

<b>Sacred Heart Cathedral School, Thorndon – Emergency Details Form</b>		
Child/Children's Full Name:		
Room No.:		
Address:		
Mother's Name:	Work Phone:	Mobile Phone:
Mother's Occupation:	Mother's Email:	Home Phone:
Father's Name:	Work Phone:	Mobile Phone:
Father's Occupation:	Father's Email:	Home Phone:
Name of Family Doctor:	Medical Centre Name:	
Doctor's Phone No.:	Medical Centre Address:	
<ul style="list-style-type: none"> <li><b>Do any of your children have an allergy or a medical condition that we should be aware of? Please indicate below.</b></li> </ul>		
<ul style="list-style-type: none"> <li>Child's Name:</li> </ul>		
Details:		
<ul style="list-style-type: none"> <li>Child's Name:</li> </ul>		
Details:		
<b>I/we wish for my child/children to be treated by the Community Dental Service:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Emergency Contact (other than the parents/caregivers):</b> Name:  Relationship to the child:	Address:  Phone No.:  Email:	
<b>In the event of a Civil Emergency my child/children will be collected by:</b> Name:  Relationship to the child:	Address:  Phone No.:  Email:	
<b>After School Care (ASC) Details:</b>  I would like my child to attend ASC. Please circle which days.  Monday    Tuesday    Wednesday    Thursday    Friday		

***Participation in General School Programme***

I/We accept that as a condition of enrolment that \_\_\_\_\_  
(child's name) will participate in the general school programme that gives the school its special character.

\_\_\_\_\_  
(Parent/caregiver signature) Date: \_\_\_\_\_

Parents' Country of birth if not NZ: \_\_\_\_\_ / \_\_\_\_\_  
(Parent 1- Mum) (Parent 2 - Dad)

Length of time in NZ: \_\_\_\_\_ Child's Nationality if not NZ: \_\_\_\_\_  
(Parents)

Length of time in NZ: \_\_\_\_\_ Home language: \_\_\_\_\_  
(Child)

Child's Religion (Circle one): Catholic or Non-Catholic

Child's Date of Baptism: \_\_\_\_\_

Child's Date of First Holy Communion: \_\_\_\_\_

***School Newsletter:***

I would like the school newsletter emailed to me: ☐ YES  
☐ NO

Email address: \_\_\_\_\_

***We require permission for the following:***

I/we give permission for the following:

- Sacred Heart Cathedral School to take my child/children on educational trips and visits. Transport to and from these activities will be either by bus, private car or if close enough by walking. I understand that the school will provide the necessary care and supervision of students. I will be notified via the newsletter of any trip.
- In the event of physical injury, my child/children to be transported to the appropriate hospital or Thorndon Medical Centre to be treated by a doctor. I will be responsible for the costs incurred.
- I am happy for my child to be photographed/videoed for use in newsletters and displays and on the school website. They may be identified by Christian name only:

Please tick one. ☐ YES ☐ NO

- I agree for contact details to be given to Sacred Heart Cathedral School's Parents & Friends Fundraising Committee and the Parish Office at Sacred Heart Cathedral.

Please tick one. ☐ YES ☐ NO

We also note the following:

- I/We agree that our children will wear the correct school uniform everyday at Sacred Heart Cathedral School.

I/We understand that the information collected forms an essential part of the information held by the school on your child. The records made from this information may be reviewed on request at the school. The information collected may be disclosed to appropriate education, health and welfare authorities and for data-gathering purposes by the New Zealand Ministry of Education, in accordance with the principles of the Privacy Act. It will not be disclosed to any other person or agency unless such disclosure is authorised or required by law.

Signed: ..... Date: .....

***Under the terms of the Privacy Act 2020 the information given will only be used for the purposes of the children's welfare and education.***