



## APPLICATION FOR ENROLMENT AT ST BENEDICT'S SCHOOL

Enrolment is sought for: **NSN:** \_\_\_\_\_

\_\_\_\_\_ Legal surname Legal first name(s)

Preferred first name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Male / Female    Student's country of birth: \_\_\_\_\_  
 (Please accompany application with a copy of the birth certificate)    (If not NZ please attach evidence of immigration status)

Yr group which enrolment is sought: \_\_\_\_for 20\_\_\_\_ Previous School attended \_\_\_\_\_

### PREFERENCE STATUS

I am applying for a Preference enrolment at St Benedict's. Baptized at \_\_\_\_\_  
 Church on \_\_\_\_\_ **OR Please attach a copy of the Preference & Baptism Certificates.** I am applying for a non preference enrolment place at St Benedict's. I wish my child to go to St Benedict's because \_\_\_\_\_

### FAMILY

Sibling: Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Attends St Benedict's Yes / No

Sibling: Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Attends St Benedict's Yes / No

### HEALTH

Emergency contact (if parents can not be contacted)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Family Doctor or Medical Centre: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Are there any health problems we should be aware of? Yes / No \_\_\_\_\_  
Details

Please list any drugs that are required in an emergency situation: \_\_\_\_\_

### EARLY CHILDHOOD EDUCATION

Please enter the <b>number of hours</b> per week (approx) to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kohanga Reo			
b. Playcentre			
c. Kindergarten or Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

### OR

Please tick the appropriate box	
g. Attended, but only outside New Zealand	
h. Attended, but don't know what type of service	
i. Did not attend	
j. Unable to establish if attended or not	

Duration of preschool years spent at the kindergarten or early childhood centre \_\_\_\_\_

Mother's name: \_\_\_\_\_ Religion: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Mobile: \_\_\_\_\_ Business: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company name: \_\_\_\_\_

Father's name: \_\_\_\_\_ Religion: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Mobile: \_\_\_\_\_ Business: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company name: \_\_\_\_\_

Are you a New Zealand Citizen or a Permanent Resident family? Yes / No

Your child lives with –

Mother  Father

Stepmother  Stepfather

Other: Please state \_\_\_\_\_

Legal Guardian \_\_\_\_\_  
(Please state name)

Are there any custodial matters that we should know of \_\_\_\_\_

Are additional newsletters needed for separated parents? Yes / No

Name & address: \_\_\_\_\_

Email address for newsletters: \_\_\_\_\_

Nationality / Ethnicity identified with

\_\_\_\_\_ Mother Father

Please indicate Maori Iwi (if applicable): \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_  
(Please list main languages first)

### **PARTICIPATION IN GENERAL SCHOOL PROGRAMME**

I/we accept as a condition of enrolment that \_\_\_\_\_ will participate in the  
Students first and last name  
general school programme that gives the school its special character.

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

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

### **PARENTS / CAREGIVERS**

First name and surname please

Thank you for your application.

Your application will be considered as soon as possible and you should hear from us within 2 weeks.

**All students enrolled in preference places need a Preference Certificate from your local Parish Priest. The criteria is as follows:**

- 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 grandparent or other significant adult in the child's life, such as an aunt, uncle or godparent, 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.

If you meet any one of these criteria's please arrange to visit your Parish Priest to get a Preference Certificate.

Local Parish Priests		Telephone
Khandallah / Ngaio	Father Douglas Shepherd	479 7777
Johnsonville	Father Peter Fitzgibbon	478 7137
Newlands	Father Verghese Thuruthichira	478 7189

FOR OFFICE USE ONLY BELOW THIS LINE

Admittance No:	Date:	Letter sent:
Preference / Non Preference	House :	Authorised:



Developing our Children's Minds  
Guiding our Children's Hearts

Dear Parents,

### THE PRIVACY ACT AND SCHOOL LISTS

Every year at St Benedict's School, address and contact lists are prepared showing all students enrolled at the school, their caregiver / parent / guardian, residential address, telephone numbers and other relevant contact details.

These lists have from time to time been used by the Board of Trustees and HOK Committees to make contact with parents on a variety of matters, for example, letters from the Board Chairman on administration matters and telephone calls asking for parents help on fundraising ventures.

We would like to have the lists available to both the Board of Trustees and HOK committee but, we also wish to be able to make it available to other families at the school as requested (the reason must be for school related business and permission granted by the Principal.)

