

**ST JOSEPH'S CATHOLIC SCHOOL TE AROHA**

**ENROLMENT FORM**

Preference  Non Preference

**Student Detail**

First Names	Family Name	
Preferred	Date of Birth	/ /
Gender	Place in Family	of
Religion	Phone	
Address	Email	
Pre School	Date Started Schooling	/ /

**Caregiver or Legal Guardian Details**

Name	Relationship	
Ethnicity	Lives With	
Religion	Phone (Home)	
Address	Mobile	
Occupation	Work phone	
Name	Relationship	
Ethnicity	Lives With	
Religion	Phone (Home)	
Address	Mobile	
Occupation	Work phone	
Other Info		
Access etc.		
Emergency 1	Emergency 2	
Address	Address	
Phone	Phone	

**Future Attendees**

Name	Gender: M / F	DOB	/ /
Name	Gender: M / F	DOB	/ /
Name	Gender: M / F	DOB	/ /

**Ethnic Background**

Country of Origin if not NZ Citizen

Entry Date / /

**Ethnicity**

NZ Maori Ewi  Indian  
 European/Pakeha  Tongan  Chinese  
 Samoan  Tokelauan  Vietnamese  
 Niuean  Fijian  Filipino  
 Other (Please Specify)  Cook Is.

Home Language

**Medical Information**

Doctor	Dentist	
Address	Address	
Phone	Phone	
Allergies, medication requirements, etc.	Ok for Pamol	Yes / No
	Inhaler Required	Yes / No
	Bee Sting Allergy	Yes / No

Is there any person/persons who are NOT ALLOWED contact with student as a result of a court order YES/NO

Name.....

Other Information Any special interests or hobbies eg sports, drama etc.

I give permission for the school to sanction any required emergency medical treatment and agree to abide by the Board of Trustees policies.

Signed \_\_\_\_\_ Date / /

**OFFICE USE ONLY**

LEVEL	ROOM	TEACHER
ENROLMENT NO:	ENROLLED DATE	/ /
DOB VERIFIED	PROOF OF PREFERENCE:	