



St. Francis Xavier  
Catholic School.



*To Love, to Learn and to Serve.  
Kia Aroha, Kia Akona, Kia Aro Atu*

## *APPLICATION FOR ENROLMENT*

*Inspired by the Gospel Values,  
St Francis Xavier Catholic School  
encourages us all to have a passion for  
learning and serving.*



# ST. FRANCIS XAVIER CATHOLIC SCHOOL ENROLMENT FORM

## STUDENT INFORMATION

Family Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Legal Name(s): \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_

Language spoken at home other than English: \_\_\_\_\_

Present School: \_\_\_\_\_ Entry Year: e.g. 2018: \_\_\_\_\_

Current Year Level: (If already attending school) \_\_\_\_\_ Previous School Level: \_\_\_\_\_

Why did you choose St. Francis Xavier Catholic School? \_\_\_\_\_

(Please circle either Yes or No)

Is your child baptised Catholic? Yes/No

Confirmation: Yes/No

Reconciliation: Yes/No

Eucharist (1<sup>st</sup> Communion): Yes/No

Other Religion: \_\_\_\_\_

## FAMILY INFORMATION

MOTHER

FATHER

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_

First Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Legal Name: \_\_\_\_\_

Title: \_\_\_\_\_ (Ms/Miss/Mrs/Dr)

Title: \_\_\_\_\_ (Mr/Rev/Dr)

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

Suburb: \_\_\_\_\_ Town: \_\_\_\_\_ Suburb: \_\_\_\_\_ Town: \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone (Home): \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Mobile: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Place: \_\_\_\_\_

Work Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

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

Religious Affiliation: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Past Student Yes  No

Past Student Yes  No

Student lives with: Both Parents  Mother  Father  Alternate weeks  Other



# ST. FRANCIS XAVIER CATHOLIC SCHOOL ENROLMENT FORM

## FAMILY INFORMATION continued (if child not living with parents)

If other applies-please complete the following information

Your relationship to the child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CAREGIVER 1

### CAREGIVER 2

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_

First Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Legal Name: \_\_\_\_\_

Title: \_\_\_\_\_ (Ms/Miss/Mrs/Dr) Title: \_\_\_\_\_ (Mr/Rev/Dr)

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

Suburb: \_\_\_\_\_ Town: \_\_\_\_\_ Suburb: \_\_\_\_\_ Town: \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone (Home): \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Mobile: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Place: \_\_\_\_\_

Work Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

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

Religious Affiliation: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Past Student Yes  No  Past Student Yes  No

### EMERGENCY 1

### EMERGENCY 2

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_

First Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ Town: \_\_\_\_\_ Suburb: \_\_\_\_\_ Town: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Mobile: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_



# ST. FRANCIS XAVIER CATHOLIC SCHOOL ENROLMENT FORM

## FAMILY INFORMATION *continued*

Does the Student have siblings attending St. Francis Xavier?      Yes            No     

If Yes, please name sibling/s: \_\_\_\_\_

Is your child a NZ Citizen/Permanent Resident?      Yes            No     

If NO, please provide

Date of Entry into New Zealand: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

**Please provide a copy of your Residency Permit and any other Immigration Documentation pertaining to your Status in New Zealand.**

Ethnic Group e.g. Maori, European, Tongan, Samoan, Asian, Indian, Filipino: \_\_\_\_\_

If Maori, please state Iwi (if known): \_\_\_\_\_

## MEDICAL INFORMATION

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your child immunised? Yes            No            (Please include the immunisation certificate) Yes     

Does your child have any allergies, medical condition or medical requirements? Yes            No     

If yes, please state: \_\_\_\_\_

\_\_\_\_\_

I/We give permission to administer first aid.            (Please tick)

Does your child have an up-to-date Medical Action Plan? Yes            NO            If yes, please provide a copy. Yes     

## LEARNING / DEVELOPMENT INFORMATION

Does your child have any learning or/and development concerns? Yes            No     

If yes, please state: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# ST. FRANCIS XAVIER CATHOLIC SCHOOL ENROLMENT FORM

## PRE-SCHOOL INFORMATION

Pre-school Attended: \_\_\_\_\_

Years/Month Attended: \_\_\_\_\_ (years) \_\_\_\_\_ (months) Hours: \_\_\_\_\_

## 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 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's Name : \_\_\_\_\_ Sign: \_\_\_\_\_

### PLEASE NOTE:

**Parents should discuss this pledge with your child, according to their understanding, and sign below.**

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

Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Date: / /

## ST. FRANCIS XAVIER CATHOLIC SCHOOL PARENT PERMISSION FORM FOR PUBLISHING YOUR CHILD'S WORK OR PHOTO

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, which is included in the school's procedure booklet.

As the parent or legal guardian of \_\_\_\_\_ (full name of student), I authorise St. Francis Xavier Catholic School to publish images of the Student on the Internet, or recognised 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.

\_\_\_\_\_  
Signature of parent or legal guardian

Date: / /



# ST. FRANCIS XAVIER CATHOLIC SCHOOL ENROLMENT FORM

## 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/guardians sign for above (where applicable)**

**Signed:** \_\_\_\_\_  
*(Mother/Guardian)* *(Father /Guardian)*

Please return this completed form with the following documents:

- Copy of Preference Certificate
- Copy of Baptism Certificate (if baptised Catholic)
- Copy of Birth Certificate
- Copy of Immunisation Certificate (not the injection list)
- Copy of latest Medical Action Plan (if one is required)

If the student is not a NZ Citizen please provide the following documents:

- Copy of Passport (for date of arrival if from overseas or not a NZ citizen)
- Copy of Immigration Documentation -  Copy of Entry stamp to NZ from the passport

I/We the undersigned, agree to the information given being legally accurate.

Signed on the \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

Signed: \_\_\_\_\_ 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: \_\_\_\_\_ Date: \_\_\_\_\_

The applicant is non-preference: \_\_\_\_\_ Date: \_\_\_\_\_