



**ST BRIGID'S SCHOOL**  
9-11 Phillip Street, Johnsonville, Wellington 6037

**Enrolment Form** (Please print clearly)

(Office to complete) **ADMISSION DATE** .....

**ADMISSION NO.**.....

**Student**

Surname .....

Boy / Girl

First Names .....

Place in Family .....of.....

Name known by (if different) .....

Date of Birth .....

Address .....

Phone .....

.....

E-Mail Address .....

**Preference Enrolment**

I am applying for a Preference enrolment place for my child at St Brigid's School. I understand that I will also need to obtain a copy of the Preference certificate from my Parish Priest or other designated authority to fully complete this application.

My child has received the following Sacraments (*please tick options that apply*):

- Baptism
- Reconciliation
- Confirmation
- First Holy Communion

**OR**

**Non-preference Enrolment**

I am applying for a non-preference enrolment place at St Brigid's School. I wish my child to go to St Brigid's because

**Participation in The General School Programme**

I accept as a condition of enrolment the above-named child will participate in the general school programme that gives the school its special Catholic Character.

Signed \_\_\_\_\_ (Parent/Guardian)

**Early Childhood Education:** (Please tick and provide the name of the ECE attended).

Kindergarten (Name): \_\_\_\_\_  Playgroup/ Playcentre (Name): \_\_\_\_\_

Centre/Daycare (Name): \_\_\_\_\_  Kohanga Reo (Name): \_\_\_\_\_

Did not attend early childhood education

**OR**

**Previous School Information**

Last School Attended: ..... Town/City: .....

Current Year Level: .....

<b>Ethnicity</b> Please tick as appropriate: <input type="checkbox"/> NZ European <input type="checkbox"/> NZ Maori Iwi: ..... <input type="checkbox"/> Pacific Island (please specify) ..... <input type="checkbox"/> Asian (please specify) ..... <input type="checkbox"/> Middle Eastern (please specify) ..... <input type="checkbox"/> South American (please specify) ..... <input type="checkbox"/> Other (please specify) .....	
<b>Country of Birth</b> ..... If NZ, please provide a copy of birth certificate <b>If not NZ, please attach evidence of Immigration Status</b> <input type="checkbox"/> Passport (school office to copy relevant details) <b>Permanent Resident?</b> Yes / No <b>Date entered New Zealand:</b> .....	<b>Parents' Country of Birth:</b> <b>Mother:</b> ..... <b>Father:</b> .....
<b>The language spoken most often at home:</b> ..... <b>If not English, are there English speakers at home?</b> Yes / No	<b>Any other languages your child hears at home:</b> ..... ..... <b>Who speaks these languages</b> (e.g.: parents, grandparents, aunty, uncle) .....

**Health**

To best support your child, please advise if there are any needs, diagnosed or undiagnosed, that could impact learning:

- Language
  Physical
  Sensory
  Visual
  Fine Motor
  Autism
  Behaviour / Social
  Hearing
  ADHD  
 Any significant health issues the school needs to be aware of

**Further details:**

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**Parents/Guardians**

**Full names of parents/guardians** (First name and surname):

Mother..... Occupation..... Religion.....  
 Father..... Occupation..... Religion.....

Signed: .....

Date: .....

**Information Privacy in Schools**

<b>Privacy Statement</b>	The school collects the information on this form to: - Enrol your child at school - Assess the educational needs of your child - Ensure the school gets the correct resources from the Ministry of Education for your child The school collects and uses your child's information in accordance with the Privacy Act. The school sends some of your child's information to the Ministry of Education and other education and health agencies. The school will not provide your child's information to any other people or organisations without your authorisation, unless needed by law.
<b>Accessing or changing your information</b>	Contact the school if you want to view or change your child's information.