



Pompallier Catholic School

23 Dominion Road, Kaitaia, Northland 0410 • PO box 725, Kaitaia 0441
www.pompallierprimary.school.nz • office@pompallierprimary.school.nz • (09) 408 2650



Application for Enrolment

Student Details

First Name(s): _____ Family Name: _____
Preferred Name: _____ Date of Birth: _____
Home Address: _____

Ethnicity: _____
Iwi: _____

Is your child a NZ citizen? Yes / No
If no, what country were they born in? _____
Are they eligible to attend school in NZ? _____

Baptism: Yes / No Confirmation: Yes / No
Eucharist (1st Communion): Yes / No Reconciliation: Yes / No

Previous School (if applicable): _____

Immunisation (please circle): Fully / Partially / Not Immunised COVID vaccination: Yes / No

Allergies: _____

Any other medical info we should be aware of: _____

Doctor/Medical Centre: _____

Does the student have any special dietary requirements? e.g. religious, ethical, or medical reasons for avoiding eating particular foods

Please provide a copy of the Allergy Action Plan from your doctor, where appropriate, for display in the kitchen and in the place your hungry learner will be eating.

Siblings currently at Pompallier School: _____

Siblings to attend Pompallier School: _____

Parent/Caregiver 1

Name: _____
Relationship: _____
Date of Birth: _____
Home ph: _____
Work ph: _____
Mobile: _____
Email: _____
Address (if diff from student): _____

Postal address (if different): _____

Parish: _____

Parent/Caregiver 2

Name: _____
Relationship: _____
Date of Birth: _____
Home ph: _____
Work ph: _____
Mobile: _____
Email: _____
Address (if diff from student): _____

Postal address (if different): _____

Parish: _____

Emergency Contact

Name: _____
 Relationship: _____
 Home ph: _____
 Mobile: _____
 Email: _____
 Address: _____

Are there any custody arrangements the school should be aware of? (If yes, please explain): _____

Early Childhood Education**Hrs per week:**

Kohanga: _____
 Playcentre: _____
 Kindergarten or Education & Care: _____
 Home Based Service: _____
 Other (please specify): _____
 Did not attend: _____

I give permission for my child's work and/or photograph to be used when and if appropriate in school or team newsletters and/or the Pompallier Catholic Schools website and Facebook page, classroom blogs, SeeSaw and Skool Loop.

I give permission for my child's photo to be taken in our annual school photos.

PRIVACY ACT 2020

Our school undertakes to collect, use and store information you provide on this form according to the principles of the Privacy Act 2020. The information may be provided to the Proprietor or Proprietor's agent, the Minister of Education and the Education Review Office, and for administration purposes within the school.

I/We agree that this information can be used for the above purpose.

PARTICIPATION IN SCHOOL PROGRAMME

I/We the undersigned, undertake as a condition of enrolment that the above named student will participate in the general School programme that gives your school its Catholic Special Character.

ATTENDANCE DUES

I/We the undersigned, undertake as a condition of enrolment and attendance to pay Attendance dues at a rate determined by the Proprietor and approved by the Minister of Education. Furthermore, I/we accept that the school can discontinue attendance of the above named student in default of this undertaking.

Both parents sign for above

Signed: _____ (Mother/Guardian) _____ (Father /Guardian)

PREFERENCE OF ENROLMENT

I have sighted evidence that the Proprietor has stated that the above named student should be given preference of enrolment.

Signed: _____ (Principal) Date: _____

The applicant is non-preference: _____ (Principal) Date: _____