

Conditions of Enrolment

Please provide copies of Birth Certificate /Preference Certificate.

I/We the undersigned, accept as a condition of enrolment that

1. The above named student will participate in the general school programme that gives St Francis School its Special Character.
2. We will pay Attendance Dues as determined from time to time by the Proprietor, the Bishop of Auckland, and approved by the Minister of Education.

Signed: _____ Parent

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 will be used to complete forms required by Catholic Education Services, The Ministry of Education, and the Education Review Office, and for administrative purposes within the school.

I agree that this information can be used for the above purpose.

Signed: _____ Parent

For office Use Preference of Enrolment

I have sighted evidence that the Proprietor has stated the above named pupil should be given preference of enrolment.

Signed: _____ Principal Date: _____

The Applicant is Non-Preference

Signed: _____ Principal Date: _____

Application for Pre-Enrolment



Francis of Assisi

St Francis Catholic School Pt Chevalier

St Francis Catholic School
2 Montrose St
Pt Chevalier
Auckland 1022

Phone: 09 846 4696

Fax: 09 849 6833

Email: office@stfrancis.school.nz

Principal: Marianne Booth

Application for Pre-Enrolment (Please Print)

Child's Name (Surname): _____

First Name: _____

Child's Preferred Name: _____

Date of Birth: _____

Child's Country of Birth: _____

Address: _____

Phone: _____ Mobile No: _____

Email Address: _____

Would you like to receive the school newsletter by email
Yes / No _____

NZ Residency Permit: _____
Date of Entry to NZ: _____
Visa Status: A copy of Visa to be supplied.

Cultural Identity:

Main cultural group you identify with: _____

Language spoken at home: _____

Siblings:

Name: _____ DOB _____

Name: _____ DOB _____

Parent /Caregiver Information

Father's Name: _____

Mother's Name: _____

Do you have any skills to contribute to St Francis School?

Does your child currently receive any special learning assistance? Yes /No If yes please give a brief explanation (this may assist the school in preparing for enrolment)

Health: (please note any past or present health condition or disability that might influence your child's educational programme).

Medication:
Sight _____ Speech _____ Hearing _____