

MARIST SCHOOL MT ALBERT

Enrolment Form

14 Kitenui Ave, Mt Albert
Auckland 1025
Phone: (09) 846-7408
Presbytery Phone: (09) 846-6775
Email: admin@marist.school.nz
Website: www.marist.school.nz



TE WAIRUA O MARIA
THE SPIRIT OF MARY

OUR MISSION

Inspired by Mary, we use our
Head, Heart and Hands to know,
live and share the joy of the gospel.

OUR VISION

Strong in faith, together we grow
hearts and minds to make a difference,
today, tomorrow and for life.

OUR VALUES

We are called to be courageous, loving and compassionate.

For Office use only:

NAME: _____

DATE OF BIRTH: _____

DATE RECEIVED: _____

ETAP NUMBER: _____

NSN NUMBER: _____

PUPIL DETAILS

Legal Surname: _____ Legal First Names: _____

Preferred Surname: _____ Preferred First Names: _____

Gender: Boy / Girl Date of Birth: ____ / ____ / ____ First day to attend: ____ / ____ / ____

Address: _____

_____ Phone No: _____

Is there a sibling at this school: Yes / No Place in family: _____ out of _____

Names of other children who may be attending this school in the future:

_____ Date of birth: _____

_____ Date of birth: _____

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

Pre-school attended: _____

Hours attended per week: _____ Years / Months attended: _____

Previous Primary School (If applicable) _____

ETHNIC BACKGROUND

Nationality _____ Home Language/s _____

Entered NZ on _____ Passport Number _____

Residency Number _____

Ethnic Group [You may tick up to three of the following]

- | | | | | |
|--|-------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Indian | <input type="checkbox"/> Cook Is Maori | <input type="checkbox"/> Niuean |
| <input type="checkbox"/> European / Pakeha | <input type="checkbox"/> Tongan | <input type="checkbox"/> Chinese | <input type="checkbox"/> Tokeauan | <input type="checkbox"/> Malaysian |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> NZ Maori - Iwi _____ | <input type="checkbox"/> Other _____ | |

MEDICAL INFORMATION

Doctor _____ Phone _____

Address _____

Does your child have any allergies, medication requirements, on-going illnesses etc?

- Asthma Inhaler required Diabetes Bee Sting Allergy Other _____

Does your child have any Special Education needs? Yes / No (Please attach a description / summary of these needs)

Is there anything else we should know about your child that would help him/her transition into school life?

Is there anything that your child struggles with? _____

PARENT / CAREGIVER DETAILS

Mother or Caregiver 1: _____ D.O.B: _____

Religion: _____ Parish: _____ Occupation: _____

Ethnicity: _____ Country of Birth: _____

Home Address (if different from student): _____

Work Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____

Father or Caregiver 1: _____ D.O.B: _____

Religion: _____ Parish: _____ Occupation: _____

Ethnicity: _____ Country of Birth: _____

Home Address (if different from student): _____

Work Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____

Child lives with: (tick one)

Both Parents Mother Father Caregiver 1 Caregiver 2

Other _____

Are there any custody arrangements concerning this student? Yes / No (Please attach relevant documents)

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

1. Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Address: _____

2. Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Address: _____

PREFERENCE: Has your child?

Been Baptised: Yes / No If yes, at which Parish? _____

Received Confirmation: Y / N Celebrated First Reconciliation: Y / N Celebrated First Communion: Y / N

ATTENDANCE DUES AGREEMENT

Signing this agreement constitutes part of the enrolment procedure.

PRIVACY ACT 2020

Our school undertakes to collect, use and store information you provide on this form according to the principles of the Privacy Act 2020. The information may be provided to the Proprietor of the school or Proprietor's agent, the Minister of Education and the Education Review Office, and for the administration purposes within the school.

I/We agree that this information can be used for the above purposes.

PARTICIPATION IN SCHOOL PROGRAMME

I/We the undersigned, undertake as a condition of enrolment that the above-names student will participate in the general school programme that gives our school its Catholic Special Character

I/We agree that this information can be used for the above purposes.

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 your child/ren in default of this understanding. I/We have read and understood the Parent and Caregiver Responsibilities section below.

Both caregivers sign for the above

Signed: _____
(Parent/Caregiver 1) (Parent/Caregiver 1) (Date)

COMPULSORY ATTENDANCE DUES – PARENT AND CAREGIVER RESPONSIBILITIES

1. Attendance Dues are a compulsory payment under the terms of the Education and Training Act 2020 (Act) and are a condition of enrolment. Attendance Dues are charged for all students who attend Catholic integrated schools in New Zealand.

Attendance Dues are collected on behalf of the school's Proprietor, the Roman Catholic Bishop of Auckland. The Attendance Dues are forwarded to Auckland Common Fund Limited, a company established by the proprietors of Catholic Integrated Schools in the Diocese of Auckland responsible for the collection of Attendance Dues.

Under the Act, Attendance Dues are used for servicing and repaying loans to develop new building projects in the proprietors' schools as well as paying for building insurance and compliance costs, collection, and administration.

2. By signing this agreement, you accept that you will pay the Attendance Dues and that you understand that payment of the Attendance Dues is a condition of enrolment and the continuing attendance of the above-named student at the school.

3. Payment of Attendance Dues should be made in full at the beginning of the academic year or, in agreement with the school, by instalment (weekly, fortnightly, monthly or per term) during the academic year. The Attendance Dues cannot be paid in full at the end of each academic year. Attendance Dues are not a donation, and they are not tax deductible.

4. Failure to pay the Attendance Dues may put your child's place at the school at risk.

5. Overdue accounts may be referred to a debt collection agency by the Proprietor.

6. This agreement is legally enforceable and the person who signs the agreement remains legally liable for payment of the Attendance Dues. Responsibility for payment of Attendance Dues may be transferred to another Parent/Caregiver provided that the new Parent/Caregiver first signs a novation agreement accepting responsibility for payment of Attendance Dues, on terms acceptable to the school and the Proprietor.

7. Any civil agreements between parents/caregivers do not take precedence over this signed legal agreement.

8. This agreement may not be varied or terminated by the Parent/Caregiver without the prior written consent of the Proprietor.

9. Financial assistance with Attendance Dues is available to families of preference students in cases of genuine financial difficulties. Part of the criteria for receiving this assistance is that regular payments have been made at an affordable level.

Updated March 2023

For Principal use only:

PREFERENCE of ENROLMENT

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

Signed: _____ (Principal) Date: _____

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