



# St Canice's School

24A BROUGHAM STREET WESTPORT PH/FAX 0-3-789 7467

## Application for Enrolment

Under the terms of the Private Schools Conditional Integration Act, 1975 an Integrated Catholic School has the right to maintain and preserve its Special Character. That is to say:

*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 Church, as determined from time to time by the Roman Catholic Archbishop of the Archdiocese of Wellington.*



<b>Background</b> Father _____ Mother _____		Surname _____ Christian Name _____ Hours of Work _____ Work Telephone _____ Occupation _____ Catholic <input type="checkbox"/> Yes <input type="checkbox"/> No	
The above application is accepted / declined Reason for declining _____		Principal _____ Office Use Only Preference - Non-Preference _____ Notification sent on _____	
Please include: Birth Certificate Immigrations Certificate		Date _____ Admission Number _____ Date of Admission _____	

## Conditions of Enrolment

1. Parents must establish preference prior to enrolment either from the previous Parish or the Parish Priest of St Canice's.
  2. All accepted pupils must participate in the general school programme that gives the school its special character.
  3. Children attending the school must meet the uniform standards as set by the Parents through the Board of Trustees.
  - 4: Every parent and guardian must pay Attendance Dues approved by the Minister of Education. Application for the reduction or waiving of dues may be made to the Parish Priest.
- An information booklet about the School is issued to all applicants following enrolment acceptance.*

## Application for Enrolment

I, Parent/Guardian wish to apply for the enrolment of  
Name of Pupil at St Canice's School

## Participation in General School Programme

I, the undersigned, accept as a condition of enrolment that the above mentioned pupil will participate in the general school programme that gives St Canice's School its special character.

Signed \_\_\_\_\_ Parent/Guardian

## Attendance Dues

I, the undersigned, undertake, as a condition of enrolment to pay Attendance Dues as determined by the Proprietor from time to time and approved by the Minister of Education.

Signed \_\_\_\_\_ Parent/Guardian

## Application for Enrolment

I wish to apply for the enrolment of the following pupil at St Canice's

Surname \_\_\_\_\_ Christian Names \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Language spoken at home \_\_\_\_\_

Ethnic group identified with  
 Pakeha/European  Maori  Pacific Islands  Asian  Other \_\_\_\_\_

Sex M/F	Date of Birth	Verified	Sacraments Baptism	Verified	Penance	Eucharist	Family Doctor	Health Allergies, Medications, Other.
			Date					

Previous School \_\_\_\_\_

Address \_\_\_\_\_

Dental Clinic \_\_\_\_\_

Kindergarten / Play Centre \_\_\_\_\_



# St Canice's School

Students Name: \_\_\_\_\_

## Section One

### Blanket Consent for EOTC

Education Outside The Classroom (EOTC) is the name given to all events/activities that occur outside the classroom, both on and off the school site. This includes sport.

- Our school believes in using a range of environments and experiences to enhance our students' learning.
- We have ready access to the beach, rivers, mountains and the bush in our area and beyond. We are also close to various built environments in our community. These areas are rich learning environments for our students both in and out of school. They need to learn how to be safe. Our school also values the concept of providing students with opportunities. Thus some of the learning for students occurs beyond the school site and this document is seeking your consent for your child/ren to participate in such learning

The Ministry of Education's EOTC guidelines identify four EOTC activity types, each with recommended types of parental/caregiver consent. In brief they are:

Type of event	Description	Type of consent
A	On site- in the school grounds (i) Lower risk environments (ii) Higher risk environments*	(i) No consent sought or blanket consent (ii) Separate consent for each event or programme
B	Off-site events in the local community occurring in school time. (i) Lower risk environments (ii) Higher risk environments*	(i) Blanket consent at enrolment. (ii) Separate consent for each event or programme
C	Off-site events - finishing after school finishes (i) Lower risk environments (ii) Higher risk environments*	(i) Blanket consent at enrolment. (ii) Separate consent for each event or programme
D	Off-site residential overnight events (i) Lower risk environments (ii) Higher risk environments*	(i) Separate consent (ii) Separate consent for each event or programme

\*Involves risk assessed to be greater than that associated with the average family activity.

