



## St. Anthony's Catholic School Te Kura ō Hato Antoni

102 Bailey Street, Huntly - 3700  
P.O. Box 226, Huntly - 3740

Phone: 07 8288516  
Email: [principal@stanthonys.school.nz](mailto:principal@stanthonys.school.nz)

Principal: Mrs. Louise Graafhuis  
Web: [www.stanthonys.school.nz](http://www.stanthonys.school.nz)

Dear Parents and Caregivers,

### Re: Enrolments at St. Anthony's Catholic School, Huntly

If you are interested in having your child enrolled at our school, we would be very happy to organize a pre-enrolment interview.

Please contact Mrs. Louise Graafhuis, Principal or Mrs. Julie Grut, School Secretary, via e-mail at [office@stanthonys.school.nz](mailto:office@stanthonys.school.nz), or by phone 07 828 8516.

We provide a holistic education that develops the intellectual, social, cultural and physical dimensions of every student to encourage good work ethics. We also nurture our children's spiritual wellbeing in Catholic tradition, values and morality.

We are a *Christ centred school* founded in *Roman Catholic tradition*, where *every child counts*. Our school motto is "*fear not the truth*" and we help our students to grow in truth.

We have a curriculum that produces high academic achievement against National Standards in Reading Writing and Mathematics. Our Pastoral Care is based on the Good Shepherd Model of restorative justice practices. Our Spirituality is founded in Gospel Values.

Our staff and support staff are highly skilled and passionate professionals, who view their profession through the lens of teaching *being a calling – a vocation*.

We pride ourselves in having small classes, active student inclusiveness, inquiry pedagogy and quality learning and teaching programmes. We have individualized instruction, technology assisted teaching and learning, within well-resourced learning environments. Our students participate with enthusiastic School House Spirit, within a family environment at school and we have active community involvement.

We are allowed by virtue of the Integration Act to enrol a limited amount of *non-preference* students. A non-preference student is one who is non-Catholic in religious orientation. Check if you could perhaps meet with the following clauses of the *preference* category of enrolment which are:

- 5.1 The child has been baptized, 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 baptized 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 baptized.
- 5.4 With the agreement of the child's parent/guardian, a significant familial adult such as a grandparent, aunt or uncle, who is actively involved in the child's upbringing 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.

All preference criteria student's parents or caregivers, will be required to meet with the Parish Priest of St. Anthony's Parish, Huntly, before the child is enrolled at school.

We will take excellent care of your child through the most significant years of their early primary and later their intermediate childhood education.

We are a feeder school to the two Catholic secondary schools in Hamilton, namely Sacred Heart Girls' College and St. John's College.

Thank you

Louise Graafhuis (Principal)



# CATHOLIC INTEGRATED SCHOOLS

## HAMILTON DIOCESE

Chapel Centre, 51 Grey Street, Hamilton  
PO Box 4353, Hamilton 3247, New Zealand  
Phone: (07) 858-3710

### ENROLMENT CONTRACT

between

**THE ROMAN CATHOLIC BISHOP OF HAMILTON** (as Proprietor)

and

#### Names of Parent(s) OR Guardian(s)

<b>Name: (in full)</b>	(Title)	(Christian Names)	(Surname)
<b>Address:</b>			Postcode:
<b>Relationship to Student:</b>			
<b>Religion:</b>		<b>Occupation:</b>	
<b>Email:</b>			
<b>Telephone:</b>	(Mobile)	(Work)	(Home)

<b>Name: (in full)</b>	(Title)	(Christian Names)	(Surname)
<b>Address:</b>			Postcode:
<b>Relationship to Student:</b>			
<b>Religion:</b>		<b>Occupation:</b>	
<b>Email:</b>			
<b>Telephone:</b>	(Mobile)	(Work)	(Home)

#### Student Information

<b>Christian Names:</b>	<b>Surname:</b>
<b>Attending: (School Name)</b>	

**THIS IS A LEGAL DOCUMENT, PLEASE READ VERY CAREFULLY**

# APPLICATION FOR ENROLMENT

FOR

Students Full Name: 

<small>(Christian Names)</small>	<small>(Surname)</small>
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Date of Birth:  Gender: (M or F)

Ethnicity:

Iwi: 

