

McAuley High School

26 High Street, Otahuhu
Phone (09) 276 8715
Fax (09) 276 4800



ENROLMENT FORM

PERSONAL INFORMATION

FAMILY NAME (Surname - As per Passport or Birth Certificate):

FIRST NAME(S):

MIDDLE NAME(S):

YEAR OF ENTRY TO McAULEY HIGH SCHOOL: 20 – START DATE

DATE OF BIRTH: / / CURRENT AGE: yrs. mths

LEVEL OF ENTRY TO McAULEY HIGH SCHOOL: Year 9 10 11 12 13

ETHNIC GROUP (European, Maori, Samoan, Chinese etc.):

if Maori, please state Iwi:

RELIGION:

PARISH / CHURCH ATTENDED:

SACRAMENTS RECEIVED: BAPTISM RECONCILIATION COMMUNION
CONFIRMATION

DOES THE STUDENT HAVE A SISTER AT McAULEY AT PRESENT?

YES NO NAME:

PLEASE INDICATE IF YOU HAVE ANY FAMILY CONNECTIONS WITH THIS OR ANY OTHER CATHOLIC SCHOOL:

DETAILS:

HOW WILL THE STUDENT TRAVEL TO AND FROM SCHOOL?

BUS CAR WALK

MORNING BUS NUMBER AFTERNOON BUS NUMBER

OFFICE USE ONLY:

DATE RECEIVED: / / BIRTH CERT/PASSPORT NO RECEIPT NO:

PREFERENCE FORM: REPORT: FORM CHECKED:

STUDENT'S DETAILS

STUDENT'S HOME ADDRESS:

POSTAL CODE (new code):

STUDENT'S HOME PHONE NUMBER:

PARENT(S) / CAREGIVER(S) DETAILS

1. FATHER: If not Father, show relationship to student
(Grandfather, Uncle, Brother, Caregiver etc.)

FAMILY NAME (Surname):

FIRST NAME(S):

ADDRESS: (If different to student)

HOME PHONE: WORK PHONE:

MOBILE PHONE: e-mail:

NATIONALITY: RELIGION:

EMPLOYED? YES NO OCCUPATION:

WORKPLACE:

ANY SPECIAL INSTRUCTIONS: (e.g. Access rights, contact, etc.)

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2. MOTHER: If not Mother, show relationship to student
(Grandmother, Aunt, Sister, Caregiver etc.)

MRS MS MISS

FAMILY NAME (Surname):

FIRST NAME(S):

ADDRESS: (If different to student)

HOME PHONE: WORK PHONE:

MOBILE PHONE: e-mail:

NATIONALITY: RELIGION:

EMPLOYED? YES NO OCCUPATION:

WORKPLACE:

ANY SPECIAL INSTRUCTIONS: (e.g. Access rights, contact, etc.).....

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3. EMERGENCY CONTACT: (contact if Parent(s) / Caregiver(s) are not available)

MRS MS MISS MR

SURNAME: FIRST NAME(S):

HOME PHONE: WORK PHONE:

MOBILE PHONE: e-mail:

COMPANY:

RELATIONSHIP TO STUDENT:
(Uncle, Aunty, Neighbour, Cousin, Friend etc.)

SENSITIVE INFORMATION

If there is any other information that you feel the school should be aware of relating to the student please detail here: **(THIS INFORMATION WILL BE TREATED WITH STRICTEST CONFIDENCE)**

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OTHER DETAILS

LAST SCHOOL ATTENDED:

COUNTRY OF BIRTH:
(If not New Zealand born, overseas passport must be produced)

PERMANENT RESIDENT? YES NO

NZ CITIZEN? YES NO

PASSPORT NUMBER:

RESIDENCE VISA NUMBER:

DATE OF ARRIVAL IN NZ: (If immigrant) / /

LANGUAGE SPOKEN AT HOME:
(Samoan, Tongan, Niuean, Maori, Vietnamese, Mandarin etc.)

