



Bishop Edward Gaines Catholic School Information Form

Privacy Statement:

The school collects the information on this form to:

- » enrol your child at school*
- » assess the educational needs of your child*
- » ensure the school gets the correct resources from the Ministry of Education for your child.*

The school collects and uses your child's information in accordance with the Privacy Act. The school sends some of your child's information to the Ministry of Education and other education, health and welfare agencies. The school will not provide your child's information to any other people or organisations without your authorisation, except in accordance with the Privacy Act.

Bishop Edward Gaines Catholic School Information Form

OFFICE USE ONLY:

ENROL #: _____ NSN #: _____
Start date: _____ Year _____

New Learner	Legal surname:	
	Legal first names:	Preferred name:
	Address:	Postcode:
	Home Phone:	
	Date of birth: / /	Age: Gender:
	Ethnicity (up to three):	
	Iwi – if applicable (up to three):	
	Language spoken at home:	
	Religion:	Baptised in a Catholic Church? Yes/No
	Previous School:	Pre-School/Kindy/Kohanga:
	Name of school/ECE they are moving from:	
If shifting from a school, current Year Level:		

Whanau/Family	Parent/Guardian full legal Name:	
	Country of birth:	Relationship to pupil:
	Address (if different from student):	
	Email:	
	Phone number:	Mobile:
	Place of work:	Work phone:
	Parent/Guardian full legal Name:	
	Relationship to pupil:	Country of birth:
	Address (if different from student):	
	Email:	
	Phone number:	Mobile:
	Place of work:	Work phone:
	<i>If the child does not live with parents, please provide details for caregivers:</i>	
	Caregivers name/s:	
	Address:	Email:
	Home Phone:	Work: Mobile:
	Parenting order in place? Yes/No <i>(if yes, please attach a copy)</i>	
	Details of child/children's living arrangements:	
	Siblings at Bishop Edward Gaines Catholic School:	
	Name/s:	
Siblings likely to come Bishop Edward Gaines Catholic School in the future:		
Name:	Date of birth:	

Emergency Contact	<i>Emergency Contacts other than parents/guardians as already outlined in this enrolment form</i>	
	Emergency Contact 1:	Relationship to child:
	Home Phone:	Mobile:
	Emergency Contact 2:	Relationship to child:
	Home Phone:	Mobile:
	Doctor:	Phone:
	Dentist:	Phone:

Hauora/Health	Has your child had a B4 School Check? Yes/No		
	Is your child up to date with immunisations? Yes/No		Fully Immunised: Yes/No
	Known allergies:		
	Sight or hearing problems:		
	Medical problems (including significant operations or injuries):		
Doctor:	Practice:	Phone:	

For New Entrants	<i>Parents of new entrants must complete this section (as a Ministry of Education requirement)</i>			
	Prior to starting school, did your child attend one or more ECE or Early Education services in the past 6 months? Yes/No			
	If yes:			
	Average number of hours per week in the past 6 months (if your child has used more than 3 services in the last 6 months please write weekly hours for the <i>last three services only</i>):			
	_____	Kindergarten/Education Centre	_____	Playcentre
	_____	Playgroup	_____	Home-based Service
_____	Kohanga Reo	_____	Te Aho o Te Kura Pounamu (Correspondance School)	
OR				
<input type="checkbox"/> Attended but only outside NZ <input type="checkbox"/> Attended but don't know what type of service				
<input type="checkbox"/> Did not attend				
Did your child regularly attend Early Childhood Education?				
<input type="checkbox"/> Yes, for the last _____ year(s) <input type="checkbox"/> Not regularly, only occasionally with no on-going schedule				
<input type="checkbox"/> No, did not attend ECE				

Learners from outside NZ	<i>Learner who were born outside of New Zealand must complete this section:</i>		
	Country of birth:		Passport No:
	Date entered New Zealand:		Student Visa: Yes/No
			Visa expiry date:
	Parents country of birth: Father:		Mother:
First language:		Refugee status: Yes/No	

FAMILY DECLARATION

1. We agree to abide by the rules and values of Bishop Edward Gaines Catholic School as set out in the Prospectus and School Charter.
2. We agree to outfit our child in the correct school uniform at all times.
3. We understand that we are obliged to pay the Attendance Dues to the Catholic Diocese and Activity fees to the school.
4. We agree to allow information from this Information Sheet and other associated documents to be used by the school in accordance with the provisions of the Privacy Act 1993.
5. We agree that photographs of our child as well as our child's work can be used in printed or electronic form on the school's web pages, any promotional material or other official publications.
6. We understand that the school will take action on my behalf in case of sudden illness or injury.
7. We agree to abide by all school policies.
8. We understand that the school is sometimes obliged by law to give information to Government Departments (eg the Ministry of Education, Ministry of Health etc) but it will not otherwise be disclosed without our authorisation.

Parent Signature: _____ **Date:** ____/____/____

Checklist of what we need back from you to complete enrolment:

- This completed Information Form
- Completed Enrolment Contract (Catholic Diocese of Hamilton)
- Birth Certificate or Passport (we will take copies of these documents)
- Baptismal Certificate (for learner who are baptized - we will take a copy of this)
- Preference Card (for Catholic Enrolments – we can help with arranging this 😊)

If your child is born outside New Zealand, please also include:

- Passport (we will take copy of this document)
- Visa (we will take a copy of this document)