



# MARCELLIN COLLEGE

617 Mt Albert Road, Auckland 3

Phone: (09) 625 6509

Fax: (09) 625 7835

Email: marcellincollege@xtra.co.nz

**FOR OFFICE USE ONLY**

Date Applic. Recd. ....

Preference / Non Preference

Date Accepted .....

Letter Sent .....

## ENROLMENT FORM

**PLEASE USE BLOCK LETTERS**

### THE CHILD

Pupil's Family Name: \_\_\_\_\_ Christian Names: \_\_\_\_\_

Name pupil prefers: \_\_\_\_\_ Male/Female (Circle) \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Country of Birth: \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_

If born overseas, arrived in New Zealand on \_\_\_ / \_\_\_ / \_\_\_

Language spoken at home: \_\_\_\_\_

Pupil is coming from which school? \_\_\_\_\_ Present year level: \_\_\_\_\_

Catholic: YES/NO (Circle) Parish: \_\_\_\_\_

Baptised: YES/NO First Communion: YES/NO

**ANY DIFFICULTIES** that the College should be aware of:

**(A) HEALTH:** \_\_\_\_\_

**(B) HOME CIRCUMSTANCES** that may affect the pupil's school work, behaviour or emotional stability: \_\_\_\_\_

**PUPIL'S ADDRESS** \_\_\_\_\_

Postcode: \_\_\_\_\_

### THE PARENT(S)/GUARDIAN(S)

MAILING ADDRESS (if different from the above): \_\_\_\_\_

Postcode: \_\_\_\_\_

Father/Caregiver Details

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

Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

Mother/Caregiver Details

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

Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

Alternative Emergency Phone Number: \_\_\_\_\_



**CONDITIONS OF ENROLMENT:**

1. The herein named pupil will participate in the full school programme and religious observances that give Marcellin College its Catholic character.
2. As a condition of his/her attendance at Marcellin College, I will pay Attendance Dues, General Purpose Fee, Activities, Special Character and PTFA levies as determined from time to time by the Proprietor.
3. I understand that a condition of enrolment at Marcellin College is the full co-operation of parents in matters of discipline.
4. I agree to Marcellin College's collecting personal information on \_\_\_\_\_  
I have been advised that the information I provide will be used for: NAME
  - Student records
  - Accounting purposes of the Marcellin College Board of Trustees and the Marist Trust Board (Proprietors).
  - The Marcellin College P.T.F.A.
  - Exam entries and registration as required by NZQA or Ministry of Education
5. I accept the fact that this information may later be used for statistical and/or research purposes and agree to its use for those purposes, provided that if the information is published in any way it will not identify me or the individual concerned.
6. I understand that the information that I provide will be held at the offices of Marcellin College whose address is 617 Mt Albert Road, Auckland 3.
7. I am aware of the rights of access to, and correction of, this information.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PARENT/GUARDIAN/AGENT(PLEASE DELETE THOSE NOT APPLICABLE)

**RELATIONSHIP WITH CATHOLIC COMMUNITY:**

New Zealand Catholic Bishops' Conference - This is to certify that  
 Mr/Mrs:.....  
 of.....  
 has/have an established connection with the parish community of .....  
 and is/are eligible to have preference of enrolment for his/her/their children in a  
 Catholic Integrated School in New Zealand.

Signed: Rev.....  
 Designation:..... Date:.....