All EOTC activity categories require staff to undertake an analysis of the risks, and identify the management strategies required to eliminate, isolate and minimise the risks. Emergency procedures are also in place.

### BLANKET CONSENT

I/we agree to the participation of \_\_\_\_\_

In *lower risk* category A and B and C

EOTC events while a student at \_\_\_\_\_

St Canice's

school

I/we have provided the school with up to date medical, supervision and learning information through the enrolment form and will make every endeavour to keep this information current.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section Two:**

<b>Updated Contact Details.</b>	
Parents/ Caregivers Full Name/s	1.
	2.
Postal Address:	1.
	2.
Home Phone:	Work Phone:
Mobile Phone:	Email:
Name of Emergency Contact Person (I you cannot be reached)	
Emergency Contact Phone:	

**Section Three**

<b>Photograph Permission</b>		
	Please Tick One	
	Yes	No
I give permission for my child's photograph or work, with their first name, to appear on the school website.	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for my child's photograph or work, with their full name, to appear in the newspaper.	<input type="checkbox"/>	<input type="checkbox"/>
Parent/ Caregiver Signature		



# Archdiocese OF Wellington

## New Zealand Catholic Bishops Conference Preference of Enrolment Certificate for the Archdiocese of Wellington

### This is to certify that

In accordance with Private Schools' Conditional Integration Act, Section 29 (1), and Catholic School Integration Agreements, through a general or particular religious connection as stated in the Preference Criteria Numbers: 5.1, 5.2, 5.3, 5.4, 5.5.

*(Please refer to Criteria details on back of form)*

MR/MRS/MS .....

Address .....

Is/are eligible to have preference of enrolment for their child at

..... School/College

in..... Town/City

Name of child .....

I/We undertake to support our child in the formation of their faith and the practices of the Catholic church.

Parent(s)/Caregivers Signature..... Date.....

Under which Criterion (see reverse) is the child eligible for preference?.....

If Criterion 5.1 applies please complete:

Baptised in ..... at ..... on.....

If Criterion 5.4 applies please complete the section on the back of this form.

Certified by (Name): ..... as authorized agent of the

Roman Catholic Bishop of the Diocese of.....

Position: .....

*(see: Administration of the Criteria, 6.1.1-6.1.6, Agents who may sign, listed over page)*

Address:.....

Signature..... Date.....

This form must be completed by the Parent(s)/Caregiver(s), and the Parish Priest or other designated authorities *prior* to the enrolment of a student in a Catholic Integrated School.

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# NEW ZEALAND CATHOLIC BISHOPS' CONFERENCE

## Criteria for Preference of Enrolment in Integrated Catholic Schools

- 5.1 The child has been baptised or is being prepared for baptism in the Catholic Church.
- 5.2 The child's parents/guardians have already allowed one or more of its siblings to be baptised in the Catholic faith.
- 5.3 At least one parent/guardian is a Catholic, and although their child has not yet been baptised, the child's participation in the life of the school could lead to the parents having the child baptised.
- 5.4 With the agreement of the child's parent/guardian, a grandparent or other significant adult in the child's life, such as an aunt, uncle or godparent, undertakes to support the child's formation in the faith and practices of the Catholic Church.
- 5.5 One or both of a child's non-Catholic parents/guardians is preparing to become a Catholic.

## Agents of the Bishop, Who May Sign the Certificate on his Behalf

- 6.1.1 Parish Priest of their Parish of Residence
- 6.1.2 Assistant Priest of their Parish of Residence
- 6.1.3 Priests appointed under c. 517/1
- 6.1.4 Deacons and lay persons appointed to pastoral care under c. 517/2
- 6.1.5 Ethnic chaplains who liaise with Parish Priests or their delegate
- 6.1.6 Local committees appointed by the Bishop or by any of the above agents of the Bishop.

