



Class: _____ Room : _____
 Date enrolled : ____/____/____
 Enrolment No _____
 Completed by: _____

Enrolment Form

Pupil Details (One form per pupil)

Name of pupil _____
 Family name _____ First names _____
 Preferred name _____

Home Address: _____
 Home Phone: _____ Fax: _____
 E-mail: _____

Country of origin NZ / _____ Language English / _____

Previous School _____ Early Childhood Education (Complete Pg 3)

Gender M / F Date of birth ____/____/____ Verified Yes ☐ No ☐
 Date first started school ____/____/____ Date first attended this school ____/____/____
 Birth certificate No: _____ OR Passport No: _____

Enrolment status Regular class student / Fee paying / Special Education Agreement
 (cross out all except one) (List detail: _____)

Caregiver 1 Details : Mother / _____

Name _____
 Family name _____ First names _____ Mrs/Ms/Miss/Mr

Address _____
 Home phone _____
 Fax _____
 Work _____
 Cellphone _____

Occupation: _____

Other siblings likely to attend: _____ DOB _____
 _____ DOB _____

Caregiver 2 Details : Father / _____

Name _____
 Family name _____ First names _____ Mr/Mrs/Miss/Ms

Address _____
 Home phone _____
 Work phone _____
 Fax _____
 Cellphone _____

Occupation _____

Caregiver 3 Details : Emergency contact

Name _____ Mr/Mrs/Ms/Miss

Family name

First names

Home phone _____ Work phone _____ Relationship to student _____

e.g. grandparent/neighbour/friend

Caregiver 4 Details : Emergency contact

Name _____ Mr/Mrs/Ms/Miss

Family name

First names

Home phone _____ Work phone _____ Relationship to student _____

e.g. grandparent/neighbour/friend

Ministry of Education details :

Special Education definition (if applicable) _____

Language spoken at home English / _____

NZ Citizen: [] yes [] no Please state other: _____

Medical details : (List any medical problems and information the school should be aware of)_____

Doctor _____ Ph no _____

Immunisation Cert shown: _____ Complete: _____

Ethnicity : (Cultural identification with a particular ethnic group. Dual ethnicity may be selected)

NZ European / NZ Maori - Iwi: _____

Religion: _____ **Preference/Non Pref** **Parish:** _____

(Please complete the attached Diocese form)

Bus Service _____

Please tick this box if you have no objection to your child receiving mild medication (ie Paracetamol) at the discretion of his/her teacher. []

I understand that the school will take action on my behalf in case of sudden illness or injury and I agree to abide by school policies.

Any other information the school should be aware of: _____

Conditions of Enrolment

I/We accept as conditions of enrolment that:

- Our child will participate in the general school programme that gives Our Lady of the Snows School its Special Catholic Character.
- I will endeavour to ensure that she/he obeys school rules and regulations at all times. I have received a copy of the school's Information Booklet and assent to the material contained.
- As a condition of attendance at Our Lady of the Snows School, we are aware that a payment of Attendance Dues is required. This amount is set down by the Bishop of Christchurch and is paid via the school each term.

Confidentiality

This information is requested by the school in order to communicate with parents and caregivers, to maintain the safety of the pupil, in order to meet the statutory requirements of the Ministry of Education. Information is held securely and used for the purpose of education only.

Parent / Caregiver Verification:

The information above is true and correct. I undertake to advise the school of any change in circumstances so that accuracy and contacts may be maintained.

Signed _____ Date _____ School Stamp: