

**FOR SCHOOL USE ONLY**



**ST JOSEPH'S CATHOLIC SCHOOL**  
P.O.BOX 1292                      94 SEDDON STREET  
PUKEKOHE 2340                      PUKEKOHE 2120  
*Catholic Education Year 1—8*

**PREFERENCE FOR ENROLMENT**

I have sighted evidence that the Proprietor has stated that

\_\_\_\_\_

should be given Preference of Enrolment

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Principal*

The applicant is Non-Preference

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Principal*

Parents/Caregivers notified

**APPLICATION FOR ENROLMENT**

Student's Surname: \_\_\_\_\_

Student's First Name: \_\_\_\_\_

Student's Middle Name: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

Student's Phone Number \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

**For school use only:**  
Start \_\_\_\_\_ Level \_\_\_\_\_ Date \_\_\_\_\_

## APPLICATION FOR ENROLMENT :

Family Name: \_\_\_\_\_

First Names: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Country of Birth \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_

Reconciliation: Yes No:      Eucharist (1st Communion)      Yes No:

Confirmation: Yes No:      Baptism:      Yes No      Male / Female

Parents Name & Address:

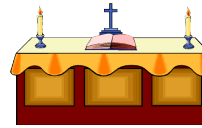
Father's Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Mother's Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Date of Birth (for identification purposes)

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

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



## 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 Catholic Integrated Schools' Board, 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 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](http://www.stjosephs.co.nz))

### ATTENDANCE DUES

I / We the undersigned, undertake as a condition of enrolment and attendance, to pay Diocesan Attendance Dues as determined by the Proprietor and approved by the Minister of Education.

### 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 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.

Father/Guardian \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Date \_\_\_\_\_