



## APPLICATION FOR ENROLMENT AT ST BENEDICT'S SCHOOL

Enrolment is sought for:

NSN: \_\_\_\_\_ Office Use Only

Legal Surname(s)

Legal First Name

Legal Middle Name(s)

Preferred First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male / Female Student's Country of Birth: \_\_\_\_\_

(Please include a copy of your child's Birth Certificate with this application. If your child is not a New Zealand citizen, then please attach their birth certificate and evidence of New Zealand immigration status).

Year group for which enrolment is sought: \_\_\_\_\_ For the Academic Year: 20\_\_\_\_ (complete the year)

Previous School / Early Childhood Education Attended: \_\_\_\_\_

### PREFERENCE STATUS

I am applying for a Preference enrolment at St Benedict's School. Baptised at \_\_\_\_\_

Church on \_\_\_\_\_ **\*Please attach a copy of the Preference & Baptism Certificates.**

or

I am applying for a non-preference enrolment place at St Benedict's. I wish my child to go to St Benedict's School

because: \_\_\_\_\_

### FAMILY

Sibling: Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Currently attends St Benedict's School: Yes / No

Sibling: Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Currently attends St Benedict's School: Yes / No

### HEALTH

Emergency contact (we will only call this person if parent(s) can not be contacted in the first instance)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Family Doctor or Medical Centre: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Are there any health problems we should be aware of? Yes / No \_\_\_\_\_ (Details)

Please list any drugs / asthma inhalers that are required in an emergency situation: \_\_\_\_\_

### EARLY CHILDHOOD EDUCATION

Please enter the number of hours per week your child attends the below service(s).	Service 1 (hours per week)	Service 2 (hours per week)	Service 3 (hours per week)
a. Kohanga Reo			
b. Playcentre			
c. Kindergarten or Education and Care Centre			
d. Home-based Services			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			

### OR

Please tick the appropriate box			
g. Attended, but only outside New Zealand		i. Did not attend	
h. Attended, but don't know what type of service		j. Unable to establish if attended or not	

Duration and name of pre-school, Kindergarten or Early Childhood Centre: \_\_\_\_\_

Has your child received any support for learning, behaviour difficulties or health needs while at preschool / current school?  
Yes / No

If applicable, please list details of support received: \_\_\_\_\_

I give permission for school leaders to contact the school, centre or medical professional about my child and their needs.  
Yes / No

Parent 1's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Mobile: \_\_\_\_\_ Business: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company name: \_\_\_\_\_

Parent 2's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Mobile: \_\_\_\_\_ Business: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company name: \_\_\_\_\_

Are you a New Zealand Citizen or a Permanent Resident family? Yes / No

Your child lives with: \_\_\_\_\_

Are there any custodial matters that we should be made aware of: \_\_\_\_\_

Are additional newsletters required for separated/divorced parents? Yes / No

Name & Address: \_\_\_\_\_

Email Address(es) for Newsletters: \_\_\_\_\_

Current Parish: \_\_\_\_\_

Nationality and/or Ethnicity identified with:

\_\_\_\_\_  
Parent 1                      Parent 2

Please indicate Māori Iwi (if applicable): \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_  
(Please list main language(s) first)

## **PARTICIPATION IN SCHOOL'S PROGRAMMES**

I/We accept that as a condition of enrolment \_\_\_\_\_ will:  
(Insert child's name)

- participate fully in the school's educational programmes
- uphold the vision and special Catholic Character of the school
- wear the full and correct school uniform
- support the school and all its staff
- demonstrate the school's EPIC values at all times
- complete the Sacramental Programme (First Reconciliation, Confirmation and First Eucharist - this is normally completed in Year 4 and can be completed later for those who join the school after Year 4).

\_\_\_\_\_  
Parent 1 Name                      Parent 1 Signature                      Parent 2 Name                      Parent 2 Signature

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

Thank you for your application. We will respond to you with a decision regarding enrolment within two weeks of receiving a fully completed application.





Developing our Children's Minds  
Guiding our Children's Hearts

Dear Parents / Carers,

### THE PRIVACY ACT AND SCHOOL LISTS

Every year at St Benedict's School, address and contact lists are prepared showing all students enrolled at the school, their caregiver / parent / guardian, residential address, telephone numbers and other relevant contact details.

These lists have from time to time been used by the Board of Trustees and HoK Committees to make contact with parents on a variety of matters; for example, letters from the Board Chairperson on administration matters and telephone calls asking for parents help on fundraising ventures.

We would like to have the lists available to both the Board of Trustees and HoK committee but, we also wish to be able to make it available to other families at the school as requested (the reason must be for school related business and permission must first be granted by the principal).

To make sure the list is not used by outside organisations there would be a clause printed on the lists that prohibits the use of the list for anyone outside of the school community and for anything other than school-related business.

If you have no objection to your details being included on this list or being available for any use other than that of school issues relating directly to your child(ren) please tick the appropriate boxes on the form below and return to the school office as soon as possible. *Please note you will still continue to receive all material emailed home or sent home with your child(ren) from the classroom.*

#### School Website

When updating our school website and populating our school's Blog we like to include photos of the students at work or play and require that you give your permission before your child(ren) is photographed. Please indicate your permission in the box below.

