



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 family members 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: _____

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: ____ / ____ / ____