

ST. MARY'S CATHOLIC SCHOOL, PAPA KURA

APPLICATION FOR ENROLMENT



STUDENT'S SURNAME:
(PLEASE USE BLOCK CAPITALS)

STUDENT'S FIRST NAMES (in full):
(Please underline preferred name)

STUDENT'S HOME ADDRESS:

POSTAL CODE: HOME PHONE / MOBILE NO:

DATE OF BIRTH: COUNTRY OF BIRTH / CITIZENSHIP:

ENGLISH AS MAIN LANGUAGE SPOKEN AT HOME: YES / NO

OTHER LANGUAGES SPOKEN AT HOME:

BOY / GIRL (circle one) CURRENT AGE: CURRENT YEAR LEVEL:

✓	EARLY CHILDHOOD EDUCATION (ECE) (Please tick the appropriate box)	Hours Attended Per Week (For up to three services)
	Attended Home Based Service	
	Attended Kindergarten or Education and Care Centre	
	Attended Kohanga Reo	
	Attended Playcentre	
	Attended Playgroup or Pacific Islands EC Group	
	Attended the Correspondence School - Te Aho o Te Kura Pounamu	
	Attended, but don't know what type of service	
	Attended, but only outside New Zealand	
	Did not attend	
	Unable to establish if attended or not	

.....
Name of Early Childhood Education Centre Attended

PREVIOUS SCHOOL: SUBURB:

NZ CITIZEN: YES / NO Verification Document: <input type="checkbox"/> NZ Birth Certificate <input type="checkbox"/> NZ Passport <input type="checkbox"/> NZ Citizenship Certificate <input type="checkbox"/> Other	NZ RESIDENT: YES / NO Verification Document: <input type="checkbox"/> NZ Residency Permit <input type="checkbox"/> Visa Domestic <input type="checkbox"/> Visa with conditions of study <input type="checkbox"/> Other Expiry Date: Date of Arrival in NZ:
(Attach copies of NZ residency/work permit or citizen papers if applicable)	

ETHNIC GROUP: (tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> NZ EUROPEAN | <input type="checkbox"/> OTHER EUROPEAN (specify) |
| <input type="checkbox"/> MAORI (specify IWI below) | <input type="checkbox"/> PACIFIC ISLANDER (specify) |
| <input type="checkbox"/> ASIAN (specify) | <input type="checkbox"/> OTHER (specify) |

IWI (if applicable)

PREFERENCE ENROLMENT - If you have a connection with the Catholic faith community, complete the attached Preference of Enrolment Certificate and have it signed by the Parish Priest. Please indicate here which criteria you are applying under. If you do not meet any of the five criteria, tick non-preference and your application will go on the waiting list.

5.1 () 5.2 () 5.3 () 5.4 () 5.5 () Non-Preference ()

FAMILY INFORMATION

MOTHER / STEPMOTHER / CAREGIVER'S FAMILY NAME (Please circle one)	FATHER / STEPFATHER / CAREGIVER'S FAMILY NAME (Please circle one)
FULL NAME:	FULL NAME:
PRIVATE ADDRESS:	PRIVATE ADDRESS:
HOME PH: BUS PH:	HOME PH: BUS PH:
MOBILE:	MOBILE:
EMAIL: (Please indicate * the preferred email address for receiving newsletters, invoices, etc)	EMAIL: (Please indicate * the preferred email address for receiving newsletters, invoices, etc)
OCCUPATION:	OCCUPATION:
BIRTH COUNTRY:	BIRTH COUNTRY:
RELIGIOUS DENOMINATION:	RELIGIOUS DENOMINATION:
PARISH/CHURCH:	PARISH/CHURCH:

EMERGENCY CONTACT PERSON(S) (Other than parent / caregiver)	EMERGENCY CONTACT PERSON(S) (Other than parent / caregiver)
NAME:	NAME:
RELATIONSHIP TO STUDENT:	RELATIONSHIP TO STUDENT:
HOME PH: BUS PH:	HOME PH: BUS PH:
MOBILE:	MOBILE:

EMERGENCY CONTACT	
DOCTOR: SURGERY PH:	
Does your child have any of the following health concerns:	
Vision	YES / NO
Hearing	YES / NO
Speech	YES / NO
IMMUNISATION CERTIFICATE:	Copy Provided: YES / NO
Your child's Immunisation Certificate is available either through your GP or located in your child's Plunket Book. Students arriving from overseas will need to visit their GP to ensure they have had all of the correct vaccinations as per the New Zealand Immunisation Schedule, and from there, request a record from your GP.	
MEDICAL HISTORY: (ASTHMA, ALLERGIES, ETC)	
ANY MEDICATION:	
Written consent must be provided by the family, for administering medication during school hours. Inhalers must be provided by the family, to be stored in the school office.	