Yours sincerely,

Tania Savage  
Principal – St Benedict's School

I have no objection to my / our name and contact details being included in:

☐ The list for use by the Board of Trustees / HoK committee

I have no objection to my child's/children's samples of work and / or photos being included in:

- ☐ News media articles
- ☐ School publications / newsletters
- ☐ School website

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

Address: \_\_\_\_\_

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

**All students enrolled in preference places need a Preference Certificate from your local Parish Priest. The criteria is as follows:**

- 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 significant familial adult, such as a grandparent, aunt or uncle who is actively involved in the child's upbringing 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.

If you meet any one of these criterion, please contact the Parish to obtain a Preference Certificate.

Local Parish Contact		Telephone
St Francis of Assisi, Ohariu Parish	office@stfrancisohariu.nz	478 7137

FOR OFFICE USE ONLY BELOW THIS LINE

Admittance No:	Letter sent:
Preference / Non Preference	Authorised:

# ATTENDANCE DUES AGREEMENT

BETWEEN: The Roman Catholic Archbishop of the Archdiocese of Wellington, ("the Proprietor") who is the owner of

St Benedict's School \_\_\_\_\_ ("the school")

AND: The following Parents/Caregivers

Complete all sections of this form – print clearly in capital letters. Please include the **NSN number** on the back page.

Existing Attendance Dues A/C No:										
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(Leave this number blank if this is your first student to be enrolled in a Catholic school in the Wellington Archdiocese)

Details	Parent/Caregiver 1	Parent/Caregiver 2
Title		
Surname		
First Names		
Relationship to student		
Residential Address		
Post code		
Phone (day)		
Phone (mobile)		
Email address		

WHO enrol the following student(s) at the school:

First and middle names of student(s)	Surname of student(s)	Gender M/F	Pref Y/N	Year level	Start Date

**Acknowledgement:** I acknowledge that I have read and understand this **Attendance Dues Agreement** and agree to comply with its terms and conditions.

1. I also agree to advise the Archdiocese of Wellington Dues team in writing if my/our circumstances change.
2. I accept responsibility for the payment of the Attendance Dues charged by the proprietor.
3. I agree to payment in one lump sum by the due date 31 May (the "due date") or through regular weekly/ fortnightly/monthly (circle) instalments of \$ \_\_\_\_\_ so that payment is completed by 30<sup>th</sup> November.

-----/-----/20-----  
 Signature of parent/caregiver 1      Name (please print)      Date

-----/-----/20-----  
 Signature of parent/caregiver 2      Name (please print)      Date



## 1.0 Introduction

- 1.1 The Proprietor has entered into an Integration Agreement with the Minister of Education in respect of the school. The Integration Agreement 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 or attendance of the child at the school, the Parents or other persons shall pay attendance dues in accordance with this agreement.
- 1.2 Attendance dues are used by the Proprietor to service school debt, insure school buildings and other costs as specified in the Education and Training Act 2020.

## 2.0 Attendance Dues Payment

- 2.1 I/we agree to pay Attendance Dues to the Proprietor as approved by the Minister of Education in terms of the Education and Training Act 2020 and as a condition of enrolment of the students at the School.
- 2.2 I/we understand that each year, the Proprietor will issue me/us with an invoice for all attendance dues payable in respect of the student(s) and I/we agree to pay the invoice in full by the date stipulated in it.
- 2.3 I/we understand that if I/we default in paying my/our attendance dues by the due date, then any recovery costs incurred by the Proprietor will be an additional expense to be paid by me/us (and will be added to the total attendance dues owing and payable by me/us).
- 2.4 I/we acknowledge that the Proprietor: (a) may increase attendance dues from time to time provided such increases are within the maximum attendance dues permitted to be charged by the Ministry of Education; and (b) is likely to review and, if necessary, increase the level of attendance dues payable at least annually.

## 3.0 STUDENT ENROLMENT INFORMATION AND THE PRIVACY ACT 2020

- 3.1 The Proprietor is committed to respecting your privacy by protecting the information you voluntarily provide. The information will be held and stored securely by the Archdiocese of Wellington (ADW), which administers attendance dues on behalf of the Proprietor.
- 3.2 Information entered into the ADW database is protected using industry standard technology such as encryption and password protection. Information is only accessible to personnel and their agents who need access to do their work and will be used primarily for collection and administration of attendance dues.
- 3.3 Information about outstanding attendance dues may be shared by ADW with the Proprietors and personnel of other Catholic Schools attended by members of your family, and with their attendance dues collection agents.
- 3.4 Information voluntarily provided by you to the Proprietor may also be shared with your Parish for the purpose of supporting the student(s) formation of the faith and practices of the Catholic Church.
- 3.5 The information will not be shared with any other party without your permission.
- 3.6 You can ask for a copy of any personal information the proprietor holds about you and ask for it to be corrected if you think it's wrong. If you would like a copy of your information, or want to have it corrected, please contact ADW.

Once completed, this form, and all other enrolment information required by the Proprietor for the purposes set out in clause 3.0 of this Attendance Dues Agreement must be returned to the school.

### ADW Contact Information:

1. The ADW office is at the Catholic Centre, 22 Hill Street, Wellington 6011
2. Postal address: "Attendance Dues" P.O. Box 1937 Thorndon, Wellington 6140
3. Telephone: 0800 462 725
4. Email: [dues@wn.catholic.org.nz](mailto:dues@wn.catholic.org.nz)

Please complete this section:

School Number:

Enrolment number:

NSN Number:

ACCOUNT number: