

69 Middlepark Road,  
Christchurch, 8042  
PO Box 11314, Sockburn,  
Christchurch, 8443  
Phone 03 348-7010  
Email: staff@stc.school.nz

# ST THOMAS OF CANTERBURY COLLEGE



## APPLICATION FOR ENROLMENT

STUDENT DETAILS			
Legal Surname:			
Legal First/Middle Names:			
Preferred Surname:			
Preferred First Name:			
Date of Birth:		Student's Mobile:	
Address:			
Date for Admission:		Year Level at Admission:	
Country of Birth: _____ What date did you first commence school in NZ: _____ <b>If born in New Zealand, please provide a copy of your birth certificate. If born outside of New Zealand, please bring your passport to the school office so we can photocopy the relevant pages.</b>			
Ethnicity - list up to 3:			
Iwi - list up to 3:			
Current School:			
Religion: _____ Baptised Catholic: <b>YES/NO</b> First Communion: <b>YES/NO</b> Confirmation: <b>YES/NO</b> <b>If Catholic, please provide a Preference Certificate from your Parish Priest.</b>			
PARENT/CAREGIVER DETAILS			
Title:	First Name:	Surname:	
Relationship to Student:			
Address:			
Postal Address - complete if different to above:			
Home Phone:	Work Phone:	Mobile:	
Email:	What access do you have to internet: eg; Home computer/Cell phone etc:		
Religion:	Occupation:		
PARENT/CAREGIVER DETAILS			
Title:	First Name:	Surname:	
Relationship to Student:			
Address:			
Postal Address - complete if different to above			
Home Phone:	Work Phone:	Mobile:	
Email:	What access do you have to internet: eg; Home computer/Cell phone etc:		
Religion:	Occupation:		

<b>EMERGENCY CONTACT</b>		
Title:	First Name:	Surname:
Relationship to Student:		
Address:		
Home Phone:	Work Phone:	Mobile:
<b>ASSOCIATION WITH ST THOMAS</b>		
Names of your son's siblings that currently attend the College.		
Names of family members who are past pupils of the College and their relationship to your son.		
<b>If there is not enough room below for you to record what you need to, please attach another piece of paper</b>		
<b>HEALTH</b>		
Please list any medical conditions, allergies, and vision or hearing issues. Please state the severity of the condition and any medications.		
<b>ACHIEVEMENTS</b>		
Please state any Academic, Sporting or Cultural Achievements.		
<b>LEARNING NEEDS</b>		
Please provide us with full information on any special learning needs your son may have.		
<b>AGENCIES INVOLVED</b>		
Please provide us with full information on any Agencies involved with your son.		
<b>PRIVACY STATEMENT</b>		
The school collects the information on this form to enrol your child at school, assess the educational needs of your child, and to ensure that 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 and health agencies. The school will not provide your child's information to any other people or organisations without your authorisation, unless needed by law. The Ministry of Education shares your address and phone number information with the Ministry of Social Development (MSD) as part of the Youth Service initiative. Youth Service identifies young people who may have difficulty finding future employment, training or further education. Youth Service uses the contact information to find these young people and support them into education or training when they leave school.		
<b>SIGNATURES</b>		
<b>I/We agree to comply with the College regulations concerning religious education, discipline, attendance, uniform, stationery, fees, attendance dues, cyber safety rules, and all other matters pertaining to the welfare of the College.</b>		
Parent/Caregiver Signature:	Date:	
Parent/Caregiver Signature:	Date:	
<b>OFFICE USE ONLY</b>		
<input type="checkbox"/> Preference    Preference Criteria: <input type="checkbox"/> Non Preference		
<input type="checkbox"/> In Zone <input type="checkbox"/> Out of Zone		
Student's Form:	Student's House:	
Student's School Email:		