\_\_\_\_  
\_\_\_\_\_

**Email:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Parish:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**FATHER'S DETAILS**

**First Name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

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

**Home Address:** (if different from pupil)  
\_\_\_\_\_  
\_\_\_\_\_

**Email:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Parish:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Pupil lives with** (circle one)

**Both Parents**

**Mother**

**Father**

**Shared custody**

**ETHNIC BACKGROUND**

**Was child born in New Zealand?** Yes / No

**Birth Certificate Number:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**Passport Number:** \_\_\_\_\_

(if applicable)

**Residency Status:** \_\_\_\_\_

**Entered NZ on:** \_\_\_ / \_\_\_ / \_\_\_\_\_ (if applicable)

**Languages spoken at home:** \_\_\_\_\_

**Ethnic Group** (you may circle up to three of the following)

NZ Maori Iwi(s): \_\_\_\_\_

European / Pakeha

Samoan

Tongan

Filipino

Cook Island Maori

Fijian

Indian

Chinese

British/Irish

African

Australian

Middle Eastern

American

Latin American

Other Pacific \_\_\_\_\_

Other European \_\_\_\_\_

Other Asian \_\_\_\_\_

**MEDICAL INFORMATION**

**Doctor:** \_\_\_\_\_

**Dentist:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Does your child have any allergies, medication requirements, on-going illness or conditions?** (circle or add details)

Bee sting Allergy

Diabetes

Asthma - inhaler required

Visual

Hearing

Other: \_\_\_\_\_

Does your child have any Special Education needs that we need to support? Yes / No

If Yes please describe: \_\_\_\_\_

Does your child have any Learning or Behavioural needs or difficulties? Yes / No

If Yes please describe: \_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACTS

1. **Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**This section is required by the Catholic Diocese of Auckland Catholic Schools Office and must be signed by both parents.**

### PRIVACY ACT 2020

Our school undertakes to **collect, use and store information you provide on this form** according to the principles of the Privacy Act 2020. 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 purposes

### 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.

## CATHOLIC DIOCESE OF AUCKLAND Compulsory Attendance Dues Charges Parent and Caregiver Responsibilities

Attendance Dues are a compulsory payment under the terms of the Education and Training Act 2020 and a condition of enrolment at St Leo's Catholic School. Attendance Dues are charged for all students who attend Catholic Schools in New Zealand.

Attendance Dues are collected on behalf of the school's Proprietor, the Roman Catholic Bishop of Auckland. The Attendance Dues are forwarded to Auckland Common Fund Limited, a company established by the proprietors of Catholic Integrated Schools in the Diocese of Auckland responsible for the collection of Attendance Dues.

- At the time you enrol your child at a Catholic School, you are required to sign an agreement which states you accept that you will pay the Attendance Dues and that you understand that payment is a condition of enrolment.
- Payments can be made, in full at the beginning of the year or by instalment (weekly, fortnightly, monthly or per term)
- They cannot be paid in full at the end of each year.

- Financial Assistance with Attendance Dues is available to families of Preference Students in cases of genuine financial difficulties. Part of the criteria for receiving this assistance is that regular payments have been made at an affordable level.
- Overdue accounts may be referred to a Debt Collection Agency by the Proprietor.
- Failure to pay the Attendance Dues may put your child's place at the school at risk.
- The agreement is legally enforceable and the person who signs the agreement remains legally liable for payment.
- Responsibility for payment cannot be transferred to another person, unless they sign a new agreement accepting responsibility for payment.
- Any civil agreements between parents do not take precedence over the legal agreement signed at the time of enrolment.

I / We the undersigned, have read the requirements above and understand the obligation to pay the Attendance Dues for \_\_\_\_\_ at St Leo's Catholic School

Signed: \_\_\_\_\_ *Full Name* \_\_\_\_\_ *Date:* \_\_\_\_\_  
(Mother/Guardian)

Signed: \_\_\_\_\_ *Full Name* \_\_\_\_\_ *Date:* \_\_\_\_\_  
(Father/Guardian)

Copy of birth certificate attached	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:**

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

Signed \_\_\_\_\_ (Principal) Date \_\_\_\_\_

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

Student Mgr \_\_\_\_\_ Enrol \_\_\_\_\_ NSN number \_\_\_\_\_