

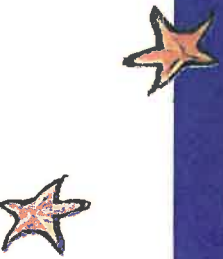


ST IGNATIUS SCHOOL

Enrolment Form



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.

NAME: _____

DATE OF BIRTH: _____

DATE RECEIVED: _____

(For Office use only)



72 Speight Rd., St Heliers, Auckland 1071

Phone: (09)575-7081 Fax: (09)575-7044

Email: office@stignatius.school.nz

PUPIL DETAILS

Family Name: _____ First Names: _____

Gender: Boy / Girl Date of Birth: ____/____/____

Address: _____

Phone No: _____ Email: _____

Is there a sibling at this school: Yes / No

Place in family _____ out of _____ First day to attend: ____/____/____

Signed _____

PRE-SCHOOL HISTORY: i.e. Kindergarten, Learning Centre, Day Care

Pre-school attended: _____

Years / Months attended: _____

PREVIOUS SCHOOL DETAILS (if applicable)

Previous School: _____

Area: _____ Year _____

PARENT / CAREGIVER DETAILS

Mother or Caregiver 1: _____

Ethnicity: _____ Occupation: _____

Work Address: _____

Work Phone: _____ Email: _____

Father or Caregiver 2: _____

Ethnicity: _____ Occupation: _____

Work Address: _____

Work Phone: _____ Email: _____

Child lives with: (tick one)

Both Parents

Mother

Father

Caregiver 1

Caregiver 2

ETHNIC BACKGROUND

Nationality _____

Home Language _____

MEDICAL INFORMATION

Doctor _____

Dentist _____

Address _____

Address _____

Phone _____

Phone _____

Does your child have any allergies, medication requirements etc?

- Asthma
- Bee Sting Allergy

Inhaler required

Diabetes

EMERGENCY CONTACT (Other than a Parent and preferably within the Central Auckland area)

Name _____

Phone _____

Address _____

PRIVACY ACT 1993

St Ignatius School undertakes to collect, use and store the information you provide on this form according to the Privacy Act 1993. The information will be used to prepare class rolls, reports required by the Ministry of Education and for administrative purposes within the school.

I agree that this information can be used for the above purposes:

Signed _____

Date _____

ATTENDANCE DUES AND SCHOOL CONTRIBUTIONS

The Catholic Integrated Schools Board charges Attendance Dues and St Ignatius invoices a contribution amount. It is a condition of enrolment that you pay all Attendance dues and that you undertake to pay the School Contribution amount.

Signed _____ Date _____

SPECIAL CHARACTER

As a Catholic School we will be teaching your child the fundamentals of the Catholic Faith and we ask that you support the school in this. It is a condition of enrolment that all children attend school masses and liturgies.

Signed _____ Date _____

Baptised Yes / No
Confirmation Yes / No
Eucharist Yes / No Parish _____

Do you have a Preference Card for your child? Yes / No

RELIGION

Mother _____ Father _____

CONTACT DETAILS

St Ignatius Parish Ph: (09) 575 5227
Glendowie Parish Ph: (09) 575 8767
School Office Ph: (09) 575 7081
Fax: (09) 575 7044
Address: 72 Speight Road, St Heliers, Auckland 1071
E-mail: office@stignatius.school.nz

CHECK LIST

Please ensure you have attached:

- Preference form from your Priest
- Birth Certificate
- Other relevant documentation

If you are aware of any specific learning needs / difficulties that your child may have, 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.