



Marist Catholic School Herne Bay

Enrolment Form

STUDENT INFORMATION

Family Name _____ Legal Name _____ Preferred Name _____

Entry Year (eg, 2017) _____ Present School and current year level/Preschool and years/months attended _____

Date of Birth _____ Gender _____ Nationality _____

Language spoken other than English _____

Why did you choose Marist Catholic School? _____

Has your child been baptised Catholic? Yes No Have they made their: Confirmation: Yes No Reconciliation: Yes No
(please circle Yes or No) Eucharist (first communion): Yes No Other Religion _____

FAMILY INFORMATION

MOTHER

Family Name _____

Legal Names _____

Mother's Date of Birth _____

Home Address _____

Suburb _____ City _____

Post Code _____ Phone (home) _____

Occupation _____

Mobile _____

Email address _____

Religious affiliation _____

Parish _____

Marist Old Girl? Yes No Years attended _____

Student Lives With Both parents Mother

If 'Other' please provide name _____

Does the student have a sibling or siblings already attending Marist? Yes No

If 'Yes' please name the sibling or siblings _____

Is your child a New Zealand Citizen/Permanent Resident? Yes No

If not please provide date of entry into New Zealand _____

Please provide a copy of your Residency Permit and any other Immigration Documentation pertaining to your status in New Zealand

Ethnic Group (eg, Maori - please include iwi, European, Samoan, Tongan, Asian, Filipino) _____

Parent's country of birth _____

FATHER

Family Name _____

Legal Names _____

Fathers Date of Birth _____

Home Address _____

Suburb _____ City _____

Post Code _____ Phone (home) _____

Occupation _____

Mobile _____

email address _____

Religious affiliation _____

Parish _____

Marist Old Boy? Yes No Years attended _____

Father Other

relationship _____

MEDICAL INFORMATION

Family doctor _____ Phone _____

Dentist _____ Phone _____

Is your child immunised? Yes No If 'Yes' please provide a copy of immunisation certificate

Does your child have any health concerns? Vision: Yes No Hearing: Yes No Speech: Yes No

Does your child have any medical conditions, allergies or medical requirements? Yes No

If Yes, please give details here _____

Action Plan _____

LEARNING / DEVELOPMENT INFORMATION

Does your child have any learning or development concerns: Yes No

If yes, please state _____

PRIVACY ACT 1993

Our school undertakes to collect, use and store information you provide on this form according to 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.

PARTICIPATION IN SCHOOL PROGRAMME

I/We the undersigned undertake as a condition of enrolment that the above named student will participate in the general School programme that gives our 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 above named student in default of this undertaking.

Both parents are required to sign for the above

Signed _____
(Mother/Guardian)

Signed _____
(Father/ Guardian)

PREFERENCE OF ENROLMENT

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

Signed _____ (Principal) Date _____

The applicant is non-preference _____ (Principal) Date _____

Please return this completed form with a copy of the Preference Certificate, Baptism Certificate, Birth Certificate or Passport and a copy of your child's Immunisation Certificate.