

THIS SECTION FOR OFFICE USE ONLY

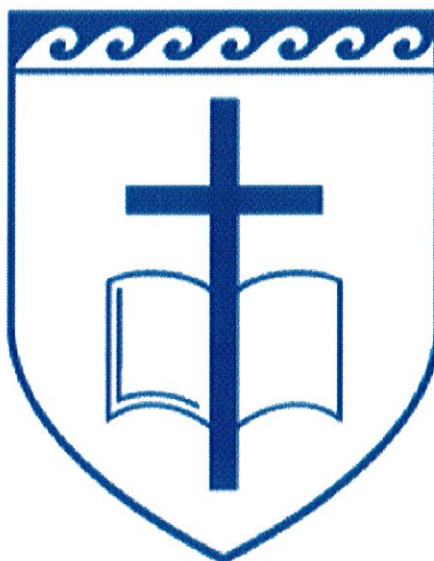
SURNAME:		DATE RECEIVED:	PREF CRITERIA:	ENTRY YEAR & YEAR LEVEL:
SIBLINGS: NAME & DOB 	PLACE IN FAMILY: Out Of	MEDICAL ALERT: YES/NO	BIRTH CERTIFICATE: BAPTISM CERTIFICATE: PREFERENCE FORMS:	
OFFERED PLACE: YES/NO WAITLIST: YES/NO	IN ZONE: YES/NO	ETAP NO.:	ENROLMENT	NSN:

ST IGNATIUS CATHOLIC SCHOOL

APPLICATION FOR ENROLMENT

SURNAME: _____ **FIRST NAMES:** _____

DATE OF BIRTH: _____



OUR MISSION STATEMENT

St Ignatius School, in partnership with parents and within a caring and supportive Catholic environment, is committed to quality education and achievement where the focus is on the development of the whole child; guiding each child on their faith journey and helping them to grow up as caring and contributing members of the community

72 Speight Road, St Heliers, Auckland 1071

Phone: (09) 575 7081

Email: office@stignatius.school.nz

Website: www.stignatius.school.nz

PUPIL DETAILS:

FAMILY NAME: _____ FIRST NAMES: _____

GENDER: MALE/FEMALE DATE OF BIRTH: ____/____/____

ETHNICITY: _____ HOME LANGUAGE: _____

PLACE IN FAMILY: OUT OF ____ OUT OF ____

IS THERE A SIBLING CURRENTLY ATTENDING ST IGNATIUS SCHOOL? YES / NO

NAME(S): _____ YEARL LEVEL _____

PRE-SCHOOL HISTORY: (KINDERGARTEN, EARLY CHILDHOOD CENTRE, DAY CARE)

NAME OF PRE-SCHOOL: _____

YEARS/MONTHS ATTENDED: _____ HOURS PER WEEK: _____

PREVIOUS SCHOOL DETAILS (IF APPLICABLE):

NAME OF PREVIOUS SCHOOL: _____

AREA: _____ YEARS ATTENDED: _____

PARENT/ CAREGIVER DETAILS:

MOTHER OR CAREGIVER 1: FIRST NAME: _____ SURNAME: _____

ADDRESS: _____

ETHNICITY: _____ OCCUPATION: _____

CONTACTS: LANDLINE _____ MOBILE _____ EMAIL _____

FATHER OR CAREGIVER 2: FIRST NAME: _____ SURNAME: _____

ADDRESS(if different from mother): _____

ETHNICITY: _____ OCCUPATION: _____

CONTACTS: LANDLINE _____ MOBILE _____ EMAIL _____

DOES YOUR CHILD LIVE WITH (TICK ONE):

☐

BOTH PARENTS

☐

MOTHER

☐

FATHER

☐

CAREGIVER 1

☐

CAREGIVER 2

SPECIAL LEARNING NEEDS:

DOES YOUR CHILD HAVE ANY SPECIFIC LEARNING NEEDS/DIFFICULTIES (please detail below):

Please ensure that all information is fully disclosed at the time of submitting this application. No application will be disadvantaged by disclosing this information, however, failure to disclose may (attach reports if necessary).

PARISH AFFILIATION:

St Ignatius Parish

☐

Mother of Perpetual Help

☐

Other

RELIGION:

Mother

 Father

MEDICAL INFORMATION:

DOCTOR:

 PHONE:

ADDRESS:

DENTIST:

 PHONE:

ADDRESS:

DOES YOUR CHILD HAVE ANY MEDICATION REQUIREMENTS i.e. Asthma, Inhaler, Allergies, Diabetes etc.
Please give details below:

EMERGENCY CONTACT (other than a parent and within the Central Auckland area):

NAME:

 PHONE:

PRIVACY ACT 2020

Our school undertakes to collect, use and store information you provide on this form according to the principles of the Privacy Act 2020. 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 (s) 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 student named in this application will participate in the general School programme that gives *St Ignatius School* its Catholic Special Character.

ATTENDANCE DUES

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 student named in this application in default of this undertaking.

BOARD OF TRUSTEE DONATIONS

I / We the undersigned, agree that whilst we appreciate that the BOT contribution is a voluntary donation, that we will endeavour to contribute our financial support of this necessary amount each term, as designated by the Board of Trustees.

I / We certify that all the information provided in this application is true and correct.

SIGNED:

(Mother / Guardian)

(Father / Guardian)

PLEASE PRINT FULL NAMES:

PREFERENCE OF ENROLMENT

I have sighted evidence that the Proprietor has stated that the student named in this application should be given **preference of enrolment**.

Signed: _____

Date: _____

NON – PREFERENCE

The applicant is non – preference.

Signed: _____

Date: _____

CHECK LIST FOR PARENTS - PLEASE ENSURE YOU ATTACH THE FOLLOWING TO YOUR APPLICATION



BLUE PREFERENCE FORM FROM YOUR PRIEST



BIRTH CERTIFICATE



BAPTISM CERTIFICATE



PASSPORT IF BORN OUTSIDE NEW ZEALAND