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 .....

First Names .....

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

Address .....

.....

Boy / Girl

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

Date of Birth .....

Phone .....

Email Address .....

Email 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: .....

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

_____

_____

Parents/Guardians

Full names of parents/guardians (Please print clearly):

Mother's Surname…… First Name…….

Occupation..... Religion.....

Father's Surname…… First Name……

Occupation..... Religion.....

Signed**:** …….. Date: ……..

Information Privacy in Schools

Privacy Statement	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.
Accessing or changing your information	Contact the school if you want to view or change your child's information.