

Enrolment Form St Mark's Catholic Primary School



Student Details			
Family Name	First Name	Preferred Name	
Address		Postcode	
			Year level (if not new entrant)
Date of Birth	Ethnic Group (if Maori please state iwi) Iwi	Country of Birth	Nationality
<p>If child is not born in New Zealand please advise the date of entry into New Zealand ___ / ___ / _____</p> <p>Country of Child's Birth _____</p> <p>Passport Number _____ Visa expiry date ___ / ___ / _____</p>			
Ethnicity 1.	Ethnicity 2.	Languages spoken at home	
Religion Parish/Church	Sacraments Received: Baptism Y/N	Eucharist Y/N	Confirmation Y/N

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

Parent/Guardian Details			
Mother / Stepmother / Guardian (circle as appropriate)		Father / Stepfather / Guardian (circle as appropriate)	
Family Name		Family Name	
Given Name		Given Name	
Title	Country of Birth	Title	Country of Birth
Home address (if different from above)		Home address (if different from above)	
Suburb	Postcode	Suburb	Postcode
City	Country	City	Country
Phone (home)		Phone (home)	
Phone (business)		Phone (business)	
Mobile		Mobile	
Email		Email	
Occupation		Occupation	
Employer/Business Name		Employer/Business Name	
Student lives with		Other - if other please advise	
Both Parents <input type="checkbox"/>	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Other <input type="checkbox"/>
Custody / Access Arrangements for the school to be aware of (Please provide a copy of any Parenting Order):			

Emergency Contact (NOT parent or guardian)	Relationship to child
1. Full name and phone no.	
2. Full name and phone no.	

Student Medical Details

Family Doctor's Name	Doctor's Phone No.
My child is fully immunised to date Yes / No	
Are there any special medical conditions/special needs we should know about?	
Is medication needed at school? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of medication _____
Severity of condition - mild <input type="checkbox"/> moderate <input type="checkbox"/> severe <input type="checkbox"/>	

Please state details of any learning, special needs or behavioural needs or any agencies or special education that school should be aware of

Participation in Early Childhood Education

Did your child attend one or more Early Childhood Education service (s) in the six months prior to starting school? Please complete the table below for the last service(s) attended:

	Hours attended	
a. Kohanga Reo		Did the child regularly attend the service?
b. Playcentre		Yes, for the last 6 months <input style="width: 20px; height: 20px;" type="checkbox"/>
c. Kindergarten or Education Care Centre		Yes, for the last year <input style="width: 20px; height: 20px;" type="checkbox"/>
d. home based service		Yes, for the last 2 years <input style="width: 20px; height: 20px;" type="checkbox"/>
e. Playgroup		Yes, for the last 3 years <input style="width: 20px; height: 20px;" type="checkbox"/>
f. Correspondence School		Yes, for the last 4 years <input style="width: 20px; height: 20px;" type="checkbox"/>
g. did not attend		Not regularly, only occasionally <input style="width: 20px; height: 20px;" type="checkbox"/>
h. attended - but only outside of New Zealand		

Name (s) of Early Childhood Centre attended _____

Checklist - please ensure you provide the following information with your application form

<input type="checkbox"/>	Preference Certificate (for Catholic preference enrolments only) signed by a Parish Priest
<input type="checkbox"/>	Copy of Baptism Certificate (for Catholic preference enrolments only)
<input type="checkbox"/>	Immunisation Certificate
<input type="checkbox"/>	Signed Agreement for the Payment of Attendance Dues
<input type="checkbox"/>	<u>New Zealand Citizen</u> - enclose copy of NZ birth certificate, NZ passport or Citizenship Certificate
<input type="checkbox"/>	<u>Non New Zealand Citizen</u> - Enclose copy of passport and residency visa or parent's work visa and child's student visa

This information is being collected solely for the use of St Mark's School in the administration of the school programme.

I give permission for my contact details to be given to St Mark's School PTFA, BOT, School Staff and the Parish Centre

Signature (Parent/Guardian): _____

Office Use Only:	Teacher _____	Room # _____	Year # _____
Start date	___ / ___ / ___	Enrolment #	_____
		NSN #	_____