St Joseph's School - Fairlie
Enrolment Form

Year: _____ Room : _____

Date starting: ___/___/____

Enrolment No: _____

Preference / Non Preference

Preference Criteria: _____

Please provide NZ Birth Certificate or Passport, Residency Permit (if applicable) and Immunisation Certificate with this enrolment form.

Student Details:

Student's Legal First Names: _____

Student's Legal Surname: _____

Preferred name: _____

Gender: M / F Date of Birth: _____

Contact ph: _____

Home address: _____

_____

Previous School: _____

Early Childhood Education: Name of Service _____

Hours per week attended _____

Regularly attended for last _____ years **or** _____ months

☐ (Please tick box if child did not attend Early Childhood Education Service)

Ethnicity: Please circle - (Cultural identification with a particular ethnic group, eg NZ European, NZ Maori etc)

Up to 3 may be recorded – NZ Māori, NZ Pākehā, European, Fijian, Tongan, Samoan, Other Pacific Island, South East Asian, Indian, Other ethnicity _____

Iwi: _____

Language/s spoken at home: _____ Country / Place of Birth _____

- Have either of the Student's parents migrated to NZ (circle one) YES / NO

Visa Ref No._____ Visa Date of entry_____

Caregiver 1 Details

Name: _____ _____
Family name First name

Address: _____ Home ph: _____

_____ Work ph: _____

Email _____ Mobile: _____

Relationship to student: _____

Other siblings likely to attend: _____ DOB: _____

Child lives with Mother Father Both Other_____

Caregiver 2 Details

Name: _____ _____
Family name First name

Address: _____ Home ph: _____

_____ Work ph: _____

Email _____ Mobile: _____

Relationship to student: _____

Additional Emergency Contact Details

Name: _____ _____
Family name First name

Relationship to student: _____

Home ph: _____ Work ph: _____ Mobile _____

Medical details: (List any medical problems and information the school should be aware of)

_____

_____

Doctor: _____ Phone no: _____

Immunisation Certificate attached: **Yes / No** Fully Immunised: **Yes / No**

I/We agree to my/our child(ren) receiving mild medication (ie Paracetamol, Antihistamine Cream for bites/stings etc) at the discretion of the Office Staff. **Yes / No**

I understand that the school will take action on my behalf in case of sudden illness or injury and I agree to abide by school policies. **Yes / No**

Any other information the school should be aware of:_____

_____

_____

Technology
During your child's education at St Joseph's School , they will be taught the use of apps/email/internet skills. Rules and guidelines regarding this are outlined in our policies and procedures (available on our website).

Photos
By signing this form, I give permission for my child(ren)'s photographs to be used in published work such as newsletters, posters and electronic publications.

Attendance
I understand that the school requires punctual and regular attendance to meet the obligations to the Ministry of Education, and that I must explain any absences by communication with the school office each day that my child is absent, by 9.00am.

Confidentiality
This information is requested by the school in order to communicate with parents and caregivers, to maintain the safety of the pupil, in order to meet the statutory requirements of the Ministry of Education. Information is held securely and used for the purpose of education only.

Parent / Caregiver Verification:
The information above is true and correct. I undertake to advise the school of any change in circumstances so that accuracy and contacts may be maintained.

Signed _____ Date _____