

ST. MICHAEL'S CHURCH SCHOOL



249 Durham Street
P.O. Box 4022
CHRISTCHURCH 8140
Telephone 379 9790
Facsimile 365 0554

ENROLMENT FORM

Please complete this form and return to the Principal by

If completed enrolment form is not received by the date given above it will be assumed that a place is no longer required.

I/We wish to accept a place for my son/ daughter [delete one] at St. Michael's Church School. I/We agree that he/she will be subject to the rules and discipline of the School. I/We undertake to pay in advance such fees as are charged by the St. Michael's Church School Board, and before withdrawing him/her to give a half term's notice in writing or in default to pay one half term's fees.

signed[relationship to child]

.....[relationship to child].....

Fee-payer if different from above).....

Full name of child: surname:.....

Christian names:.....

Date of birth:/...../ [copy of birth certificate to be attached]

Full names of parents/guardians:

Mr/Mrs/Ms/Miss/Dr.....

Relationship to child: father/legal guardian/ stepfather

Occupation:

Mr/Mrs/Ms/Miss/Dr.....

Relationship to child: mother/legal guardian/stepmother

Occupation:

Home address:.....

.....postal code:.....

Telephone: [home] [mother/business]

..... [father/ business]

Present School/Early Childhood Centre [delete one]

Address of School/Early Childhood Centre.....

Present class level if already attending school:.....

For office use only

Start Date _____ Enrolment Number _____ House _____

Ministry of Education ENROL NSN Number: _____

Religious denomination:

Church currently attended:

Date of baptism: Communicant member: Yes/No

Previous/ present connections with St. Michael's School or Church [please specify]:
.....

Ethnic group identified with: Pakeha/European Maori

Iwi Not known Not applicable

Pacific Island Asian [please specify] Other[please specify]

Citizenship.....

Language usually spoken at home:

ø

Please state here any special home circumstances of which the School should be aware:

.....
.....

Please give any medical, psychological, or educational circumstances of which the School should be aware, including the names of any support services with whom your child has been enrolled.

.....
.....

[Copy of Birth certificate enclosed]

Non-refundable application/administration fee of \$100.00 enclosed

Accounts to be sent to: Mr/Mrs/Miss/Ms/Dr.....

Address:
.....

I agree to full payment of fees for the year 20....

I have read and understood the Policy on School Fees and Disbursements

I declare that the information given on this form is accurate:

signed date:

signed..... date