## Process of Appeal

*Handbook for Boards of Trustees of New Zealand Catholic Integrated Schools.*

- 8.3.1 If a preference certificate has been refused and the parents, either directly or through the Principal, wish to appeal the matter, the application can be referred to the Proprietors' Office (Diocesan Education Office). The Director of the Office, or whoever is the appointed appeal authority in the diocese, after making whatever investigation is necessary, including consulting the Parish Priest if appropriate, will make a ruling, or seek a ruling from the Bishop. The Parish Priest or delegated person who refused the certificate in the first instance is normally informed whenever a preference certificate is issued in virtue of this paragraph.

Please note that in the Archdiocese of Wellington the appointed appeal authority is the Vicar for Education, contact phone: (04) 496 1735.

If Criterion 5.4 (above) applies the parents/caregivers and significant adult completes the following:

### Significant adult:

I agree to support .....(child's name)  
formation in the faith and practices of the Catholic Church.

Mr/Mrs/Ms: .....

Address: .....

Relationship to child: .....

Signature ..... Date: .....

Parish.....

### Parent(s)/Caregiver(s):

I agree that my child will be supported by ..... in the formation  
of the faith and practices of the Catholic Church.

Signature ..... Date: .....



# Archdiocese of Wellington

## Attendance Dues Agreement

Between

The Roman Catholic Archbishop of the Archdiocese of Wellington, ("the Proprietor")  
 who is the owner of \_\_\_\_\_ ("the School")

and

The Parents/Caregivers (Delete one)

*Complete all sections of this form – print clearly in capital letters*

Title	First names	Surname
1.		
2.		
<b>Residential address:</b>		
		<b>Post code:</b>
<b>Daytime Phone No:</b>		<b>Cell phone No:</b>
<b>Email address:</b>		

### INTRODUCTION

1.1 The Parents/Caregivers have enrolled the following student/s at the school:

Student/s: First and middle names	Surname

<b>Office use only</b>	
School number: <input style="width: 60px;" type="text" value="197"/>	Gender: <input style="width: 60px;" type="text" value="M / F"/>
Enrolment number: <input style="width: 140px;" type="text" value=" /"/>	Preference: <input style="width: 60px;" type="text" value="Y / N"/>
Existing Family number: <input style="width: 140px;" type="text"/>	Start date: <input style="width: 140px;" type="text"/>
	Year level: <input style="width: 60px;" type="text"/>

1.2 The Proprietor of the School and the Minister of Education have entered into an Integration Agreement in terms of the Private Schools Conditional Integration Act 1975 ("Integration Act"). The Integration Agreement for the School provides that the Proprietor may enter into an agreement with the Parents or other persons accepting responsibility for the education of a child providing that as a condition of the enrolment and attendance of that child at the School, the Parents or other persons shall pay attendance dues.

1.3 Attendance Dues are used by the Proprietor for servicing of school debts, insurance of school buildings and other costs as specified in the Integration Act.

**2. ATTENDANCE DUES PAYMENT**

2.1 I/We agree to pay Attendance Dues to the Proprietor as approved by the Minister of Education from time to time in terms of the Integration Act and as a condition of enrolment of the student at the School.

2.2 I/We understand that in default of payment any recovery costs will be an additional expense to me/us.

2.3 I/We understand that payment of Attendance Dues will be invoiced in full once each year payable in full or, if we choose, by quarterly instalments unless alternative payment arrangements have been made with the Proprietor or the Proprietor's agent.

**3. PRIVACY ACT 1993 - STUDENT ENROLMENT INFORMATION**

3.1 Your personal information will be collected and held by the Proprietor or the Proprietor's agent and used for administering the invoicing and collection of attendance dues. Information about outstanding dues may be disclosed to other schools at which you have children attending. This information may be used for the purposes of collecting dues, and/or assessing eligibility for any rebate or write-off.

