



ST PETER CHANEL CATHOLIC SCHOOL

INFORMATION SHEET

STUDENT PROFILE

Legal Surname: _____ Legal First Names: _____
Preferred Name/Known As: _____ Age: _____ Male Female
Date of Birth ____/____/____ Place of Birth: New Zealand Other _____
Address: _____ Postcode _____
Ethnicity (Preferred Identified Ethnicity First) _____
If Maori, Tribal Affiliation: _____
Parent's country of birth: Father _____ Mother: _____
Language(s) spoken at home: _____ Religion: _____
Baptised in a Catholic Church: Yes / No Reconciliation: Yes / No First Holy Communion/Confirmation: Yes / No
Previous School: _____ Pre School/Kindergarten: _____

FAMILY PROFILE

Full name of Father /Guardian _____
Address: _____ Home Phone: _____
Place of Work: _____ Work Phone: _____
Occupation: _____ Email: _____ Mob. Ph: _____

Full name of Mother /Guardian _____
Address: _____ Home Phone: _____
Place of Work: _____ Work Phone: _____
Occupation: _____ Email: _____ Mob. Ph: _____

If the student does not live with parents/guardian, please note the name of the caregivers:

Female Caregiver: _____ Male Caregiver: _____
Address: _____ Address: _____
Phone Hm: _____ Wk: _____ Phone Hm: _____ Wk: _____
Email: _____ Email: _____

OTHER EMERGENCY CONTACT PERSON: _____ Ph: _____ Relationship: _____

Name(s) of brothers / sisters who currently attend St Peter Chanel Catholic School:

Name(s): _____ House Group: _____

Name of other siblings likely to attend St Peter Chanel Catholic School:

Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____

STUDENTS BORN OUTSIDE NEW ZEALAND MUST COMPLETE THIS BOX

Date entered New Zealand: _____
Passport No: _____ Student Visa: Yes/No Visa Expiry Date: _____
Refugee Status: Yes / No

Please attach a copy of identification from passport as well as all citizenship / residency / student visa documentation

HEALTH INFORMATION

Allergies: _____

Sight and/or Hearing Problems: _____

Medical and/or Social Problems: _____

Regular Medication Taken: _____

Immunisation up to date: Yes / No

Fully Immunised: Yes / No

Doctor: _____ Phone: _____

I give permission for the school to administer pain relief to my child if required: Yes / No

(The school office will notify parents if pain relief is given.)

INTERNET USE AGREEMENT

Student

I have read the St Peter Chanel Catholic School Policy statement on the internet and agree to abide by the rules as laid out in this document. I agree to abide by the decisions made by the School and the teacher that is in charge at the time of me using a computer.

Parent/Guardian/Caregiver

As the parent/guardian/caregiver of the student identified above I have read the policy statement relating to the use of the Internet in the school and I understand that St Peter Chanel Catholic School has taken all possible precautions to make the Internet as safe as possible for all users. I also agree to support the school in any action it may take to ensure that the code of conduct as described in the policy statement is enforced.

Parent Signature: _____ Student Signature: _____

FAMILY DECLARATION

1. We agree to abide by the rules and values of St Peter Chanel Catholic School as set out in the prospectus and School Charter

Student Initial: _____

2. We agree to outfit our child in the correct school uniform at all times.

Student Initial: _____

3. I understand that we are obliged to pay the Attendance Dues to the Catholic Diocese and Activity fees to the school.

4. I agree to allow information on this enrolment application and associated documents to be used by the school in accordance with the provisions of the Privacy Act 1993.

5. I agree that names and photographs and my child’s work can be used in School Web pages, promotional material on the School Web Site, Prospectus and other official publications.

6. I grant permission for the school to give my name and phone number to the PTFA to be used should they want to contact me for support.

7. I understand that the school will take action on my behalf in case of sudden illness or injury.

8. I agree to abide by school policies.

9. The school is sometimes obliged by law to give information to Government Departments (eg the Ministry of Education, and Ministry of Health) but it will not otherwise be disclosed without your authorisation.

Parent Signature: _____

(Student to initial No.s 1 & 2)

Date: ____/____/____