



REIGNIER CATHOLIC SCHOOL

99 Guppy Road, Greenmeadows, Napier 4112

Principal: Anton Heyns

Ph: (06) 844 2144 Fax: (06) 844 7263 www.reignier.school.nz

Admission No: _____ NSN No: _____ Enrol / Etap (Office Use Only)

Surname: _____ First Names: _____ Preferred Name: _____

Level: Y _____ R _____ Gender: Male / Female Date of Birth: _____ Verified: Y / N

Original birth certificate or Passport. If not a NZ born citizen Citizenship/ Study Permit to be supplied also.

Entry Date First School: ____ / ____ / ____ Entry Date Reignier: ____ / ____ / ____

Child's Religion: _____ Verification of Baptism: _____

Where Child was Baptised: _____ Other Sacraments Child has made: _____

Ethnic Group: _____ Ethnic Group 2: _____ **(NZ European / NZ Maori / Other Called)**

IWI 1: _____ IWI 2: _____ IWI 3: _____

Name & Address of Previous School: _____

Living with: Parents / Mother / Father / Guardians / Other Position in Family: Number of Children _____ Place _____

Parents / Caregivers Mailing Names: _____

Address: _____

Home Phone: _____ Mother Mobile: _____ Father Mobile: _____

Email address: _____ (School Newsletters & Accounts are sent via email)

Emergency Contacts:

1st Names: _____ Relationship: _____ Phone: _____ Mobile: _____

2nd Names: _____ Relationship: _____ Phone: _____ Mobile: _____

3rd Names: _____ Relationship: _____ Phone: _____ Mobile: _____

Doctor: _____ Clinic: _____ Phone: _____

Does your child have any medical problems we should be aware of? Please state: _____

Does your child take medication which will be required to be held in sickbay? _____

Immunisations Complete: Yes / No / Not Immunised by Choice Immunisation Certificate Supplied: Yes / No

Your Child's Last Dental Clinic / Dentist Name & Phone: _____

Early Childhood Education Pre-school Name: _____

Mother / Guardian Surname: _____ **First Name:** _____

Religion: _____ Occupation: _____ Place of Work: _____

Work Number: _____ Mobile Number: _____ Email: _____

Address if different from above: _____ Board of Trustees Vote: ()

Father / Guardian Surname: _____ First Name: _____

Religion: _____ Occupation: _____ Place of Work: _____

Work Number: _____ Mobile Number: _____ Email: _____

Address if different from above: _____ Board of Trustees Vote: ()

Custody arrangements / access restrictions (if question of legal guardianship please state). Parents / Caregivers should contact the Principal if there are any custodial arrangements that may impinge upon the child's schooling. Please supply Court Custody papers.

Languages spoken at home: _____ / _____ / _____

Names of family members likely to be attending this school in the future:

1. First Names: _____ Family Name: _____ Date of Birth: _____

2. First Names: _____ Family Name: _____ Date of Birth: _____

3. First Names: _____ Family Name: _____ Date of Birth: _____

4. First Names: _____ Family Name: _____ Date of Birth: _____

Names of older children in family:

1. First Names: _____ Family Name: _____ Date of Birth: _____

2. First Names: _____ Family Name: _____ Date of Birth: _____

3. First Names: _____ Family Name: _____ Date of Birth: _____

Reasons for desiring to enrol your child at Reignier: _____

- I agree to co-operate in the Religious Education of my child.
- I agree that the above child shall be subject to all the rules and discipline of the school.
- I agree that my child will wear the School Uniform as required.
- I agree, that as a condition of enrolment and attendance at an integrated school, I will pay Attendance Dues to the Catholic Educational Management Board as determined by the Proprietor and approved by the Minister of Education.

The Catholic Education Management Board will send four invoices through the year, the first on or about 1 March for the total family attendance dues to be paid. In the event of default in payment of dues, then any recovery costs will be an additional expense to the parent or caregiver.

SIGNED: _____ DATE: _____

(Individual /Parent/Legal Guardian/Agent)
(Please delete those not applicable)

DECLARATION - PRIVACY ACT

- I agree to Reignier Catholic School collecting personal information and Education/Health records (including those of previous school)
- I understand that the information I provide will be used to assist with the provision of an education for this person.
- This information may be shared with Health, and other education agencies, if they are involved, to further assist the learner.
- I accept the fact that this information may later be used for statistical and / or research purposes and agree to its use for that purpose, provided that if the information is published in any way it will not identify me or the individual concerned.
- I understand that the information that I provide will be held at Reignier Catholic School and this information may be transferred to another school if the child moves.
- The information given in the enrolment form may be disclosed to the Proprietor or his / her agents for the purposes of attendance dues and other purposes provided or envisaged by law. We hereby consent to this use.
- I am aware of the rights of access to, and correction of this information.
- I give permission for my family's phone numbers to be used by the PTA should they need to contact me for fundraising information.
- I understand the school will take action on my behalf in case of sudden illness or injury. I agree to abide by the school policies.
- Please state if your child has been on a special education programme / Reading Recovery at a previous school or early childhood education centre.
- Name of programme: _____

SIGNED: _____ DATE: _____

(Individual /Parent/Legal Guardian/Agent)
(Please delete those not applicable)

WAYS I / WE COULD HELP THE SCHOOL: *Please Circle*

Road Patrol AM / PM School Trips PTA Junior Reading Books PMP

Gala Sports Days

Name(s): _____ Phone: _____ Mobile: _____