Are there any custody arrangements concerning this student? YES / NO (Attach relevant documentation)

Please list the names of family members likely to be attending St. Mary's Catholic School, Papakura in the future:

..... Date of Birth:
 Date of Birth:

SPECIAL LEARNING REQUIREMENTS:

(Please indicate any learning or behavioural difficulties, to enable us to better meet the needs of individual students):

Does your child currently receive any special learning assistance?

YES / NO

If yes, please explain:

CONDITIONS OF ENROLMENT

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.

1. The above-mentioned child will participate in the general school programme that gives St. Mary's Catholic School its special character.
2. As parents / caregivers, we will support all St. Mary's Catholic School policies and procedures.
3. I/We give consent for photos of our child when involved in school events to be displayed for celebratory or promotional purposes (e.g. newsletters, website etc).
4. I/We give consent for our child to travel either by car or bus to attend local school events.
5. I/We give consent for vision/hearing screening as well as medical checks to be carried out at school by authorised technicians/registered nurses.
6. I/We give consent for our child to use digital technology and internet-based learning activities at school. Our child will adhere to all St. Mary's School Digital Safety Guidelines.

Parent / Caregiver Signature: **Relationship to Child:** **Date:**

Parent / Caregiver Signature: **Relationship to Child:** **Date:**

School Principal Signature: **Date:**

Post application to:

St. Mary's Catholic School
54 Clark Road
Papakura 2113
Auckland

Telephone: (09) 298 4450
Email: office@stmaryspapakura.school.nz
Website: www.stmaryspapakura.school.nz

FOR OFFICE USE ONLY

Enrolment Accepted ☐

Date Started at our School:

Year Level at time of Enrolment:

Team: Teacher:

Enrolment Number: House:

NSN Number: ☐ NSN Verified

Unique ID Number:

☐ ETAP

☐ ENROL

☐ e-asTTle (Y3 - Y8)

☐ ESOL

ST. MARY'S CATHOLIC SCHOOL PAPAKURA



Together We Learn, We Pray, We Serve

Me Whakakotahi, Kia Maarama, Kia Pono, Ki Te Karakia

Agreement for the Payment of Attendance Dues

Full Name of Student

.....
.....

Name of Parent/Caregiver/Guardian

.....
.....

Address

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

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 Minister of Education.

Furthermore, I/We accept that the school can discontinue attendance of the above-named student(s) in default of this undertaking.

I/We agree to pay Attendance Dues as follows:

- ☐ In full every term or annually, at the beginning of the school year.
- ☐ Every two weeks by Automatic Payment or Direct Credit.
- ☐ Every two weeks by cash or cheque, directly to the school office.

Communication between families and the school is extremely important. Please contact the Principal as soon as possible if you experience any financial issues that will impact on the payment of Attendance Dues. Failure to communicate reasons for non-payment may lead to the Proprietor passing the unpaid debt to a debt collector.

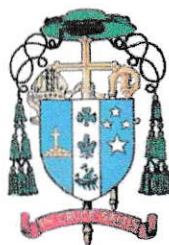
Attendance Dues are a legal charge and not a donation, nor is it tax deductible.

I/We have read the above conditions and agree to pay the Attendance Dues in accordance with this Agreement. This Agreement is effective from the date of signing.

The undersigned acknowledges that student information which is related to the functions of the Proprietor of the school may be disclosed to the Proprietor or the Proprietor's agents.

Signed: Date:
(Parent/Caregiver/Guardian)

Signed: Date:
(Parent/Caregiver/Guardian)

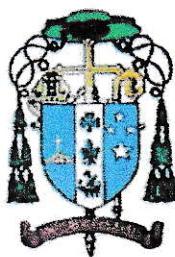


CATHOLIC DIOCESE OF AUCKLAND

INFORMATION FOR PARENTS / CAREGIVERS SEEKING PREFERENCE of ENROLMENT at CATHOLIC SCHOOLS

The following information is given to assist parents/caregivers seeking to gain preference of enrolment at a Catholic school