To make sure the list is not used by outside organisations there would be a clause printed on the lists that prohibits the use of the list for anyone outside of the school community and for anything other than school related business.

If you have no objection to your details being included on this list or being available for any use other than that of school issues relating directly to your child(ren) please tick the appropriate boxes on the form below and return to the school office as soon as possible.. *Please note you will still continue to receive all material sent home with your child(ren) from the classroom.*

#### School Website

When updating our school website we like to include photos of the children at work or play and need to know that you give your permission before a child is photographed. Please indicate in the box below.

Yours sincerely

David Lamont  
PRINCIPAL

I have no objection to my / our name and contact details being included in

- The published list for general school reference
- The list for use by the Board of Trustees / HOK committee

I have no objection to my child's

Samples of work and / or photos being included in

- News media articles
- School publications
- School website.

Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to the office, St Benedict's School, 50 Nicholson Road, Khandallah.



# Archdiocese of Wellington

## Attendance Dues Agreement

Between

**The Roman Catholic Archbishop of the Archdiocese of Wellington, ("the Proprietor")**

**who is the owner of St Benedict's School**

and

**The Parents/Caregivers (Delete one)**

*Complete all sections of this form – print clearly in capital letters*

Title	First names	Surname
1.		
2.		
<b>Residential address:</b>		
<b>Post code:</b>		
<b>Daytime Phone No:</b>		<b>Cell phone No:</b>
<b>Email address:</b>		

### INTRODUCTION

1.1 The Parents/Caregivers have enrolled the following student/s at the school:

Student/s: First and middle names	Surname

#### Office use only

School number:

Enrolment number:

Existing Family number:

Gender:

Preference:

Start date:

Year level:

1.2 The Proprietor of the School and the Minister of Education have entered into an Integration Agreement in terms of the Private Schools Conditional Integration Act 1975 ("Integration Act"). The Integration Agreement for the School provides that the Proprietor may enter into an agreement with the Parents or other persons accepting responsibility for the education of a child providing that as a condition of the enrolment and attendance of that child at the School, the Parents or other persons shall pay attendance dues.

1.3 Attendance Dues are used by the Proprietor for servicing of school debts, insurance of school buildings and other costs as specified in the Integration Act.

## 2. ATTENDANCE DUES PAYMENT

2.1 I/We agree to pay Attendance Dues to the Proprietor as approved by the Minister of Education from time to time in terms of the Integration Act and as a condition of enrolment of the student at the School.

2.2 I/We understand that in default of payment any recovery costs will be an additional expense to me/us.

2.3 I/We understand that payment of Attendance Dues will be invoiced in full once each year payable in full or, if we choose, by quarterly instalments unless alternative payment arrangements have been made with the Proprietor or the Proprietor's agent.

## 3. PRIVACY ACT 1993 - STUDENT ENROLMENT INFORMATION

3.1 Your personal information will be collected and held by the Proprietor or the Proprietor's agent and used for administering the invoicing and collection of attendance dues. Information about outstanding dues may be disclosed to other schools at which you have children attending. This information may be used for the purposes of collecting dues, and/or assessing eligibility for any rebate or write-off.

## 4. CATHOLIC SCHOOLS BOARD LIMITED

4.1 The Proprietor has appointed Catholic Schools Board Limited ("CSBL") to administer the invoicing and collection of Attendance Dues on his behalf.

4.2 CSBL maintains a central billing and administration system for Attendance Dues on behalf of the Proprietors of Catholic Integrated Schools in the Archdiocese of Wellington.

4.3 CSBL's offices are at the Catholic Centre, 22-28 Hill Street, Thorndon, Wellington.

## 5. ACKNOWLEDGEMENT

5.1 I/We acknowledge that we have read and understand this agreement and agree to comply with the terms and conditions.

I/We agree to advise the Proprietor and/or CSBL in writing if our circumstances change.

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Signature of parent/caregiver

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Date

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Signature of parent/caregiver

-----  
Date

Once completed, this form and all other enrolment information required by the Proprietor for the purposes of charging and collecting attendance dues, are to be forwarded to the Proprietor's dues collector:

**CSBL, P.O. Box 12-341 Thorndon, Wellington 6144.**

Contact information for all enquires – Phone: 0800 462 725;

Fax: 04 499 4804;

Email: [office@catholicschools.co.nz](mailto:office@catholicschools.co.nz)