**4. CATHOLIC SCHOOLS BOARD LIMITED**

4.1 The Proprietor has appointed Catholic Schools Board Limited ("CSBL") to administer the invoicing and collection of Attendance Dues on his behalf.

4.2 CSBL maintains a central billing and administration system for Attendance Dues on behalf of the Proprietors of Catholic Integrated Schools in the Archdiocese of Wellington.

4.3 CSBL's offices are at the Catholic Centre, 22-28 Hill Street, Thorndon, Wellington.

**5. ACKNOWLEDGEMENT**

5.1 I/We acknowledge that we have read and understand this agreement and agree to comply with the terms and conditions.

I/We agree to advise the Proprietor and/or CSBL in writing if our circumstances change.

-----  
Signature of parent/caregiver

-----  
Date

-----  
Signature of parent/caregiver

-----  
Date

Once completed, this form and all other enrolment information required by the Proprietor for the purposes of charging and collecting attendance dues, are to be forwarded to the Proprietor's dues collector: CSBL, P.O. Box 12-341 Thorndon, Wellington 6144.

Contact information for all enquires – Phone: 0800 462 7525;  
Fax: 04 499 4804;  
Email: [office@catholicschools.co.nz](mailto:office@catholicschools.co.nz)





# Attendance Dues 2015

## Archdiocese of Wellington

Primary Students	\$447.20
Secondary Students	\$894.40

2015 Annual rates (including gst)

### What are Attendance Dues?

Attendance dues are a charge collected by ADW on behalf of the proprietors (legal owners) of all Catholic schools in the Archdiocese of Wellington as a condition of enrolment of students at their schools. The parents or other persons accepting responsibility for the education of the students concerned, having signed attendance dues agreement forms, have a legal obligation to promptly pay attendance dues. Attendance dues are not donations (and therefore, are not tax deductible) and must not be confused with school and activity fees.

### What are Attendance Dues used for?

Our proprietors belong to a National Attendance Dues Scheme which raises loans for its members, enabling them to fund both existing schools and new school building work. These loans are repaid from attendance dues charged and collected by all member proprietors. The attendance dues collected are also used to pay insurance on school buildings, which is another legal obligation.

### When do we pay Attendance Dues?

You will receive an invoice in March showing the full amount of attendance dues payable for the year. If paying by invoice, the amount must be paid in full by 30<sup>th</sup> April 2015. If you are unable to pay in full by the due date we accept regular weekly, fortnightly or monthly instalments. While payments are made regularly the final date for payment may be extended until 31 December.

### Payment Methods

Attendance dues can be paid by one of the following methods;

Automatic Payment	Internet Banking	Cheque
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Please see our website: [www.wn.catholic.org.nz](http://www.wn.catholic.org.nz) for more information on how to pay, or to download a payment authority form. Alternatively, you can obtain a set of forms through your school.

### Hardship

Assistance may be available for dues payers in circumstances where paying attendance dues in full would result in genuine and undue hardship. This could take the form of a partial reduction of the current year's dues, or a write off of unpaid amounts from previous years. If you are unable to pay your attendance for any reason, please contact your Parish Priest, School Principal or Attendance Dues Advisor immediately. It is important however, that some payment of Attendance Dues is made to ensure the viability of the Catholic Schools in your area.

Please contact us if you have any questions about attendance dues or to arrange payment.











