

APPLICATION FOR ENROLMENT

FOR

STUDENT'S NAME: (in full)	(Christian Names)	(Surname)
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ADDRESS: (if different from page 1)		Student living with:	
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Date of Birth	Ethnicity:	Gender: (M or F)
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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: <i>Please tick</i>	Kindergarten <input type="checkbox"/>	Playcentre <input type="checkbox"/>	Kohanga Reo <input type="checkbox"/>	Other <input type="checkbox"/>
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NAMES OF PARENT(S) OR GUARDIAN(S):

MOTHER'S NAME: (in full)	(Title)	(Christian Names)	(Surname)
ADDRESS:			Postcode:
RELIGION:	OCCUPATION:		
EMAIL:			
TELEPHONE:	(Mobile)	(Work)	(Home)

FATHER'S NAME: (in full)	(Title)	(Christian Names)	(Surname)
ADDRESS:			Postcode:
RELIGION:	OCCUPATION:		
EMAIL:			
TELEPHONE:	(Mobile)	(Work)	(Home)

GUARDIAN'S NAME:	(Title)	(Christian Names)	(Surname)
RELIGION:	OCCUPATION:		
TELEPHONE:	(Mobile)	(Work)	(Home)

EMERGENCY CONTACT:	(Name)	(Relationship to student)	
TELEPHONE:	(Mobile)	(Work)	(Home)

CONDITIONS OF ENROLMENT

(Part 1)

ATTENDANCE DUES

Having applied for enrolment at _____
(School)

for (Student's Name) _____

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: *(Guide only)* Automatic Payments; Cheque; Credit Card; Internet or Telephone Banking

Existing Family Account:

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

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 see over page/

(Part 2)

PARTICIPATION IN SCHOOL PROGRAMME

The applicant(s) undertake as a condition of enrolment and attendance that the abovenamed 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."

The applicant is enrolled with preference status **OR** Non-preference status
(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: Signed:
Print Name: Print Name:

Witness: Signature Print Name:

STUDENT DETAILS: (SCHOOL TO COMPLETE THIS SECTION)

Student Name: (Christian Names) (Surname)

Student Identification Number:

M.O.E. School Profile No.											Year of Entry					Enrolment No.					
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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
Fax: (07) 856-7035

ENROLMENT CONTRACT

between

THE ROMAN CATHOLIC BISHOP OF HAMILTON
as Proprietor

A N D

Name: (Parents/Guardians)

Title:	Christian:	Surname:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please print

Address:

Street:	<input type="text"/>	
Suburb:	<input type="text"/>	
Town/City:	<input type="text"/>	Postcode: <input type="text"/>

Student's Name:

Christian Names:	Surname:
<input type="text"/>	<input type="text"/>

Dated on: Year Level:
(at commencement date)

at: (School's Name)

THIS IS A LEGAL DOCUMENT, PLEASE READ VERY CAREFULLY