



ST. FRANCIS XAVIER CATHOLIC SCHOOL ENROLMENT INFORMATION

Dear Parent / Caregiver,

The information that you are about to provide assists us in placing your child in our school and secondly should we need to contact you in the event of an emergency.

We appreciate that some of this information may be personal or perhaps sensitive in nature and for this reason we thank you for sharing it with us.

If your child, or your personal circumstances change, then we would appreciate it if you could contact us at your earliest convenience.

Thank you for taking the time to complete the enclosed forms. Should you have any concerns then please contact Mrs. Head, Executive Officer or Mr. Craig McKernan, Principal, on Ph. (09) 437 1039.

Kind regards

Craig McKernan

INFORMATION COLLECTION NOTICE

INFORMATION WE COLLECT

Our school collects and records personal, sensitive and health information from students and parents/guardians before and during the course of a student's enrolment at our school.

DISCLOSURE OF INFORMATION

This information may be disclosed by us for administrative and educational purposes to others including, but not limited to, personnel within the Diocese of Auckland, Ministry of Education, Ministry of Health, contributing schools, and people providing services to schools, such as specialists visiting teachers and consultants.

INFORMATION REQUIRED

If we do not obtain the personal, sensitive and health information referred to above, this school may not be able to enrol or continue to enrol your son/daughter.

*St Francis Xavier Catholic School
1 Percy Street
Whangarei*

*Tel (09) 437 1039
Fax (09) 437 7509
Email office@sfx.school.nz*



**CATHOLIC DIOCESE OF AUCKLAND
CATHOLIC SCHOOLS OFFICE**

APPLICATION FOR ENROLMENT

St. Francis Xavier Catholic School

1 Percy Street, Whangarei

Student's First and Middle Name: _____

Family Name: _____

Student's Date of Birth: _____ **Telephone:** _____

Student's Home Address: _____

Confirmation: Yes / No **Eucharist (1st Communion):** Yes / No **Reconciliation:** Yes / No

Parents' First Names: Mother: _____ **Father:** _____

Parents' Family Name: Mother: _____ **Father:** _____

Parents' Address: Mother: _____

Father: _____

Parents Date of Birth: Mother: _____ **Father:** _____

Parish of Parents: _____

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 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 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 as determined from time to time by the Proprietor and approved by the Minister of Education. Furthermore, I/we accept that the school can discontinue attendance of the above named student in default of this undertaking.

Both parents sign for above

Signed: _____
(Mother/Guardian) _____
(Father /Guardian)

PREFERENCE OF ENROLMENT

I have sighted evidence that the Proprietor has stated that the above named student should be given preference of enrolment.

Signed: _____
(Principal)

Date: _____

The applicant is non-preference: _____
(Principal)

Date: _____



Saint Francis Xavier Catholic School
Enrolment Application

Student Information- Please complete the following details. Please note that a separate enrolment application is required for each individual child in your family.

Gender	M	F
Date and Place of Birth	Date of Birth: / /	Place of birth
Copy of NZ Birth Certificate. If not born in NZ please present your child's passport and student visa to copy.	Yes Visa Yes	No Date entered NZ
Position in family i.e. 1,2,3		
Living with both Parents?	Yes	No
Has preference card?	Yes	No
Birth Country		
Child's Ethnicity		
If Maori, please state iwi		
Country of Citizenship		
Name of any other siblings to attend this school. Their date of birth is	Child 2:	Child 3: Child 4:
Language spoken at home		Other language spoken is/are
Pre-school attended Yes/No Name of Kindergarten/Day Care		
Previous School		

RELIGION **CATHOLIC** Yes/No (if no, please state) _____

SACRAMENTS - Have the following Sacraments been received? **YES/NO**

	Date	Name of Church	Town
Baptism			
Reconciliation			
Eucharist			
Confirmation			

MEDICAL SUPPORT INFORMATION

		Details
Does your child have health issues the school should be aware of?	Yes No	
Does your child require any regular medication	Yes No	
Is your child immunized? Immunization certificate is attached?	Yes No Yes No	
Does your child experience any difficulties that you are aware of? E.g. learning, behavior, emotional, psychological or other	Yes No	
Has your child received learning support at his/her previous pre-school or school?	Yes No	State type
Does your child have any chronic illness or specific condition that may affect his/her learning?	Yes No	
Has your child experienced any emotional difficulties or had any traumatic incidents that may have affected his/her learning? (e.g. death in family, parents' separation)	Yes No	

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS IN ANY OF THE FOLLOWING AREAS:

Autistic Spectrum Disorder (Aspergers Syndrome)	Yes / No
Hearing Impairment	Yes / No
Intellectual Impairment	Yes / No
Speech / Language Impairment	Yes / No
Vision Impairment	Yes / No
Mobility Impairment	Yes / No

If **YES** to any of the above, please provide further details: (attach special documents and details if necessary.)

Has your child been seen or assessed by any of the following Special Services.

