

St. Joseph's School Patea

15 Suffolk Street
PATEA
Ph: (06) 273 8644



Email:
admin@stjoespatea.school.nz

Enrolment Form

Mission Statement:

Our intent is to provide an education in a Catholic environment which best enhances the Wairua, the whole being of each individual

Child:

Child's first names:

Surname:

Name your child is known by:

Child's date of birth:

Male

Female

Birth Certificate Sighted (5 years only): YES / NO

Serial Number:

Ethnic origin:

Iwi your child belongs to:

Previous Kindergarten/Playcentre/Kohanga Reo or School:

Child's home address:

Postcode

Is your Child a Catholic: YES / NO

Date and place of Baptism:

Parents / Guardians:

Mothers First Names:

Fathers First Names:

Surname:

Surname:

Address:

Address:

Post Code:

Post Code:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Email:

Email:

Is Mother a Catholic? YES / NO

Is Father a Catholic? YES / NO

Preschool Siblings:

Name:

DOB:

Name:

DOB:

Name:

DOB

Name:

DOB:

Date of Enrolment: ___/___/___

Date of Entry: ___/___/___

Date of Exit: ___/___/___

Emergency Contacts:

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Health:

My Child's Doctor is:	Phone:
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Address:

Is your child up-to-date with immunisations? YES / NO (Please provide verifications of all immunisations)

Does your child have any known allergies, medical conditions, health notes or take any medication on an ongoing basis?: YES / NO (Please fill in details below)

Serious Illness/Disability or special needs you would like to discuss:

Medical Permission:

Parental Consents:

I give permission for trained school staff to administer first aid to my child if required? YES / NO

I give permission for school staff to administer pamol to my child in the event of significant discomfort or pain? YES / NO

Parent/Guardian Signature: _____	Date: ____/____/____
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◆ Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge

Parent/Guardian Signature: _____	Date: ____/____/____
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I/we accept the following special conditions of enrolment at St. Joseph's School.

1. My son/daughter will participate as required in the Religion Education classroom programme and actively supportive of the Special Character requirements of the School. This involves participation in education outside the classroom, supporting class/school Masses, prayer and spiritual activities.
2. I/We accept that my/our child will abide by all school rules and regulations.
3. I/We have noted and accept the requirements of the School regarding the release of personal information to relevant agencies.

Parent/Guardian Signature: _____	Date: ____/____/____
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