



MARCELLIN COLLEGE

617 Mt Albert Road, Auckland 1023

Phone: (09) 625 6509

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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 1023.
7. I am aware of the rights of access to, and correction of, this information.

Signed: _____ **Date:** _____

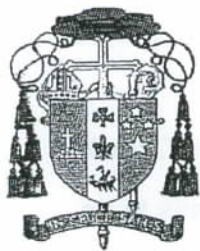
PARENT/GUARDIAN/AGENT(PLEASE DELETE THOSE NOT APPLICABLE)

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:.....



New Zealand Catholic Bishops Conference
PREFERENCE OF ENROLMENT CERTIFICATE
 for the Catholic Diocese of Auckland

This is to certify that

In accordance with Private Schools' Conditional Integration Act, Section 29(1), and Catholic School Integration Agreements, through a general or particular religious connection as stated in the Preference Criteria Numbers 5.1, 5.2, 5.3, 5.4, 5.5.

* (Please refer to Criteria details on back of form)

MR/MRS/MS

Address.....

Is/are eligible to have preference of enrolment for their child at

.....School/College

inTown/City

Name of child

I/We undertake to support our child in the formation of their faith and the practices of the Catholic church.

Parent(s)/Caregivers Signature Date

Under which Criterion (see reverse) is the child eligible for preference?.....

If Criterion 5.1 applies please complete:

Baptised in at on.....

If Criterion 5.4 applies please complete the section on the back of this form.

Certified by (Name):as authorized agent of the Roman Catholic Bishop of the Diocese of Auckland

Position:
 (see: Administration of the Criteria, 6.1.1-6.1.6, Agents who may sign, listed over page)

Address:.....

SignatureDate.....

This form must be completed by the Parent(s)/Caregiver(s), and the Parish Priest or other designated authorities *prior* to the enrolment of a student in a Catholic Integrated School.

NEW ZEALAND CATHOLIC BISHOPS' CONFERENCE

Criteria for Preference of Enrolment in Integrated Catholic Schools

- 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 its siblings to be baptised in the Catholic faith.
- 5.3 At least one parent/guardian is a Catholic, and although their 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 grandparent or other significant adult in the child's life, such as an aunt, uncle or godparent, 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 preparing to become a Catholic.

Agents of the Bishop, Who May Sign the Certificate on his Behalf

- 6.1.1 Parish Priest of their Parish of Residence
- 6.1.2 Assistant Priest of their Parish of Residence
- 6.1.3 Priests appointed under c. 517/1
- 6.1.4 Deacons and lay persons appointed to pastoral care under c. 517/2
- 6.1.5 Ethnic chaplains who liaise with parish priests or their delegate
- 6.1.6 Local committees appointed by the Bishop or by any of the above agents of the Bishop.

Process of Appeal

Handbook for Boards of Trustees of New Zealand Catholic Integrated Schools.

- 8.3.1 If a preference certificate has been refused and the parents, either directly or through the Principal, wish to appeal the matter, the application can be referred to the proprietors' Office (Diocesan Education Office). The Director of the Office, or whoever is the appointed appeal authority in the diocese, after making whatever investigation is necessary, including consulting the parish priest if appropriate, will make a ruling, or seek a ruling from the Bishop. The parish priest or delegated person who refused the certificate in the first instance is normally informed whenever a preference certificate is issued in virtue of this paragraph.

Please note that in the Diocese of Auckland the appointed appeal authority is the Vicar for Education (Linda McQuade) Contact Ph: 360 3057

If Criterion 5.4 (above) applies the parents/caregivers and significant adult completes the following:

Significant adult:

I agree to support (child's name)
formation in the faith and practices of the Catholic Church.

Mr/Mrs/Ms:

Address:

Relationship to child:

Signature Date:

Parish

Parent(s)/Caregiver(s):

I agree that my child will be supported by in the formation of
the faith and practices of the Catholic Church.

Signature: Date: