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 Mo	obile:					
Address:	l							
Level of Entry: (please circle) Year of Entry: (e.g.20245 20256)								
Year 9 Year 10	Year 11 Year	12	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:								
lwi - list up to 3:								
Current School:								
Religion: Baptised Catholic: Yes / No First Communion: Yes / No Confirmation: Yes / No								
Business and June 1997								
Preference student? NO: YE	Please see below for			rtificate obtained from a parish priest.				
DADENIT/CADEON/ED DETAIL								
PARENT/CAREGIVER DETAILS First Name:			Surname:					
Relationship to Student:								
Address:								
Postal Address - complete if different to above:								
Home Phone:	Work Phone:		Mobile:					
Email:	Do you h		ave access to internet at home? Yes / No					
Religion:	Occupation:							
PARENT/CAREGIVER DETAILS	S							
First Name: Surname:								
Relationship to Student:								
Address:								
Postal Address - complete if different to above:								
Home Phone:	Work Phone:		Mobile:					
Email:	nail: Do y			o you have access to internet at home? Yes / No				
Religion:		Occupation:						
		1						

<b>EMERGENCY C</b>	CONTACT						
Title:	First Name:	rst Name: Surname:					
Relationship to St	udent:		1				
Address:							
Home Phone:		Work Phone:		Mobile:			
ASSOCIATION	WITH ST THOMA	AS'					
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:							
HEALTH							
List any medical conditions, allergies, vision or hearing issues. State the severity of the condition & any regular medications.							
	C PERMISSION						
Student has permission to use internet in accordance with school policies: Yes / No (circle one)  I give permission for my child to receive paracetamol when necessary: Yes / No (circle one) If Yes, how many? one / two							
ACHIEVEMENT							
Please state any academic, sporting or cultural achievements:							
LEARNING NEI							
Please provide us	with full information	on any special learning ne	eeds your son	may nave:			
AGENCIES INV			141				
Please provide us with full information on any agencies involved with your son:							
PRIVACY STATEMENT							
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.							
SIGNATURES  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.							
Parent/Caregiver	Signature:				Date:		
Parent/Caregiver	Signature:				Date:		
OFFICE USE ONLY							
□ Preference Preference Criteria: □ Non Preference							
Student's Form: Student's House:							







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.
- 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.