



St Mary's School 69A Ruahine Street, Palmerston North 4414
 Telephone: (06) 357 5015, Email: office@stmaryspn.school.nz,
 Website: www.stmaryspn.school.nz

ENROLMENT FORM

Office Use Only

*Respect, Responsibility
Care and Courtesy*

Admission Number		Preference Student		
School Start Date		Non Preference Student		
Year Level		CSB Dues Agreement	Signed & Received	
Classroom		CSB Dues Agreement	Sent CSB	
ENROL NSN		Birth Certificate/Passport	Received	
House		Immunisation Certificate	Received	

Date of Application	
Anticipated Start Date	

Student Details			
Legal Surname		Country of Birth	
Legal First Names		If not NZ Born Date of arrival in NZ	
Preferred Surname And/or First Name		NZ Citizen	
Date of Birth		Permanent Resident	
Ethnicity		Permit Holder	
Language Spoken at Home		Permit Expiry	
Iwi (if NZ Maori)			
Gender M / F			

Parent Details			
Mother's Details			
Family Surname		Home Phone	
First Names		Mobile	
Email		Occupation	
Living with Student	Yes / No	Work Phone	
Residential Address			

Father's Details			
Family Surname		Home Phone	
First Names		Mobile	
Email		Occupation	
Living with Student	Yes / No	Work Phone	
Residential Address			

Details of Custody Arrangements/Restrictions

School Accounts to be sent to	
Additional copy of School Newsletter to be sent to	
Additional copy of School Report to be sent to	

Emergency Contact Details (not parents or caregivers)

Family Name		Home Phone	
First Names		Mobile	
Relationship to Student		Work Phone	

Family Name		Home Phone	
First Name		Mobile	
Relationship to Student		Work Phone	

Schooling Details

Pre-School Attended		Please provide names & date of birth of any pre-school children
Year Level at Current School		
Current School Enrolled at		

Health Details

Current Dental Clinic attended		Asthma	Yes / No
Family Doctor		Please provide immunisation details	
Immunised Yes / No			
Allergies/Health Problems			
Regular Medication			
Disability/Special Needs			

Catholicity

Student Baptised	Yes / No	Received First Reconciliation	Yes / No
Date & Place of Baptism		Received First Eucharist	Yes / No
If Student is not Catholic, please state their religion:			
Mother/Guardian Catholic	Yes / No / Other		
Father/Guardian Catholic	Yes / No / Other		

Additional Information Please complete if there is any other pertinent information that may help the school and classroom teacher

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Parental Consent**Local Visits**

At times, interesting activities are happening which classes attend. By signing this form, it will allow teachers to take the class on visits without having to seek parental consent each time. The same safety precautions will be taken by staff as with any trip. Parents will be advised of all excursions. On occasions, classes may walk out of the school to view or partake in activities e.g. Park visits.

Photo Publishing/Media

A copy of our Cybersafety Use Agreement is enclosed in the Information Pack you have received. The School does it's best to restrict student access to offensive, dangerous or illegal material on the internet or other communication technologies but it is the responsibility of your child to have no involvement in such material or activities including any he/she may bring into the school environment. Please confirm below that you have received this Cyber safety Use Agreement and will discuss it with your child.

Transport Safety

Please indicate below that you understand that if you undertake to transport children on school trips, that children must be safely seat belted and your vehicle is registered and warranted. Under NZ Law all children are required to be correctly secured in an approved restraint until their seventh birthday. Because of this legislation, junior children will travel by bus on all school trips.

Consent

- I grant the School consent to take my child on trips/visits. This consent will apply during the time my child is enrolled at St Mary's School.
- I grant the School consent to publish my child's photograph on the School website.
- I confirm that I have received the Cybersafety Use Agreement and will discuss it with my child.
- I understand that if my vehicle is used for School trips that it must be warranted and registered and children must be seat belted.

Signed:

Date:

Telephone Release

To comply with the Privacy Act, we are required to seek your permission to release information. Please indicate below your willingness for your address and phone number to be released for legitimate purposes (at the discretion of the Principal) e.g. sports team coaches, Dental Clinic, PTA, Health Nurse.

I would prefer that my phone number is confidential. Signed:

I give permission for the School to release information. Signed:

Additional Notes/Information

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