1. <input style="width: 95%; height: 20px;" type="text"/>
2. <input style="width: 95%; height: 20px;" type="text"/>

**Please tick**

Student Living with: Both Parents  Shared Custody  Mother  Father  Other

Religion of Student:  Date of Baptism:

Parish and town where child was baptised:

Pre-School Experience: *(Please tick)* Kindergarten  Playcentre  Kohanga Reo  Other

**GUARDIAN'S NAME:**

	<small>(Title)</small>	<small>(Christian Names)</small>	<small>(Surname)</small>
Relationship to Student:	<input style="width: 250px; height: 20px;" type="text"/>		
Religion:	<input style="width: 200px; height: 20px;" type="text"/>	Occupation:	<input style="width: 200px; height: 20px;" type="text"/>
Telephone:	<small>(Mobile)</small>	<small>(Work)</small>	<small>(Home)</small>

**EMERGENCY CONTACT:**

	<small>(Title)</small>	<small>(Christian Names)</small>	<small>(Surname)</small>
Relationship to Student:	<input style="width: 200px; height: 20px;" type="text"/>		
Telephone:	<small>(Mobile)</small>	<small>(Work)</small>	<small>(Home)</small>

# CONDITIONS OF ENROLMENT

## (Part 1)

### ATTENDANCE DUES

I/we will pay Attendance Dues as determined from time to time by the Proprietor and approved by the Minister of Education.

I/we understand that payment of Dues will be invoiced at the commencement of each school year and is payable before the end of Term One of that year or before completion of one full term in attendance unless alternative payment arrangements have been made with the Proprietor or his agent.

I/we authorise the Proprietor to collect, retain and use any information for the purpose of assessing my/our credit worthiness and enforcing any rights under this contract.

I/we understand that the abovenamed student may be suspended if there is any default in payment of invoiced Dues.

I/we understand that I/we will be liable for any costs, disbursements and legal fees in the event that we default on payment of Dues.

I/we declare that I/we have no outstanding debt at any other Catholic Integrated school.

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*The accepted form of payment is by one single payment when invoiced at the beginning of each school year. Payment is due by 20<sup>th</sup> April of that year.  
Alternative forms of payment can be arranged by contacting:  
Catholic Integrated Schools Office, telephone (07) 858-3710.*

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### METHOD OF PAYMENT

We recognise the different circumstances of families and so we offer the following options for the payment of Attendance Dues. Some families prefer one account, while other families ask us to split their account for payment by more than one caregiver.

Please indicate how you would like to be billed:

One Account as per signatories to the Enrolment Contract

Split Account as per signatories to the Enrolment Contract

50% addressed to \_\_\_\_\_ and 50% addressed to \_\_\_\_\_

*(Must be signed by each paying parent/caregiver)*

If, at any time, financial hardship is being experienced in the payment of Attendance Dues you should contact the Catholic Schools Office, Parish Priest or Principal immediately as financial assistance is available.

**NOTE:** Attendance dues are approved by the Minister of Education under the Education Act 1989, Part 33 Section 447 and are a compulsory charge for attendance. Dues are not tax deductible.

Part 2 see over page ...../

**(Part 2)**

**PARTICIPATION IN SCHOOL PROGRAMME**

The applicant(s) undertake as a condition of enrolment and attendance that the below named student will participate in the general school programme that gives the school its Special Character.

The Special Character of the school is defined as:

*"The School is a Roman Catholic School in which the whole School community through the general School programme and in its Religious instruction and observances, exercises the right to live and teach the values of Jesus Christ. These values are as expressed in the Scriptures and in the practices, worship and doctrine of the Roman Catholic Bishop of the Diocese of Hamilton."*

Student Name: 

(Christian Names)	(Surname)

The applicant is enrolled with  Preference Status  
 Non-Preference Status  
*(School - Please tick appropriate box)*

I/we have read, understood and agreed to comply with all terms and conditions contained within this Enrolment Contract.

**Signature of both parents/caregivers is required:**

<b>Signed:</b> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> Print Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>Signed:</b> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> Print Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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**Witness:**

Signature	Print Name:

**Existing Account:**

**STUDENT DETAILS: (SCHOOL TO COMPLETE THIS SECTION)**

Student Identification Number:	M.O.E. School Profile No.	Year of Entry	Enrolment No.
Name and address of previous school / pre-school attended:			
Commencement Date:		Year Level:	
Principal's Signature:			Date:

PUPIL	Legal surname:	Legal first name/s:	
	Preferred surname:	Preferred first name:	
	Place in family: of Boy / Girl DoB: / /	Current class/year level:	Eldest child at this school:
	Home Address:	Zone: In / Out / N	
	Previous school/centre:	Address:	
	Rural Emergency No:	Home language:	
Ethnicity 1: 2: 3:	Iwi/Hapu 1: 2:		
Residency/Citizenship? Yes / No	If No, Date of NZ entry:	Country of birth:	

PARENTS/CAREGIVERS	Title: Legal surname:	First name/s:	Relationship to pupil:	
	Home address: (if different to pupil)		Country of birth:	
	Workplace/Hrs:	Occ:	Ph Hm:	Ph Wk:
	Mob:	Email:		
	Title: Legal surname:	First name/s:	Relationship to pupil:	
	Home address (if different to pupil)		Country of birth:	
	Workplace/Hrs:	Occ:	Ph Hm:	Ph Wk:
	Mob:	Email:		
	Emergency contact name 1:	Relationship to pupil:	Ph Hm:	Mob:
	Emergency contact name 2:	Relationship to pupil:	Ph Hm:	Mob:
Doctor:	Ph:	Dental clinic:		
Name of legal guardian/s:				

EARLY CHILDHOOD EDUCATION	Was ECE regularly attended? <input type="checkbox"/> Yes, for the last year/s OR <input type="checkbox"/> Not regularly, only occasionally or with no on-going schedule OR <input type="checkbox"/> No, did not attend ECE
	Did your child attend an ECE service in the six months prior to starting school?
	Please enter the number of hours per week for up to three services (a-f) or tick the appropriate box (g-j).
	ECE 1 (hrs/wk) ECE 2 (hrs/wk) ECE 3 (hrs/wk)
	a) Kōhanga Reo <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	b) Playcentre <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	c) Kindergarten or Education and Care Centre <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	d) Home based Service <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	e) Playgroup <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	f) Correspondence School - Te Aho o Te Kura Ponamu <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Only tick following boxes if ECE hours section to the left is not completed.	
g) Attended, but only outside New Zealand <input type="checkbox"/>	
h) Attended, but don't know what type of service <input type="checkbox"/>	
i) Did not attend <input type="checkbox"/>	
j) Unable to establish if attended or not <input type="checkbox"/>	

COURT ORDER ACCESS	Court order issued? Yes / No / NA
	(attach further information as required)
Extra copy of school report to:	Address:

HEALTH, LEARNING & BEHAVIOUR	Has your child had a B+ School Check? Yes / No	B+SC health?	
	B+SC developmental?	B+SC behavioural?	
	Immunisation Cert Sighted? Yes / No	Requested?	Completed: Yes / No
	Vision:	Hearing:	
	I consent to my child's vision and hearing being tested. Yes / No	Medication:	
	Allergies:	Serious problems:	
	Speech:		
	Learning/Behaviour Needs:		
	Special Needs/Resourcing/Agencies:		
	Other information/requests (attach further information as required):		

**DECLARATION**  
I have read and accept the privacy statement and parent declaration on the reverse of this form. Parent/Caregiver signature: \_\_\_\_\_ Date: / /

Members of your family likely to attend this school in the future.	1.	Birth date: / /	
2.	Birth date: / /	3.	Birth date: / /
Additional information:			

OFFICE USE	Birth date verification: <input type="checkbox"/> Birth certificate/number or <input type="checkbox"/> Passport/number	School admission to:	
	Records/information requested: / /	Records/information received: / /	Bus route:
	<input type="checkbox"/> Academic NSN:	No previous schools/enrolments:	Year level:
	<input type="checkbox"/> Attendance Data entered: / /	Teacher:	Room:
	<input type="checkbox"/> Behavioural Other:	Issued... Health card <input type="checkbox"/> School info/pack <input type="checkbox"/>	
<input type="checkbox"/> Custodial	Additional information:		
<input type="checkbox"/> Health			
<input type="checkbox"/> Personal			