

MONTE CECILIA CATHOLIC SCHOOL

Our Mission

Monte Cecilia Catholic School will empower our people to strive for excellence through collaboration and service; to be lifelong learners and contributors to the world, inspired by our Mercy tradition.

Enrolment Form

34 Whitmore Road, Mt Roskill, Auckland

PLEASE ENSURE ALL DETAILS ARE COMPLETED.
INCOMPLETE FORMS WILL BE RETURNED.

PUPIL DETAILS

Legal Surname: _____

Legal First Names: _____

Gender: Boy / Girl

Date of Birth: _____ / _____ / _____

Address: _____

Phone No: _____

Email: _____

Is there a sibling at this school: Yes / No

Previous School: _____

Place in family _____ out of _____

Year Level: _____

First day to attend this school: ___ / _____ / _____

Signed _____

PARTICIPATION IN EARLY CHILDHOOD EDUCATION IN THE SIX MONTHS PRIOR TO STARTING SCHOOL

Please enter the number of <i>hours per week</i> for up to three services:	Service 1	Service 2	Service 3
a. Kohanga Reo			
b. Playcentre			
c. Kindergarten <i>or</i> Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

OR

<i>Please tick the appropriate box</i>	
g. Attended, but only outside New Zealand	<input type="checkbox"/>
h. Attended, but don't know what type of service	<input type="checkbox"/>
i. Did not attend	<input type="checkbox"/>
j. Unable to establish if attended or not	<input type="checkbox"/>

Did your child regularly attend Early Childhood Education?
(i.e. attended most booked sessions each week)

- Yes, for the last _____ year(s)
- Not regularly, only occasionally with no on-going schedule
- No, did not attend ECE

PARENT / CAREGIVER DETAILS

Mother or Caregiver 1: _____

Ethnicity: _____

Occupation: _____

Work Address: _____

Work/Mobile Phone: _____

Email: _____

Father or Caregiver 2: _____

Ethnicity: _____

Occupation: _____

Work Address: _____

Work/Mobile Phone: _____

Email: _____

Child lives with: (*tick one*)Both Parents Mother Father Caregiver 1 Caregiver 2

Child ETHNIC BACKGROUND details

Nationality _____

Entered NZ on _____

Passport Number _____

Residency Number _____

Home Language (1) _____

Home Language (2) _____

Ethnic Group [Number up to three – state first Ethnicity for our ministry records with numeral 1 and then number others from 2 accordingly]

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Cook Is Maori | <input type="checkbox"/> Indian |
| <input type="checkbox"/> European / Pakeha | <input type="checkbox"/> Tongan | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Malaysian |
| <input type="checkbox"/> Niuean | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other |
| <input type="checkbox"/> NZ Maori / Iwi (up to three) _____ | | |

Child MEDICAL INFORMATION details

Doctor _____

Dentist _____

Address _____

Address _____

Phone _____

Phone _____

Does your child have any allergies, medication requirements, on-going illnesses etc?

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Inhaler required | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Other _____ | |

EMERGENCY CONTACT (Other than a Parent and preferably within the Central Auckland area)

Name _____

Phone _____

Address _____

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.

Signed _____

Date _____

ATTENDANCE DUES AND SCHOOL CONTRIBUTIONS

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.

The school will request a further school donation for school resourcing.

Signed _____ Date _____

SPECIAL CHARACTER

I / We the undersigned, undertake as a condition of enrolment that the above named student will participate in the general school programme that gives our school its Catholic Special Character. As a Catholic School we will be teaching your child the fundamentals of the Catholic Faith and we ask that you support the school in this. It is a condition of enrolment that all children attend school Masses and liturgies.

Signed _____ Date _____

Baptised Yes / No Parish _____

Confirmation Yes / No Parish _____

Eucharist Yes / No Parish _____

Do you have a Preference Card for your child? Yes / No

RELIGION

Mother _____ Father _____

CONTACT DETAILS

Presbytery Ph: 625 5154

School Office Ph: 625 5018

Fax: 625 5034

Address: 34 Whitmore Road, Mt Roskill, Auckland

E-mail: office@montececilia.school.nz

Web: www.montececilia.school.nz

CHECK LIST

Please ensure you have attached:

- Immunisation Certificate
- Signed Preference form from your Catholic Priest for each child
- Birth Certificate
- Baptism Certificate
- ESOL Information
- Other relevant documentation

If you are aware of any specific learning needs / difficulties that your child may have, please ensure that all information is fully disclosed at the time of submitting this application. No application will be disadvantaged by disclosing this information, however failure to disclose may.