- In seeking preference of enrolment at a Catholic School you need to make a commitment to actively supporting your child in his/her faith formation and the practices of the Catholic Church.
- The Diocesan Preference Certificate needs to be signed by a Parish Priest or other authorized agent of the Bishop. It is normal practice to make an appointment with the Priest.
- A new Preference Certificate is required for each child in the family.
- Preference Certificates are school specific, in that the name of the school, the family intends to make an application for enrolment, must be specified on the Certificate. If you intend to apply for enrolment at a number of different Catholic schools you should have the required number of Preference Certificates and ask the Priest to sign these during the one interview.
- A new Preference Certificate is required for transfer to another school e.g. primary to secondary school. In some exceptional circumstances the preference status of your children could change.
- The school keeps the Preference Certificate – not the family.
- If you are applying for preference of enrolment under criteria 5.3 which reads *At least one parent/guardian is a Catholic, and although their child has not yet been baptised, the child's participation in the life of the school could lead to the parents having the child baptised*, it is important to recognize that one parent/guardian being Catholic is not sufficient in itself to guarantee that preference will be granted. The second part of the sentence has equal weight with the first.
- If you are applying for preference of enrolment under criteria 5.4:
 - ❖ The familial adult must be a close family member who is actively involved in your child's upbringing; a practicing Catholic and live close to you so that they can actively support your child's faith formation and practices of the Catholic Church by taking your child to Sunday Masses and supporting other school and parish initiatives.
 - ❖ This familial adult needs to accompany you to the meeting with the Priest when seeking preference of enrolment.
 - ❖ It is responsibility of the familial adult to provide some evidence to show they are an active member of the Catholic Church, if not personally known to the person granting preference of enrolment.
- Priests/ Bishop's Agents grant preference and they are the only person who may do so. Schools then decide which students they will accept for enrolment.
- Attendance at a Catholic school by non-preference students is not grounds for seeking preference of enrolment at another Catholic school.



New Zealand Catholic Bishops Conference Preference of Enrolment Certificate for the Diocese of Auckland

This is to certify that

In accordance with the Education Act 1989, Part 33, S442, and Catholic School Integration Agreements, through a general or particular religious connection as stated in the Preference Criteria Numbers: 5.1, 5.2, 5.3, 5.4, 5.5.

(Please refer to Criteria details on back of form)

MR/MRS/MS

Address

Is/are eligible to have preference of enrolment for their child at

.....School/College
in..... Town/City

Name of child

I/We undertake to support our child in the formation of their faith and the practices of the Catholic church. I/we further agree that my/our contact details will be shared with the school and parish for the purpose of faith formation.

Parent(s)/Caregivers Signature..... Date.....

Under which Criterion (see reverse) is the child eligible for preference?.....

If Criterion 5.1 applies please complete:

Baptised in at on.....

If Criterion 5.4 applies please complete the section on the back of this form.

Certified by (Name):.....as authorised agent of the
Roman Catholic Bishop of the Diocese of

Position:
(see: *Administration of the Criteria, 6.1.1-6.1.6, Agents who may sign, listed over page*)

Address:

Signature..... Date.....

This form must be completed by the Parent(s)/Caregiver(s), and the Parish Priest or other designated authorities *prior* to the enrolment of a student in a Catholic Integrated School.

NEW ZEALAND CATHOLIC BISHOPS CONFERENCE

Criteria for Preference of Enrolment in Integrated Catholic Schools

- 5.1 The child has been baptised or is being prepared for baptism in the Catholic Church.
- 5.2 The child's parents/guardians have already allowed one or more of its siblings to be baptised in the Catholic faith.
- 5.3 At least one parent/guardian is a Catholic, and although their child has not yet been baptised, the child's participation in the life of the school could lead to the parents having the child baptised.
- 5.4 With the agreement of the child's parent/guardian, a significant familial adult such as a grandparent, aunt or uncle who is actively involved in the child's upbringing undertakes to support the child's formation in the faith and practices of the Catholic Church.
- 5.5 One or both of a child's non-Catholic parents/guardians is preparing to become a Catholic.

Agents of the Bishop, Who May Sign the Certificate on his Behalf

- 6.1.1 Parish Priest of their Parish of Residence
- 6.1.2 Assistant Priest of their Parish of Residence
- 6.1.3 Priests appointed under c. 517/1
- 6.1.4 Deacons and lay persons appointed to pastoral care under c. 517/2
- 6.1.5 Ethnic chaplains who liaise with Parish Priests or their delegate
- 6.1.6 Local committees appointed by the Bishop or by any of the above agents of the Bishop.

Process of Appeal

Handbook for Boards of Trustees of New Zealand Catholic Integrated Schools (section 5.14)

If a preference certificate has been refused and the parents, either directly or through the Principal, wish to appeal the matter, the application can be referred to the Proprietors' Office (Diocesan Education Office). The Director of the Office, or whoever is the appointed appeal authority in the diocese, after making whatever investigation is necessary, including consulting the Parish Priest if appropriate, will make a ruling, or seek a ruling from the Bishop. The Parish Priest or delegated person who refused the certificate in the first instance is normally informed whenever a preference certificate is issued in virtue of this paragraph.

If Criterion 5.4 (above) applies the parents/caregivers and significant familial adult completes the following:

Significant familial adult:

I agree to support (child's name)
formation in the faith and practices of the Catholic Church and agree to my contact details being available to the school and parish for this purpose.

Mr/Mrs/Ms:

Address:

Relationship to child: Email address: Phone No:

Parish

Signature Date:

Parent(s)/Caregiver(s):

I agree that my child will be supported by: in the formation of the
faith and practices of the Catholic Church. I/we further agree that my/our contact details will be shared with
the school and parish for the purpose of faith formation.

Signature: Date: