



# 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 English the first language? Yes / No *If no, please request & complete ESOL supplementary form*

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 work and/or photograph to be used when and if appropriate in church newsletters and/or the St Joseph's Parish website and Facebook page.

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: \_\_\_\_\_ Date: \_\_\_\_\_  
(Principal)

The applicant is non-preference: \_\_\_\_\_ Date: \_\_\_\_\_  
(Principal)



Preference of Enrolment Certificate for the Catholic Diocese of Auckland

Taumata o te Hahi Katorika

This is to certify that in accordance with the Education and Training Act 2020, Schedule 6, Cl 26 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)

This form must be completed by the parent(s)/guardian(s), and the Parish Priest or other designated authority prior to the enrolment of a student in a Catholic State-Integrated School. This certificate, for the purposes of enrolment at the school specified, is valid for two years.

Completed by Parent/Guardian:

Full name (parent(s)/guardian(s)): .....

Address: .....

Phone: ..... Email: .....

Is/are eligible to have preference of enrolment for their child at: ..... Pompallier Catholic School

..... (School/College)

In: ..... Kaitiaia (Town/City)

Full name of child: .....

I/We undertake to support our child in the formation of their faith and the practices of the Catholic church. I/we further agree that my/our contact details will be shared with the school and parish for the purpose of faith formation.

Parent(s)/guardian(s) Signature: ..... Date: .....

Completed by the authorised agent:

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 (full name): ..... as an authorised agent

of the Roman Catholic [Arch]Bishop of the (Arch)Diocese of: .....

Position: .....

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

Address: .....

Signature: ..... Date: .....

Privacy Statement: The information on this form (pages 1 and 2) will be used solely for confirming eligibility to enrol a student in a Catholic Integrated Schools or as otherwise describes on the form. The information in this form will only be shared as required with the School Board and management of the school and/or a Parish office and/or the Proprietor of the school and/or the Proprietors diocesan education office. This information will be stored in accordance with each entities document retention policies or schedules in accordance with the Privacy Act 2020. You have a right to access and change your information at any time. Please contact the Proprietor, parish office and/or school management to do so.

*When parent(s)/guardians(s) apply to enrol a child in a Catholic school, the principal must inform them that if they wish to claim preference and have not yet done so, they need to obtain a preference certificate. To do this they visit their parish priest, or other person designated by the Bishop (diocesan offices will let schools know who is eligible to sign this certificate). This is in accordance with the Education and Training Act 2020, Schedule 6, Clause 26.*

**Criteria for Preference of Enrolment in State-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 significant familial adult undertakes to support the child’s formation in the faith and practices of the Catholic Church. The significant familial adult is expected to be practising their faith in their own local parish. They may be a grandparent, aunt, or uncle, who is actively involved in the child’s upbringing.
- 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:** If a preference certificate has been refused and the parent(s)/guardian(s), 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, contact phone: (09) 360 3057. Email: [catheriner@cda.org.nz](mailto:catheriner@cda.org.nz)

*If Criterion 5.4 (above) applies, the parent(s)/guardian(s) and significant familial adult completes the following:*

**Significant familial adult:**

I, an active member of the parish of ....., agree to support: .....’s (child’s full name) formation in the faith and practices of the Catholic Church and agree to my contact details being available to the school and parish for this purpose.

Full name (familial adult): .....

Address: .....

Phone: ..... Email: .....

Relationship to child: .....

Parish: .....

Signature: ..... Date: .....

**Parent(s)/Guardian(s):**

I agree that my child will be supported by: ..... in the formation of the faith and practices of the Catholic Church. I/we further agree that my/our contact details will be shared with the school and parish for the purpose of faith formation.

Signature: ..... Date: .....

# CATHOLIC DIOCESE OF AUCKLAND

## Compulsory Attendance Dues Charges Parent and Caregiver Responsibilities

Attendance Dues are a compulsory payment under the terms of the Education and Training Act 2020 and a condition of enrolment at Pompallier Catholic School Kaitaia. Attendance Dues are charged for all students who attend Catholic Schools in New Zealand.

Attendance Dues are collected on behalf of the school's Proprietor, the Roman Catholic Bishop of Auckland. The Attendance Dues are forwarded to Auckland Common Fund Limited, a company established by the proprietors of Catholic Integrated Schools in the Diocese of Auckland responsible for the collection of Attendance Dues.

- At the time you enrol your child at a Catholic School, you are required to sign an agreement which states you accept that you will pay the Attendance Dues and that you understand that payment is a condition of enrolment.
- Payments can be made, in full at the beginning of the year or by instalment (weekly, fortnightly, monthly or per term)
- They can not be paid in full at the end of each year.
- Financial Assistance with Attendance Dues is available to families of Preference Students in cases of genuine financial difficulties. Part of the criteria for receiving this assistance is that regular payments have been made at an affordable level.
- Overdue accounts may be referred to a Debt Collection Agency by the Proprietor.
- Failure to pay the Attendance Dues may put your child's place at the school at risk.
- The agreement is legally enforceable and the person who signs the agreement remains legally liable for payment.
- Responsibility for payment cannot be transferred to another person, unless they sign a new agreement accepting responsibility for payment.
- Any civil agreements between parents do not take precedence over the legal agreement signed at the time of enrolment.

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I / We the undersigned, have read the requirements above and understand the obligation to pay the

Attendance Dues for \_\_\_\_\_

at *Pompallier Catholic School Kaitaia*

**Signed:** \_\_\_\_\_ **Full Name** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Mother/Guardian)

**Signed:** \_\_\_\_\_ **Full Name** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Father/Guardian)

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# Pompallier Catholic School

## 2023 Consent form

Permission Slip for children’s activities at school and outside of school.

Can you please sign the form below allowing your child to take part in some or all of the activities listed.

Please be aware that you will be fully informed of any activity that may warrant a permission slip prior to your child/ren undertaking it and if you wish to not allow your child to take part you will have the opportunity to do so.

### List of possible activities

- Swimming programme/Swimming sports
- Travelling on a bus or car or by foot to go on excursions
- Year 7 and 8 technology at Kaitaia College
- Class excursions and trips
- School Cross country
- Using the digital devices at school (Teacher supervision)
- Sport field days outside of the school grounds
- Walking to Te Ahu Centre for play rehearsals/visits to places around town.
- Sport Northland/Active Schools activities and excursions.
- Visits to local library, Te Ahu Centre, shows in town.

I \_\_\_\_\_ understand this permission slip covers my child/ren for all activities that are associated with their class and give full permission in them taking part.

Name of child/ren

.....  
.....  
.....  
.....

Signed \_\_\_\_\_

Date: \_\_\_\_\_

# Pompallier Catholic School

## Enrolment Checklist

Student Name: \_\_\_\_\_ Year Level: \_\_\_\_\_ Start Date: \_\_\_\_\_

*Please tick below all items that are included with your application for enrolment, and return this page with the required supporting documentation*

- Application for enrolment (all applicable fields completed)
- Allergies and dietary requirements advised
- Birth Certificate
- Immunisation Records
- Baptism Certificate
- Parent & Caregiver Responsibilities
- Preference of Enrolment Certificate
- Consent Form
- Healthy at 5 Checklist (New entrants Only)
- Leaving statement from ECE or previous school

### **For Office Use Only:**

Class: \_\_\_\_\_

Whanau Group: \_\_\_\_\_

NSN: \_\_\_\_\_

Enrolment No: \_\_\_\_\_

eTap	<input type="checkbox"/>	_____	<i>Date</i>
ENROL	<input type="checkbox"/>	_____	<i>Date</i>
Libelle	<input type="checkbox"/>	_____	<i>Date</i>
SeeSaw	<input type="checkbox"/>	_____	<i>Date</i>
Student email	<input type="checkbox"/>	_____	<i>Date</i>
Fees	<input type="checkbox"/>	_____	<i>Date</i>
Preference signed	<input type="checkbox"/>	_____	<i>Date</i>