



Saint Patrick's School Napier

Application for Enrolment

Pupil's Personal Information

Date of Birth _____

Surname _____ Christian Names _____ Male /Female

Address(Home) _____

Telephone: Home _____ Workplace _____

Present School/Preschool _____

Year Child will be in _____

Name of school dental clinic attended. _____

Health and Medication [Name any allergies etc.]

Family Doctor's Name _____

Ethnic origin: Maori (Iwi) _____ European Other? _____

Is the child a NZ Citizen? Yes / No. If not born in NZ please state date of arrival and country of origin.

In case of emergency if you cannot be contacted whom do we contact?

Name _____ Phone _____

Are there any other children in your family likely to attend Saint Patrick's School?

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Parent/Guardian Information

Father's Name _____ Catholic Yes/ No

Occupation _____

Mother's Name _____ Catholic Yes / No

Occupation _____

Has your child been baptised? Yes / No

If baptised: in which church and where? _____ Year _____

Has your child made their first reconciliation Yes / No Communion Yes / No

Parents/Caregivers Agreement

Accounts, newsletters, reports to be addressed to

Mr	Mrs	Mr & Mrs	Ms
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(Tick appropriate box)

Name _____

Address _____

I/We agree to pay;

1. By direct credit **or**
2. On receiving account **or**
3. By instalment at school office.

My preference is _____

Conditions for Enrolment

School Policies

1. I undertake to support the school policies and procedures authorised by the school's Board of Trustees.

Privacy Act

2. I agree that Saint Patrick's School may obtain my child's records on my behalf.
3. Information on this form may be disclosed to the school Proprietors or their agents for the purposes of attendance dues and other lawful purposes.
4. As a condition of enrolment (Private Schools Integration Act, 1975, Section 30) I agree that my child will participate in the general school programme that gives the school character as a Catholic School.
5. I recognise the need to practise what my child will be taught at school about the faith and practices of the Catholic Church. I recognise the need to:
 - Have a commitment ie. to participate in Sunday mass
 - Participate in programmes which prepare my child for First Reconciliation, First Eucharist, etc.
 - Attend parent/teacher meetings dealing with education in faith
6. As a condition of enrolment I undertake to pay the attendance dues as determined by the proprietor and approved by the Ministry of Education.
7. In cases of hardship concerning the payment of attendance dues, parents are asked to see their Parish Priest. Failure to pay without prior discussion is deemed as default and may be subject to further action.

GENERAL

1. I give permission for the school to act in my place, as parents, should the need arise, i.e. accident emergency
2. I give permission for my child / children to be taken out of school on a casual basis on outings e.g. Mass, library by bus /walking.
3. I give permission for my child / children to be tested for hearing and vision as required by an authorised professional.
4. I give permission for child's image to be included on the school website and other forms of school media.
5. As a condition of enrolment I agree to pay for "goods and services" that are supplied by the school for my child.

NOTE: St Patrick's School has opted into the School Donations Scheme in 2020.
For more information go to: Ministry of Education website: Fees and Donations.

I/We agree to all of the above requirements

Signed _____ Date _____ Signed _____ Date _____
Parent/Guardian Parent/Guardian

ENROLMENT CONFIRMED

_____ *PRINCIPAL*

_____ *DATE*



**New Zealand Catholic Bishops Conference
Preference of Enrolment Certificate
for the
Diocese of Palmerston North**

This is to certify that

In accordance with the Education Act 1989, Part 33, S442, and Catholic School Integration Agreements, through a general or particular religious connection as stated in the Preference Criteria Numbers: 5.1, 5.2, 5.3, 5.4, 5.5.
(Please refer to Criteria details on back of form)

MR/MRS/MS

Address

Is/are eligible to have preference of enrolment for their child at

..... School/College

in Town/City

Name of child

I/We undertake to support our child in the formation of their faith and the practices of the Catholic church. I/we further agree that my/our contact details will be shared with the school and parish for the purpose of faith formation.

Parent(s)/Caregivers Signature Date

Under which Criterion (see reverse) is the child eligible for preference?.....

If Criterion 5.1 applies please complete:

Baptised in at on

If Criterion 5.4 applies please complete the section on the back of this form.

Certified by (Name):as authorised agent of the Roman Catholic Bishop of the Diocese of

Position:
(see: Administration of the Criteria, 6.1.1-6.1.6, Agents who may sign, listed over page)

Address:

Signature Date

This form must be completed by the Parent(s)/Caregiver(s), and the Parish Priest or other designated authorities *prior* to the enrolment of a student in a Catholic Integrated School.

