

Commitment to the Saint Paul's Catholic School Character

- I understand that Saint Paul's Catholic School strives to provide an holistic education for every child. While excellence in academic standards is a priority, the overarching goal is to provide a place where children come to know and understand Jesus Christ as the message for love and truth and that as a school our goal is to form Christ in the life of others.
- I will support the school in this goal by reinforcing faith values and faith formation at home.
- I understand that my child will participate in the liturgical life of the school and the Religious Education programme prepared for New Zealand Catholic Schools.
- Support the School Policies as authorised by the School's Board of Trustees and the School's proprietor.

OFFICIAL ENROLMENT RECORDS

- I understand that an Official Enrolment Record will be started if my child has not been enrolled in another school. This Enrolment Record will be made available to the Ministry of Education or its agents if requested for a specific purpose.
- I also agree that Saint Paul's School may have access to information and records pertaining to my child from previous schools and agencies (if applicable) and that information about my child may be passed on to other schools or relevant agencies. By Ministry regulations, a copy of the Enrolment Record, Attendance Data and this signed declaration will be held at the school for audit purposes for a period of 7 years after your child leaves Saint Paul's school.

This enrolment is signed agreeing to support the school's policies and procedures and knowing that the following information given is protected by the Privacy Act. The school gives an assurance that the information will not be released to anyone other than those entitled under the terms of the Act.

Signed: _____

Signed: _____

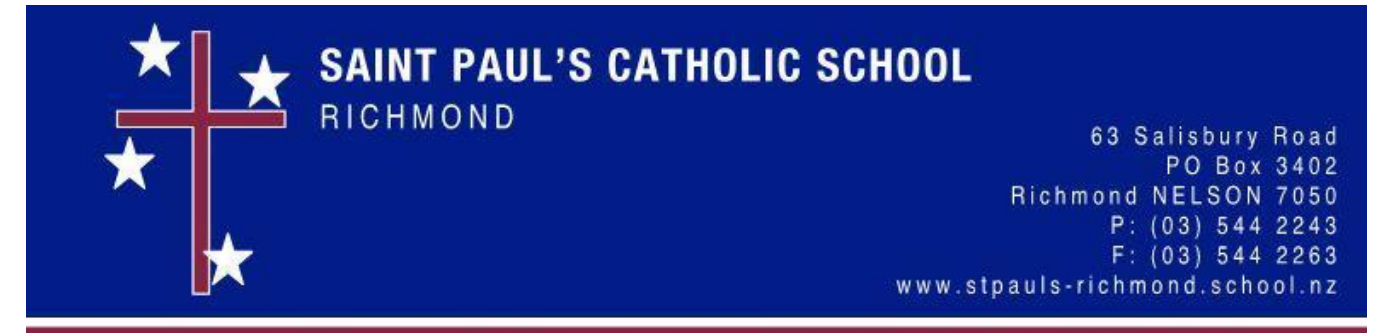
Name: _____

Name: _____

Date: _____

Date: _____

Office Use Only Incoming Student Year Level _____ Classroom _____ Start Date _____ House _____ Preference _____ NSN _____	Enrol _____ Etap _____ NZ Birth Cert/Passport _____ NZ Citizen _____ Residency Status _____ CSB _____	Outgoing Student Finish Date _____ Destination _____ Etap _____ Enrol _____ CSB _____
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"You must shine among them like stars lighting up the sky" Saint Paul - Philippians 2:15

STUDENT DETAILS

Student's Legal Surname:	Student's Legal Christian Names:
Student's Preferred Surname:	Student's Preferred Christian Name:
Date of Birth:	Name of Previous School or Preschool
Gender: Male / Female	Year Level Entry:
Baptised Catholic: Yes / No	

PARENT OR CAREGIVER DETAILS

Surname:	Christian Name:
Relationship to Student:	Occupation:
Address:	Phone (Home) Phone (Work) Phone (Mobile)
Email:	

Surname:	Christian Name:
Relationship to Student:	Occupation:
Address:	Phone (Home) Phone (Work) Phone (Mobile)
Email:	

ADDITIONAL EMERGENCY CONTACT PERSON

Name:	Contact Phone Number:
(Only called If parents/caregivers are uncontactable)	

ETHNIC ORIGIN

Ethnicity	Tick	Additional Information
NZ European		
NZ Maori		Iwi affiliation
Australian		
Other (Please specify)		

FUTURE ENROLMENT OF SIBLING/S

Siblings Name/s:	DOB:	Anticipated Enrolment Date:

HEALTH AND MEDICAL DETAILS

Doctor:	Phone Number:
Relevant Medical Information:	Allergies:
Is your child fully immunised? Yes / No	Vaccination Certificate Provided. Yes /No
Additional Information. If you have ticked any of the following, please include relevant details below:	<div>Pediatrician <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Speech & Language Therapist <input type="checkbox"/></div> <div>OT <input type="checkbox"/> Dietician <input type="checkbox"/> Health Nurse <input type="checkbox"/> Child Development Services <input type="checkbox"/></div> <div>Early Intervention <input type="checkbox"/> Other <input type="checkbox"/></div> <div>Do you require school staff to contact you concerning any of the above?</div> <div>Yes <input type="checkbox"/> No <input type="checkbox"/></div>

ACCIDENT & EMERGENCY GUIDELINES

Staff are responsible for the welfare and safety of children within the confines of the school within school hours (8:30am - 3:15pm), on approved excursions and during emergency evacuations. That responsibility extends to taking reasonable steps in the event of an accident or other medical emergency. Occasionally the need arises for staff to seek medical attention for a child if parents/caregivers can't be contacted immediately.

- I authorise the staff at Saint Paul's School to take reasonable steps as practicable in the event of an emergency concerning my child and to seek necessary medical treatment at a local medical centre or hospital facility acting as my agent.
- I undertake to meet any resultant costs if applicable in obtaining medical attention for my child.
- I consent to my child being given pain relief if deemed necessary by staff and I cannot be contacted.
- I authorise my emergency contact person to make emergency decisions regarding the care of my child in consultation with the school if I cannot be contacted.

PERMISSIONS

I give permission for Saint Paul's School to use photos and electronic images of my child and their work in the following school publications: (Please Circle)

- | | | |
|------------------------------------|-----|----|
| • Saint Paul's School Website: | Yes | No |
| • Weekly School Newsletter | Yes | No |
| • School Promotion Material | Yes | No |
| • Articles in the Newspaper | Yes | No |
| • Video Footage for School Website | Yes | No |

Parent / Caregiver Signature:

Date:

Please note: The above permissions will remain in place until you notify the school in writing of any changes.

POLICIES & PROCEDURES

- I agree that my child shall be subject to the established policies and procedures of the school particularly as they relate to rules and disciplines. These can be located on School Docs: <http://stpauls-richmond.schooldocs.co.nz/> Username:1627 Password:jdorman
- I agree that when ever my child is absent or late I shall telephone the school office, email my child's class teacher or provide a note of explanation.
- I agree that it is my responsibility to inform the school of any changes in my personal contact details.
- I agree to pay Attendance Dues directly to the Archdiocese of Wellington as determined by the Proprietor and approved by the Ministry of Education.
- I understand that each year I will be invoiced for the School Donation and for two weeks of subsidised Swimming Lessons. I also understand that during the years my child will be in Years 5-8, I will receive an invoice for the school camp held once every two years.

