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# ST THOMAS OF CANTERBURY COLLEGE

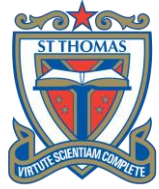


## APPLICATION FOR ENROLMENT

STUDENT DETAILS	
Legal Surname:	
Legal First/Middle Names:	
Preferred Surname:	
Preferred First Name:	
Date of Birth:	Student's Mobile:
Address:	
<b>Level of Entry: (please circle)</b>	<b>Year of Entry: (e.g.2021, 2022...)</b>
<input type="radio"/> Year 7 <input type="radio"/> Year 8 <input type="radio"/> Year 9 <input type="radio"/> Year 10 <input type="radio"/> Year 11 <input type="radio"/> Year 12 <input type="radio"/> Year 13	
Country of Birth: _____ What date did you first commence school in NZ: _____	
If born in NZ, please provide a copy of your birth certificate. If born outside of NZ please provide a copy of your passport details.	
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>Preference student? NO:</b> <input type="checkbox"/> <b>YES:</b> <input type="checkbox"/> If <b>YES</b> - attach the <b>Preference of Enrolment Certificate</b> obtained from a parish priest. Please see below for preference criteria.	
PARENT/CAREGIVER DETAILS	
First Name:	Surname:
Relationship to Student:	
Address:	
Postal Address - <i>complete if different to above:</i>	
Home Phone:	Work Phone:
	Mobile:
Email:	Do you have access to internet at home? Yes / No
Religion:	Occupation:
PARENT/CAREGIVER DETAILS	
First Name:	Surname:
Relationship to Student:	
Address:	
Postal Address - <i>complete if different to above:</i>	
Home Phone:	Work Phone:
	Mobile:
Email:	Do you have access to internet at home? Yes / No
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 your son's siblings that previously attended the College:		
Names of family members who are past pupils of the College and their relationship to your son:		
<b>HEALTH</b>		
List any medical conditions, allergies, vision or hearing issues. State the severity of the condition & any regular medications.		
<b>PERMISSION FOR PARACETAMOL</b>		
I give permission for my child to receive paracetamol when necessary: <b>Yes / No</b> ( <i>circle one</i> ) If Yes, how many? <b>one / two</b>		
<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		
Student's Form:	Student's House:	

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**Preference certificates can only be obtained through a Parish Priest.** You will need to speak to your Parish Priest or Parish Secretary and show evidence of baptism. Please read the criteria below carefully to see if your child qualifies for a preference certificate. They may qualify even if they have not been baptised.

## Preference criteria:

- 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 his siblings to be baptised in the Catholic faith.
- 5.3 At least one parent/guardian is a Catholic, and although his/her 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/are preparing to become a Catholic.