## YOUR CHILD'S DETAILS

SCHOOL: \_\_\_\_\_  
CHILD'S NAME: \_\_\_\_\_  
(Surname) (First Name)  
ADDRESS: \_\_\_\_\_  
ETHNICITY: \_\_\_\_\_  
PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
PARENT/GUARDIAN: \_\_\_\_\_

## PUBLIC HEALTH NURSE

### HEALTH CONCERNS:

Listed below are some common health concerns in children. If they are a problem for your child please tick the appropriate box:-

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Frequent coughs or colds</b> | <input type="checkbox"/> <b>Heart Condition</b>      |
| <input type="checkbox"/> <b>Ear Problems</b>             | <input type="checkbox"/> <b>Asthma or Wheeze</b>     |
| <input type="checkbox"/> <b>Hearing</b>                  | <input type="checkbox"/> <b>Eyes or Eyesight</b>     |
| <input type="checkbox"/> <b>Allergies</b>                | <input type="checkbox"/> <b>Skin Rashes / Eczema</b> |
| <input type="checkbox"/> <b>Soiling</b>                  | <input type="checkbox"/> <b>Wetting</b>              |
| <input type="checkbox"/> <b>Fits / Turns</b>             | <input type="checkbox"/> <b>Behaviour Problems</b>   |
| <input type="checkbox"/> <b>Speech / Language</b>        | <input type="checkbox"/> <b>Eating Difficulty</b>    |
| <input type="checkbox"/> <b>Clumsiness</b>               | <input type="checkbox"/> <b>Weight Loss</b>          |
| <input type="checkbox"/> <b>Diabetes</b>                 | <input type="checkbox"/> <b>Poor Growth</b>          |

Is your child under the care of a Dr or Specialist?  Yes  No

Has your child any allergies?  Yes  No

Details: \_\_\_\_\_

Is your child on any medication?  Yes  No

Details: \_\_\_\_\_

## VISION / HEARING

As part of West Coast District Health Board's Informed Consent Procedure we need your consent for the Vision/Hearing Technician to carry out the tests described in this pamphlet.

### ROUTINE TESTS FOR 5 YEAR OLDS:

(for those who have missed the B4 School Check)

- Hearing Check (Audiometry)**
- Distance Vision Check**

### ROUTINE CHECKS FOR YEAR 7's:

- Distance Vision check**
- Colour Vision Test (for boys only)**

### Referrals from School staff

Retests may be done if necessary.

Your consent will allow the results of test to be:-

- > Used for statistical purposes (children's names are not included)
- > Used to assist other health/ education professionals who may be working with your child.

**IS YOUR CHILD UNDER THE CARE OF A DOCTOR OR SPECIALIST FOR THEIR EYES OR EARS?**

Yes  No

If 'Yes' give details: \_\_\_\_\_

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# St. Canice's School - Enrolment Form (Appendix B)

## EARLY CHILDHOOD EDUCATION PARTICIPATION

Student's legal first names: \_\_\_\_\_

Legal Surname: \_\_\_\_\_

Student preferred first name: \_\_\_\_\_

Preferred Surname: \_\_\_\_\_

Ethnicity (up to three): \_\_\_\_\_

Iwi student belongs to - if applicable (up to three): \_\_\_\_\_

### Prior-participation in Early Childhood Education

Did the child attend one or more Early Childhood Education service(s) in the six months prior to starting school? Please complete the table below for the last service(s) attended.

#### Instructions:

1. If the child was attending more than one service at the same time, please enter hours per week for up to three services.
2. If the child attended one service, but changed to a different service within the six months prior to starting school, please complete the table for the last service only, not both.
3. If the child's attendance hours varied, or the parent/caregiver is uncertain, please enter an approximate or average number of **hours per week**.

Please enter the number of hours per week for up to three services:	Service 1 (hrs/week)	Service 2 (hrs/week)	Service 3 (hrs/week)
a. Kohanga Reo			
b. Playcentre			
c. Kindergarten or Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

### Did the child regularly attend Early Childhood Education?

Instructions: "Regularly attend" means the child was booked in to a service for sessions each week / fortnight, and generally went to those sessions unless they were sick, or on holiday, or had a family occasion, etc.

- Yes, for the last \_\_\_\_\_ year(s)
- Not, regularly, only occasionally with no on-going schedule.
- No, did not attend ECE.

