



CATHOLIC DIOCESE OF AUCKLAND
CATHOLIC SCHOOLS OFFICE

APPLICATION FOR ENROLMENT

SCHOOL/COLLEGE: _____

ADDRESS: _____

Student's First and Middle Name: _____ Family Name: _____

Student's Date of Birth: _____ Telephone: _____

Student's Home Address: _____

Baptism: Yes / No Confirmation: Yes / No Eucharist (1st Communion) Yes / No Reconciliation: Yes / No

Parents' First Names: Mother: _____ Father: _____

Parents' Family Name: Mother: _____ Father: _____

Parents' Address: Mother: _____

Father: _____

Parents Date of Birth: Mother: _____ Father: _____

Parish of Parents: _____

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 purpose.

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

Signed: _____
(Mother/Guardian) (Father /Guardian)

PREFERENCE OF ENROLMENT

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

Signed: _____ Date: _____
(Principal)

The applicant is non-preference: _____ Date: _____
(Principal)