

APPLICATION FOR ENROLMENT

FOR

Students Full Name:	(Christian Names)	(Surname)
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Date of Birth:		Gender: (M or F)	
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Ethnicity:	
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Iwi:	1.
	2.

Please tick

Student Living with:	Both Parents	<input type="checkbox"/>	Shared Custody	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Religion of Student:		Date of Baptism:	
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Parish and town where child was baptised:	
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Pre-School Experience: (Please tick)	Kindergarten	<input type="checkbox"/>	Playcentre	<input type="checkbox"/>	Kohanga Reo	<input type="checkbox"/>	Other	<input type="checkbox"/>
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GUARDIAN'S NAME:

(Title)	(Christian Names)	(Surname)	
Relationship to Student:			
Religion:	Occupation:		
Telephone:	(Mobile)	(Work)	(Home)

EMERGENCY CONTACT:

(Title)	(Christian Names)	(Surname)	
Relationship to Student:			
Telephone:	(Mobile)	(Work)	(Home)

CONDITIONS OF ENROLMENT

(Part 1)

ATTENDANCE DUES

I/we will pay Attendance Dues as determined from time to time by the Proprietor and approved by the Minister of Education.

I/we understand that payment of Dues will be invoiced at the commencement of each school year and is payable before the end of Term One of that year or before completion of one full term in attendance unless alternative payment arrangements have been made with the Proprietor or his agent.

I/we authorise the Proprietor to collect, retain and use any information for the purpose of assessing my/our credit worthiness and enforcing any rights under this contract.

I/we understand that the abovenamed student may be suspended if there is any default in payment of invoiced Dues.

I/we understand that I/we will be liable for any costs, disbursements and legal fees in the event that we default on payment of Dues.

I/we declare that I/we have **no** outstanding debt at any other Catholic Integrated School.

*The accepted form of payment is by one single payment when invoiced at the beginning of each school year. Payment is due by 20th April of that year.
Alternative forms of payment can be arranged by contacting:
Catholic Integrated Schools Office, telephone (07) 858-3710.*

METHOD OF PAYMENT

We recognise the different circumstances of families and so we offer the following options for the payment of Attendance Dues. Some families prefer one account, while other families ask us to split their account for payment by more than one caregiver.

Please indicate how you would like to be billed:

- One Account as per signatories to the Enrolment Contract
 Split Account as per signatories to the Enrolment Contract

50% addressed to _____ and 50% addressed to _____

(Must be signed by each paying parent/caregiver)

If, at any time, financial hardship is being experienced in the payment of Attendance Dues you should contact the Catholic Schools Office, Parish Priest or Principal immediately as financial assistance is available.

NOTE: Attendance dues are approved by the Minister of Education under the Education Act 1989, Part 33 Section 447 and are a compulsory charge for attendance. Dues are not tax deductible.

(Part 2)

PARTICIPATION IN SCHOOL PROGRAMME

The applicant(s) undertake as a condition of enrolment and attendance that the below named student will participate in the general school programme that gives the school its Special Character.

The Special Character of the school is defined as:

"The School is a Roman Catholic School in which the whole School community through the general School programme and in its Religious instruction and observances, exercises the right to live and teach the values of Jesus Christ. These values are as expressed in the Scriptures and in the practices, worship and doctrine of the Roman Catholic Bishop of the Diocese of Hamilton."

Student Name: (Christian Names) (Surname)

The applicant is enrolled with Preference Status Non-Preference Status (School - Please tick appropriate box)

I/we have read, understood and agreed to comply with all terms and conditions contained within this Enrolment Contract.

Signature of both parents/caregivers is required:

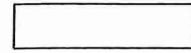
Signed: Print Name: Signed: Print Name:

Witness: Signature Print Name:

Existing Account:

STUDENT DETAILS: (SCHOOL TO COMPLETE THIS SECTION)

Student Identification Number: M.O.E. School Profile No. Year of Entry Enrolment No. Name and address of previous school / pre-school attended: Commencement Date: Year Level: Principal's Signature: Date:



CATHOLIC INTEGRATED SCHOOLS

HAMILTON DIOCESE

Chanel Centre, 51 Grey Street, Hamilton PO Box 4353, Hamilton 3247, New Zealand Phone: (07) 858-3710

between

ENROLMENT CONTRACT

THE ROMAN CATHOLIC BISHOP OF HAMILTON (as Proprietor)

and

Names of Parent(s) OR Guardian(s)

Name: (in full) (Title) (Christian Names) (Surname) Address: Postcode: Relationship to Student: Religion: Occupation: Email: Telephone: (Mobile) (Work) (Home)

Name: (in full) (Title) (Christian Names) (Surname) Address: Postcode: Relationship to Student: Religion: Occupation: Email: Telephone: (Mobile) (Work) (Home)

Student Information

Christian Names: Surname: Attending: (School Name)

THIS IS A LEGAL DOCUMENT, PLEASE READ VERY CAREFULLY