

## Application for Pre-Enrolment



2 Taharoto Road – Takapuna – Auckland 0622

Phone: 09 489 4994 Fax: 09 488 0759

E-mail: [office@sj.school.nz](mailto:office@sj.school.nz)

Principal: Ms Philomena O'Connell-Cooper

Child's Full Legal Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Boy/Girl \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Cultural Identity – Main Cultural Group you identify with: \_\_\_\_\_

Language/s spoken: \_\_\_\_\_

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

For Other than New Entrant specify class: \_\_\_\_\_

Details of last school attended: \_\_\_\_\_

### Office Use Only

New Entrant : \_\_\_\_\_

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

**Custodial Parent/Caregiver Information**

First Name and Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

First Name and Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Post Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Please provide the following as a condition of enrolment:**

1. Copy of child's Baptism certificate.
2. Copy of child's New Zealand Birth Certificate or Passport.
3. Copy of child's Passport showing his/her current residency status for nationalities other than New Zealand.
4. Preference of Enrolment Certificate signed by your Parish Priest.

**I/We the undersigned, accept as a condition of enrolment that**

1. The above named student will participate in the general school programme that gives St Joseph's School its Catholic Special Character.
2. I/We will undertake as a condition of enrolment and attendance to pay Attendance Dues as determined from time to time by the Proprietor, the Bishop of Auckland, 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.
3. We also undertake to pay any school levies as determined from time to time by the Board of Trustees, understanding that this is a moral, rather than legal, commitment.

Signed: \_\_\_\_\_ Parent/Caregiver

**Please indicate what applies to you:**

- The child has a Preference of Enrolment Certificate
- The child has a sibling presently at school – Sibling name: \_\_\_\_\_
- The child had a sibling at school – Year the sibling left St Joseph's: \_\_\_\_\_
- The child is currently enrolled in another Catholic School and we are moving to Auckland
- The mother/father is a former student of St Joseph's
- Our family has an established relationship with the \_\_\_\_\_ Parish

**Acceptance for enrolment of children on the New Entrant Waiting List for the following year, will be based on the following criteria in order of priority:**

1. The child has a sibling presently at St Joseph's School.
2. The child had a sibling at St Joseph's School.
3. The child is already enrolled in a Catholic School in New Zealand and the family moves to the Auckland Region.
4. The family of the child has previously been associated with the school (former student's child).
5. The family has an established relationship with the North Shore Parishes.
6. The family resides in Takapuna, Milford, Hauraki, Forrest Hill, Sunnynook, Albany, the Bays, Greenhithe and eastern areas of Hillcrest, Glenfield and Northcote. Families living in other North Shore areas will be considered, providing there are places available.
7. Where two applicants meet the same criteria, the earlier date of application will take priority.

Where parents wish their child to transfer from another Catholic Primary School on the Shore, acceptance for enrolment will be determined on a case by case basis.

A child who has been accepted for pre-enrolment under the Non-preference Category will be eligible for enrolment if there are no children with Preference on the Waiting List. In determining enrolment, the criteria listed above apply.

**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 will be used to complete forms required by the Catholic Education Services, the Ministry of Education, and the Education Review Office, and for administrative purposes within the school.

I/We agree that this information can be used for the above purpose.

Signed: \_\_\_\_\_ Parent/Caregiver

**For Office Use Only**

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

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

The above named child in Non-Preference

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