

THIS SECTION FOR OFFICE USE ONLY

SURNAME:		DATE RECEIVED:	PREF CRITERIA:	ENTRY YEAR & YEAR LEVEL:
SIBLINGS: NAME & DOB  .....	PLACE IN FAMILY:  ..... Out Of .....	MEDICAL ALERT:  YES/NO	BIRTH CERTIFICATE: BAPTISM CERTIFICATE: PREFERENCE FORMS:	
OFFERED PLACE: YES/NO  WAITLIST: YES/NO	IN ZONE: YES/NO	NSN:	ETAP ENROLMENT NO.:	

# ST IGNATIUS CATHOLIC SCHOOL APPLICATION FOR ENROLMENT

**SURNAME:** \_\_\_\_\_ **FIRST NAMES:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_



## 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

**72 Speight Road, St Heliers, Auckland 1071**  
**Phone: (09) 575 7081**  
**Email: [office@stignatius.school.nz](mailto:office@stignatius.school.nz)**  
**Website: [www.stignatius.school.nz](http://www.stignatius.school.nz)**

**PUPIL DETAILS:**

FAMILY NAME: \_\_\_\_\_ FIRST NAMES: \_\_\_\_\_

GENDER: MALE/FEMALE DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

ETHNICITY: \_\_\_\_\_ HOME LANGUAGE: \_\_\_\_\_

PLACE IN FAMILY: OUT OF \_\_\_\_ OUT OF \_\_\_\_

IS THERE A SIBLING CURRENTLY ATTENDING ST IGNATIUS SCHOOL? YES / NO

NAME(S): \_\_\_\_\_ YEAR LEVEL \_\_\_\_\_

**PRE-SCHOOL HISTORY:** (KINDERGARTEN, EARLY CHILDHOOD CENTRE, DAY CARE)

NAME OF PRE-SCHOOL: \_\_\_\_\_

YEARS/MONTHS ATTENDED: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_

**PREVIOUS SCHOOL DETAILS (IF APPLICABLE):**

NAME OF PREVIOUS SCHOOL: \_\_\_\_\_

AREA: \_\_\_\_\_ YEARS ATTENDED: \_\_\_\_\_

**PARENT/ CAREGIVER DETAILS:**

MOTHER OR CAREGIVER 1: FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

CONTACTS: LANDLINE \_\_\_\_\_ MOBILE \_\_\_\_\_ EMAIL \_\_\_\_\_

FATHER OR CAREGIVER 2: FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

ADDRESS(if different from mother): \_\_\_\_\_

ETHNICITY: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

CONTACTS: LANDLINE \_\_\_\_\_ MOBILE \_\_\_\_\_ EMAIL \_\_\_\_\_

**DOES YOUR CHILD LIVE WITH (TICK ONE):**

BOTH PARENTS       MOTHER       FATHER

CAREGIVER 1       CAREGIVER 2

**SPECIAL LEARNING NEEDS:**

DOES YOUR CHILD HAVE ANY SPECIFIC LEARNING NEEDS/DIFFICULTIES (please detail below):

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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 (attach reports if necessary).

**PARISH AFFILIATION:**

St Ignatius Parish

Mother of Perpetual Help

Other \_\_\_\_\_

**RELIGION:**

Mother \_\_\_\_\_

Father \_\_\_\_\_

**MEDICAL INFORMATION:**

DOCTOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DENTIST: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY MEDICATION REQUIREMENTS i.e. Asthma, Inhaler, Allergies, Diabetes etc.  
Please give details below:

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**EMERGENCY CONTACT** (other than a parent and within the Central Auckland area):

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

**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 1995. The information may be provided to the Proprietor's agent, the Minister of Education and the Education Review Office, and for administration purposes within the school.

I / We agree (s) 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 student named in this application will participate in the general School programme that gives *St Ignatius School* its Catholic Special Character.

**ATTENDANCE DUES**

I / We the undersigned, undertake as a condition of enrolment and attendance to pay Attendance dues as determined from time to time by the Proprietor and approved by the Minister of Education. Furthermore,

I / We accept that the school can discontinue attendance of the student named in this application should a default of this undertaking occur.

**BOARD OF TRUSTEE DONATIONS**

I / We the undersigned, agree that whilst we appreciate that the BOT contribution is a voluntary donation, that we will endeavour to contribute our financial support of this necessary amount each term, as designated by the Board of Trustees.

I / We certify that all the information provided in this application is true and correct.

**SIGNED:**

\_\_\_\_\_

**(Mother / Guardian)**

\_\_\_\_\_

**(Father / Guardian)**

**PLEASE PRINT FULL NAMES:**

\_\_\_\_\_

\_\_\_\_\_

**PREFERENCE OF ENROLMENT**

I have sighted evidence that the Proprietor has stated that the student named in this application should be given **preference of enrolment**.

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

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

**NON – PREFERENCE**

**The applicant is non – preference.**

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

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

**CHECK LIST FOR PARENTS - PLEASE ENSURE YOU ATTACH THE FOLLOWING TO YOUR APPLICATION**

BLUE PREFERENCE FORM FROM YOUR PRIEST       BIRTH CERTIFICATE

BAPTISM CERTIFICATE       PASSPORT IF BORN OUTSIDE NEW ZEALAND