NEW ZEALAND CATHOLIC BISHOPS CONFERENCE

Criteria for Preference of Enrolment in Integrated Catholic Schools

- 5.1 The child has been baptised or is being prepared for baptism in the Catholic Church.
- 5.2 The child's parents/guardians have already allowed one or more of its siblings to be baptised in the Catholic faith.
- 5.3 At least one parent/guardian is a Catholic, and although their child has not yet been baptised, the child's participation in the life of the school could lead to the parents having the child baptised.
- 5.4 With the agreement of the child's parent/guardian, a significant familial adult such as a grandparent, aunt or uncle who is actively involved in the child's upbringing undertakes to support the child's formation in the faith and practices of the Catholic Church.
- 5.5 One or both of a child's non-Catholic parents/guardians is preparing to become a Catholic.

Agents of the Bishop, Who May Sign the Certificate on his Behalf

- 6.1.1 Parish Priest of their Parish of Residence
- 6.1.2 Assistant Priest of their Parish of Residence
- 6.1.3 Priests appointed under c. 517/1
- 6.1.4 Deacons and lay persons appointed to pastoral care under c. 517/2
- 6.1.5 Ethnic chaplains who liaise with Parish Priests or their delegate
- 6.1.6 Local committees appointed by the Bishop or by any of the above agents of the Bishop.

Process of Appeal

Handbook for Boards of Trustees of New Zealand Catholic Integrated Schools (section 5.14)

If a preference certificate has been refused and the parents, either directly or through the Principal, wish to appeal the matter, the application can be referred to the Proprietors' Office (Diocesan Education Office). The Director of the Office, or whoever is the appointed appeal authority in the diocese, after making whatever investigation is necessary, including consulting the Parish Priest if appropriate, will make a ruling, or seek a ruling from the Bishop. The Parish Priest or delegated person who refused the certificate in the first instance is normally informed whenever a preference certificate is issued in virtue of this paragraph.

If Criterion 5.4 (above) applies the parents/caregivers and significant familial adult completes the following:

Significant familial adult:

I agree to support(child's name)
formation in the faith and practices of the Catholic Church and agree to my contact details being available to the school and parish for this purpose.

Mr/Mrs/Ms:

Address:

Relationship to child:..... Email address:..... Phone
No:.....

Parish.....

Signature Date:.....

Parent(s)/Caregiver(s):

I agree that my child will be supported by:..... in the formation
of the faith and practices of the Catholic Church. I/we further agree that my/our contact details will be shared with the school and parish for the purpose of faith formation.

Signature: Date:

Attendance Dues Agreement

Between:

The Roman Catholic Bishop of the Diocese of Palmerston North (“the Proprietor”) as owner of

St Patrick’s School - Napier (“the School”)

And: the following parents or caregivers:

Parent /Caregiver 1

Title:		First names:		Surname:	
Residential address:					
Postal Address (if different):					
Daytime Phone:			Cell:		
Email					

Parent /Caregiver 2

Title:		First names:		Surname:	
Residential address:					
Postal Address (if different):					
Daytime Phone:			Cell:		
Email					

WHO have enrolled the following student(s) at the school:

First and middle names of Student(s)	Surname of Student(s)	Start Date	Year Level	Enrolment # (School to complete)
				/
				/
				/
				/
School to Complete				
School Number:	142	Existing Family Number:		

PTO for agreement fine print and to sign



AUTOMATIC PAYMENT AUTHORITY

Please complete in full and take to your bank

Please print all details clearly using a black or blue pen, so we can easily action your request.

1. Important – please tick ONE only

Please set up a new authority, or

On and from (first payment date) replace the existing authority for \$
in favour of the same payee

Cancel an existing automatic payment. If you're using this option, please complete only the details marked with an asterisk (*).

2. Payer details

Name of your bank

Name and account number to be debited:

Name of account

*Bank account number

Bank

Branch

Account number

Suffix

Details to appear on your bank statement:

Your particulars

Your code

Your reference

3. Frequency and amount

First payment date *Last payment date or Until further notice (tick)

Frequency of payment Weekly Fortnightly Monthly Other

*Fixed amount

Amount in words

If the first or last payment will be a different amount, please tick the appropriate box and enter the amount:

Variable amount (if applicable) Variable first amount Variable last amount Variable amount \$

Amount in words

4. Payee details

Name of their bank

BNZ - Palmerston North

*Name of account

DIOCESE OF PALMERSTON NORTH

Bank account number

0 2 0 6 3 0 0 2 3 7 9 5 0 0 4

Bank

Branch

Account number

Suffix

Description of payment to appear on their bank statement:

Their particulars

Their code

Their reference

5. From the payer to

(my bank)

I authorise you to make automatic payments to the payee by withdrawing funds from my/our account. Where there is not enough money in my/our account to make the requested automatic payment, I/we acknowledge that the bank may still honour the payment or try again before dishonouring the payment. Please refer to your terms and conditions for details of any fees that may apply.

I agree that this authority is subject to the terms and conditions that relate to my account.

*Customer signature

Contact phone number ()

*Customer signature

Contact phone number ()

Admin use only

Date received:

Recorded by:

Checked by: