



ST JOSEPH'S CATHOLIC SCHOOL

P.O.Box 1292
Pukekohe 2340

94 Seddon Street
Pukekohe 2120

Application for Enrolment

Please supply Birth Certificate, Immunisation Certificate, Baptism Certificate (if Baptised Catholic), Passport & Visa (Proof of residence eligibility if student born overseas.)

Student's Surname: _____

Student's First Name: _____

Student's Middle Name: _____

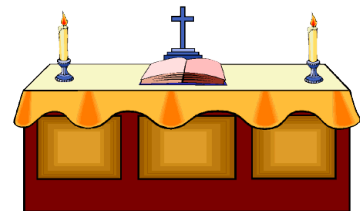
Student's Home Address: _____

For school use only:

NSN _____ Enrol No _____

Start _____ Level _____

Conditions of Enrolment



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, when required, be shared with the Proprietor, Parish Priest, The Health Department, the Ministry of Education, the Education Review Office and may be used for administration and assessment purposes by the school. This information may be stored electronically on our school computer network or on the Ministry of Education accredited web based student management systems and on other designated Ministry of Education sites.

I/We agree that this information can be used for the above purposes.

PARTICIPATION IN SCHOOL PROGRAMME I/We the undersigned, undertake as a condition of enrolment that the above named pupil will participate in the general school programme that gives our school its Special Catholic Character. We agree to abide by the uniform Policy and other school policies. These may be found on our school website: www.stjosephs.co.nz

ATTENDANCE DUES I / We the undersigned, undertake as a condition of enrolment and attendance, to pay Attendance Dues at a rate determined by the Proprietor and approved by the Minister of Education, or at such other rate as may be agreed from time to time between the undersigned and the person delegated by the Proprietors to act on their behalf, and furthermore accepts that the school can discontinue attendance of the above named student in default of this undertaking.

Disclosure: The undersigned acknowledges that information about the student that is related to the functions of the school Proprietor may be disclosed to the Proprietor or the Proprietor's agents.

Father/Guardian

Mother/Guardian

Signature: _____

Date: _____

ST JOSEPH'S SCHOOL HOME SCHOOL RELATIONSHIP

As a school we work in partnership with parents to provide students with 'An Excellent Education Befitting Our Catholic Character'. As we value the help and support of parents we ask that you complete the following;

I am able to share the following skills/resources/expertise with the school:

I/We give permission for my phone number to be released to members of St Joseph's Catholic School Parent Teacher Association.

YES / NO

Pre-enrolment does not guarantee admission

For School Use Only

PREFERENCE FOR ENROLMENT

I have sighted evidence that the Proprietor has stated that

be should given Preference of Enrolment

Preference Criteria _____

Signed _____ Date _____

Principal

The applicant is Non-Preference

Signed _____ Date _____

Principal

Parents/Caregivers notified Yes / No Date _____