	Yes / No	Name of Centre/ Practitioner	Date of 1st Visit	Is your child attending now
Group Special Education				
Resource Teacher of Learning and Behaviour (RTLb)				
Speech Therapist				
Occupational Therapist				
Physiotherapist				
Psychiatrist				
Child Health Clinic				
Audiology Clinic				
Other				



Agreement for Internet and Computer Safety - Kids' Pledge

1.	I will not give out personal information such as my address, telephone number, school or parents' work address/telephone number, or the name and location of my school without my teacher's permission
2.	I will tell my teacher immediately if I come across anything that makes me feel uncomfortable.
3.	I will never agree to get together with someone I "meet" online
4.	I will never send a person my picture or anything else without first checking with my teacher.
5.	I will not respond to any messages that are mean or in any way make me feel uncomfortable. It is not my fault if I get a message like that. If I do I will tell my teacher right away so that they can tell the principal.
6.	I know I am only allowed to go onto the Internet at school, if an adult is in the room with me and I will not access things that I know my parents and teachers would not like me seeing.
7.	I will be a good online citizen and not do anything that hurts other people or is against the law.
8.	I will follow the rules above.

I agree to the above

Child sign here

I have discussed this agreement with my child and will allow them to use the St. Francis Xavier Catholic School Computer System.

Parent(s) sign here

Date / /

Children in the New Entrant Rooms just need to have this discussed with their parents, and their parents sign the form.

<p>St. Francis Xavier Catholic School Parent Permission Form for Publishing your child's work or photo</p> <p>I[name of the parent/legal guardian] have read and understand St. Francis Xavier Catholic School's policy on the Internet and media publication of student images and student work and the guidelines contained in the policy.</p> <p>As the parent or legal guardian of [full name of student] ("the Student"), I authorize St. Francis Xavier Catholic School to publish images of the Student on the Internet, or recognized publications such as the school newsletter or local newspapers, as well as any work that he or she may create at school, in strict compliance with the school's policy for the online and media publication of student images and student work and the associated guidelines. I agree that this consent shall continue until I withdraw my consent by notice to the school or until the Student ceases to be enrolled in the school, whichever happens first.</p> <p>.....</p> <p>Signature of parent or legal guardian</p>

FAMILY INFORMATION

Please complete the following where applicable. Use arrows across columns if information is repeated

	PARENT / FEMALE CAREGIVER Residing with child	PARENT / MALE CAREGIVER Residing with child	PARENT * NOT Residing with child
Title (eg Mr / Mrs/ Ms/ Miss)			
Surname			
Christian Name			
Preferred Name			
Relationship to Child			
Home Address			
Billing Address (if P O Box)			
Mailing Address (if P O Box)			
Home Phone Number			
Mobile Number			
Email Address			
Marital Status			
Work Place / Employer			
Work Phone No.			
Occupation			
Birth Country			
Country of Citizenship			
Identify as Maori Yes <input type="checkbox"/> - State Iwi			
Identify as other - Please state eg African			
Main Language spoken at home			
Other Languages spoken at home			

EMERGENCY CONTACTS

In case of accident or emergency, if the school is unable to contact either parent, whom would you like the school to contact?

FIRST PREFERENCE	SECOND PREFERENCE
Name	Name
Relationship	Relationship
Phone: Cell:	Phone: Cell:
Address	Address
Comments	Comments

PREFERRED DOCTOR	PREFERRED DENTIST
Name	Name
Phone	Phone

STATUS

Are there any special custody arrangements that we should be aware of? Yes / No

If the answer is 'Yes' to the above question then please supply details.

If there a Family Court Order? Yes / No

If 'Yes', please state if there are special conditions. (Please attach relevant documents.)

PARENTAL INVOLVEMENT

I am willing to help this School in the following ways: (Please tick)

Library	PTFA	BOT Interest	Classroom Aid
Gala Day	Gardening	Reading	Sport Coaching
Technology	Art	Working Bees	Other?

CHILD'S INTERESTS AND ABILITIES [Please tick]

Sport	Vocal	Speech & Drama
Art	Instrumental	Languages
Other		

Does your child show *extra potential, abilities or strengths* in any specific areas?

TRANSPORT: How will your child get to school?

Please specify mode of transport

To School:.....

From School:.....



I / We agree that my / our child / children will:

- Wear the regulation uniform.
- Will observe the school rules
- Will participate in the school programme that gives St Francis Catholic School its Special Character.
- In terms of the Privacy Act I understand that the information on this form is collected to form part of the essential information the school holds on my child/children.
- I/We agree that my/our child/children's anonymous data can be entered into education websites.
- I/We understand that the school will take action on my/our behalf in case of sudden illness or injury to my/our child/children.
- In the event that my child is unwell I will collect him/her from school as soon as possible.
- If my child has head-lice, the school will contact me and request that I treat my child's hair thoroughly, before I return him/her to school.
- I/We are happy for our contact details to be given to the P.T.F.A.
- I/We the undersigned, undertake as a condition of enrolment and attendance to pay Attendance Dues as determined from time to time by the Proprietor and approved by the Minister of Education. Furthermore, I/We accept that the school can discontinue attendance of the above named pupil in default of this undertaking.
- I/We have read, understood and accept the Mission Statement of St Francis Xavier Catholic School.
- I/We understand and agree to uphold the Values of St Francis Xavier Catholic School.
- I/We agree to meet these commitments. In the event that we are unable to do so, we will meet the Principal or Executive Officer to discuss alternative arrangements.

Signed:

Parent / Caregiver 1: _____ Date: _____

Parent / Caregiver 2: _____ Date: _____