



Marist Catholic School

NON-PREFERENCE

PRE-ENROLMENT FORM



PUPIL DETAILS: (PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS)

FULL NAME: _____ BOY / GIRL
Family name First names

DATE OF BIRTH: _____ IWI: _____

ETHNICITY: _____ LANGUAGES SPOKEN AT HOME: _____

REASON FOR CHOOSING OUR SCHOOL: _____

EARLY CHILDHOOD EDUCATION: _____ YEARS: _____ HOURS: _____

PARENT/CAREGIVER DETAILS

TITLE: _____ FAMILY NAME: _____
(MR / MRS / MS)

FIRST NAMES: _____ RELATIONSHIP TO CHILD: _____

CONTACT ADDRESS: _____

POST CODE: _____ EMAIL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ MOBILE: _____

COUNTRY OF BIRTH: _____

TITLE: _____ FAMILY NAME: _____
(MR / MRS / MS)

FIRST NAMES: _____ RELATIONSHIP TO CHILD: _____

CONTACT ADDRESS: _____

POST CODE: _____ EMAIL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ MOBILE: _____

COUNTRY OF BIRTH: _____

OTHER DETAILS

SPECIAL NEEDS: (BACKGROUND/FUNDING) _____
(if applicable)

OTHER SIBLINGS: _____ DATE OF BIRTH: _____

DATE OF BIRTH: _____

PLEASE TURN OVER

PRIVACY ACT 2020

Our school undertakes to collect, use and store information you provide on this form according to the principles of the Privacy Act 2020. 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.

PARTICIPATION IN SCHOOL PROGRAMME

I/We the undersigned, undertake as a condition of enrolment that the above named student will participate in the general School programme that gives your school its Catholic Special Character.

Signed _____ Signed _____
(Mother/Guardian) (Father/ Guardian)

Please return this completed form with a copy of the Birth Certificate or Passport and a copy of your child's Immunisation Certificate.

OFFICE USE ONLY:

DATE RECEIVED: _____

BIRTH CERTIFICATE

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IMMUNISATION CERTIFICATE

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ATTENDANCE DUES AGREEMENT

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PRINCIPAL: _____

LETTER OF ACCEPTANCE: _____