



**ST JOSEPH'S CATHOLIC
SCHOOL**

P.O. Box 1292
Pukekohe 2340

94 Seddon Street
Pukekohe 2120

Application for Enrolment:

Student's Surname: _____

Student's First Name: _____

Student's Middle Name: _____

Student's Home Address: _____

Student's Date of Birth _____

For school use only:

Enrolment Number _____

Start _____ Level _____ Date _____

Application for Enrolment:

Student's Full Name: _____

Phone: _____ Address: _____

Date of Birth: _____

Country of Birth _____

What languages do you and your family speak at home to each other? _____

Has received the following Sacraments –please circle:

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

Confirmation: Yes No: Male / Female

Parents Name & Address:

Father's Name & Address: _____

Email Address _____ Mobile _____

Date of Birth (for identification purposes) _____

Mother's Name & Address: _____

Email Address _____ Mobile _____

Date of Birth (for identification purposes) _____

Conditions of Enrolment

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 purpose.

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 Diocesan Attendance Dues each year 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 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.

Father/Guardian

Signature: _____

Mother/Guardian

Signature: _____

Date _____

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 _____