



# Holy Cross Catholic School

21 Carruth Road  
PAPATOETOE

Phone: (09) 278-8224

Fax: (09) 279-2140

|              |  |
|--------------|--|
| Database No. |  |
|--------------|--|

## ENROLMENT FORM

Student's Last Name:

.....

First Names: .....  
*(please underline preferred name)*

Address: .....

..... Phone No. ....

Email Address: ..... Cellphone No .....

Date of Birth: ..... Current Age: (years) ..... (months) .....

Gender: **Male** **Female** Religion: .....

**Names of brothers or sisters already attending Holy Cross School:**

.....

Is this child baptised: **Yes** **No** Parish where Baptised: .....

First Holy Communion: **Yes** **No** Confirmed: **Yes** **No** Reconciliation: **Yes** **No**

Last School Attended: .....

Year of Entry to Holy Cross: ..... Level of Entry to Holy Cross: .....  
*(Year 1, 2, 3, 4, 5, 6, 7, 8)*

New Zealand Citizen **Yes** **No**

Iwi that you belong to: ..... **Language Spoken at Home** .....

Date of Arrival into New Zealand *(if immigrant)* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Permanent Resident **Yes** **No** New Zealand Citizen **Yes** **No**

Refugee Status **Yes** **No** Student Visa  Expiry Date .....

**Child lives with: (please tick appropriate circle):**

Mother  Father  Both Parents  Other

If other, please state relationship to child: .....

## Caregiver(s) Details

### Father's Details:

Surname: ..... First Name: .....

Address (if different to student): .....

.....

Home Phone: ..... Work Phone: .....

Cellular Phone: ..... Email Address: .....

Occupation: ..... Place of Work:.....

Father's Country of Birth..... Father's First Language .....

Father's Nationality..... Father's Date of Birth.....

### Mother's Details:

Surname: ..... First Name: .....

Address (if different to student): .....

.....

Home Phone: ..... Work Phone: .....

Cellular Phone: ..... Email Address: .....

Occupation: ..... Place of Work:.....

Mother's Country of Birth.....Mother's First Language .....

Mother's Nationality.....Mother's Date of Birth .....

**What language do you speak at home to your children:** .....

### Emergency Contact (contact if caregiver(s) NOT available)

Surname: ..... First Name: .....

Home Phone: ..... Work Phone: .....

Cellular Phone: ..... Relationship with Student: .....

**Sensitive Information:**

If there is any other information that you feel the school should be aware of relating to the student please fill in details here. This information will be treated with the strictest confidence.

.....  
.....  
.....  
.....

**Medical Information:**

Problems: .....

Degree (Circle one)      mild                              moderate                              severe

Sight: .....

Hearing: .....

Doctor: ..... Phone: .....

Immunisation Complete                      Yes                       No

Immunisation Certificate Sighted      Yes                       No

**Special Needs:**

Indication of health or learning difficulties enables us to better meet the special needs of students.

.....

Does your daughter/son currently received any special learning.      **Yes**                      **No**

If yes, please explain: .....

.....

.....

**Pre-school / Early Childhood Experience:**

Please list (Kindergarten, Playcentre, Daycare, Kohunga Reo that your child has attended.)

.....

**How many years and hours per week** did your child attend this pre-school/kindergarten/Kohunga Reo? .....

**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 Ministry of Education and the Education Review Office, and for administration purposes with 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 student will participate in the general school programme that gives your school its Catholic Special Character.

**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 Ministry of Education. Furthermore, I/We accept that the school can discontinue attendance of the above named student in default of this undertaking.

**SIGNED:** ..... **Mother/Guardian**

**DATE:** .....

**SIGNED:** ..... **Father/Guardian**

**DATE:** .....

**Preference of Enrolment**

Evidence that the Proprietor has stated that the above named student should be given preference of enrolment

The applicant is non-preference

**Check List for a Complete Enrolment** (The following documents are required for a full enrolment)

- Fully completed and signed enrolment form.**
- Birth Certificate.**
- Baptism Certificate** (if baptised Catholic)
- Passport and Visa.** (Proof of residence eligibility if student born in Australia or overseas)
- Immunisation Certificate**