



Christ The King Catholic School

Owairaka - New Zealand

Enrolment Form

NAME: _____
DATE OF BIRTH: _____
DATE RECEIVED: _____
DOCUMENTATION COMPLETE: _____
ENROL Number: _____
(For Office use only)

Christ the King Catholic School

288 Richardson Rd, Mt Roskill
Auckland 1041

School Office Phone: (09) 626-7123

School Office Fax: (09) 626-7131

Email: admin@ctk.school.nz

Website: www.ctk.school.nz

Parish Presbytery Phone: (09) 626 7744

OUR MISSION STATEMENT

Fostering excellence and building community within a Catholic environment

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 _____ children

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

1. _____ Date of birth: ___ / ___ / _____

2. _____ Date of birth: ___ / ___ / _____

CATHOLIC PREFERENCE:

Has your child been Baptised? Yes/No If yes, at which Parish? _____

Have they also received: Confirmation? Yes/No First Reconciliation? Yes/No First Communion? Yes/No

Is your Preference of Enrolment Certificate attached? Yes/No

PRE-SCHOOL HISTORY:

i.e. Kindergarten, Learning Centre, Day Care

Pre-school attended: _____

Area: _____

Years/Months Attended: _____

PREVIOUS SCHOOL DETAILS:

(If applicable)

Previous School: _____

Area: _____

Years/Months Attended: _____

ETHNIC BACKGROUND

Was your child born in New Zealand? Yes/No

Birth Certificate Number: _____

Nationality: _____

Passport Number *(if applicable)* _____

Language spoken at home: _____

Entered NZ on ___ / ___ / _____ *(if applicable)*

Residency Status: _____

Ethnic Group *(You may tick up to three of the following)*

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Cook Island Maori | <input type="checkbox"/> Indian |
| <input type="checkbox"/> European / Pakeha | <input type="checkbox"/> Tongan | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Ethiopian |
| <input type="checkbox"/> Niuean | <input type="checkbox"/> Filipino | <input type="checkbox"/> Zimbabwean |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> NZ Maori, <i>Iwi(s):</i> _____ | |

PARENT / CAREGIVER DETAILS

Mother or Caregiver #1: _____ Religion: _____

Ethnicity: _____ D.O.B: ____ / ____ / ____ Occupation: _____

Home Address (if different from student) _____ Home Phone: _____

_____ Work Phone: _____

Email: _____ Mobile: _____

Father or Caregiver #2: _____ Religion: _____

Ethnicity: _____ D.O.B: ____ / ____ / ____ Occupation: _____

Home Address (if different from student) _____ Home Phone: _____

_____ Work Phone: _____

Email: _____ Mobile: _____

Child lives with (tick one):

- Both parents
- Mother
- Father
- Both Caregivers
- Caregiver #1
- Caregiver #2

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

MEDICAL INFORMATION

Doctor: _____ **Dentist :** _____

Address: _____ Address: _____

Phone: _____ Phone: _____

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

- Bee Sting Allergy
- Diabetes
- Asthma – inhaler required? Yes/No
- Other: _____

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

Does your child have any Learning or Behavioural needs or difficulties? Yes / No

EMERGENCY CONTACTS:**(a trusted adult who lives and/or works in the central Auckland area)**1. **Name:** _____ Relationship to child: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile : _____

2. **Name:** _____ Relationship to child: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile : _____

This section is required by the Catholic Diocese of Auckland Catholic Schools Office and must be signed by both parents/caregivers.**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 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 purposes.

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 your 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 sign for above

Mother/Guardian #1 Signature: _____ Date: _____

Father/Guardian #2 Signature: _____ Date: _____

PAPERWORK CHECK LIST: Please check that you have attached these items Baptism Certificate Birth Certificate Preference of Enrolment Certificate (signed by Priest) Immunisation Certificate Dental Service Other documentation (eg. Passport, Medical, Custody Information, Refugee Status) Cyber Smart Agreement Hearing and Vision Form