

ST MARY'S COLLEGE ENROLMENT FORM – other information

FIRST NAME:	LAST NAME:
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Residence A/Primary Contact Details			
Caregiver 1		Caregiver 2	
Name		Name	
Ethnic Group		Ethnic Group	
Place of work		Place of work	
Language		Language	
Religion		Religion	
Parish attending		Parish attending	

Residence B – Alternative Contact Details			
Caregiver 1		Caregiver 2	
Name		Name	
Ethnic Group		Ethnic Group	
Place of Work		Place of Work	
Language		Language	
Religion		Religion	
Parish Attending		Parish Attending	

OTHER FAMILY INFORMATION						
Custodial Parent/s		Both Parents	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 20%; padding: 5px;">Mother Only</td> <td style="width: 20%; padding: 5px;">Father Only</td> </tr> </table>		Mother Only	Father Only
	Mother Only	Father Only				
		Other (specify name and relationship)				
During the school week the student Lives with		Both Parents	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 20%; padding: 5px;">Mother Only</td> <td style="width: 20%; padding: 5px;">Father Only</td> </tr> </table>		Mother Only	Father Only
	Mother Only	Father Only				
		Caregiver (relationship)				
Custody/access arrangements about which the school should be aware (please provide relevant documents):						

DIRECTIONS FOR CORRESPONDENCE							
As family structures can vary, the following information is requested to ensure that correspondence is sent to the correct family members:							
Send Copy of Reports to		Both Parents		Father only		Mother only	Other (please specify)
Send Copy of Accounts to		Both Parents		Father only		Mother only	Other (please specify)
Send Copy of newsletters by email?		Both Parents		Father only		Mother only	Other (please specify)
Additional Information							

ST MARY'S COLLEGE AFFILIATIONS			
Sisters attending St Mary's College	Name:	Year Level:	
Sisters previously attended St Mary's College	Name:	Last Year Attended:	
	Name:	Last Year Attended:	
Mother who previously attended St Mary's College	Maiden Name:	Last Year Attended:	
Other Affiliations			

HEALTH DETAILS

Has your daughter ever been diagnosed with the following? (Please tick those that apply)

Asthma		Diabetes		Epilepsy		Rheumatic Fever	
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Does she have any allergies, notifiable diseases, medical condition, or disabilities?

ADDITIONAL LEARNING REQUIREMENTS

Please tell us if your daughter has required extra support. e.g., learning support, extension activities, teacher aide etc.

PARENT GROUP MAILING LISTS

Please note that this data will be shared with these groups. There will be future opportunities to join these groups.

Tick	Group	Email address
	Pasifika Network Group	
	PTFA	
	Whānau	

CONDITIONS OF ENROLMENT

Decision on Enrolment: Please tick the boxes to acknowledge you have read and accept the statements below

I/We the undersigned, accept as conditions of enrolment that:

- ❖ I/We acknowledge that enrolment at the College is subject to availability of places within the prescribed allocation and that the final decision on whether a student meets the enrolment criteria and is therefore able to be accepted as a student at St Mary's College rests with the principal.
- ❖ I/We acknowledge that the information provided in this application is true and correct. I/We understand that if it is found that information provided is false this enrolment will be voided.
- ❖ I/We acknowledge that we have fully disclosed all information regarding my daughters behaviour/learning/mental health/health matters.

The enrolment application must be signed by BOTH Parents/Caregivers and student

Mother/Caregiver Name _____ Mother/Caregiver Signature _____ Date _____

Father//Caregiver Name _____ Father/ Caregivers Signature _____ Date _____

Student Name _____ Student Signature _____ Date _____