New Zealand Catholic Bishops Conference
Preference of Enrolment Certificate
for the Diocese of Auckland

This is to certify that

In accordance with Private Schools' Conditional Integration Act, Section 29 (1), 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*)

MR/MRS/MS

Address

Is/are eligible to have preference of enrolment for their child at

School/College

in Town/City

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)/Caregivers Signature Date

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 (Name): as authorized agent of the

Roman Catholic Bishop of the Diocese of

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

Address:

Signature Date

This form must be completed by the Parent(s)/Caregiver(s), and the Parish Priest or other designated authorities *prior* to the enrolment of a student in a Catholic Integrated School.

NEW ZEALAND CATHOLIC BISHOPS CONFERENCE

Criteria for Preference of Enrolment in 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 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.

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

Handbook for Boards of Trustees of New Zealand Catholic Integrated Schools (section 5.14)
If a preference certificate has been refused and the parents, 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:* lindam@cda.org.nz

If Criterion 5.4 (above) applies the parents/caregivers and the familial significant adult completes the following:

Familial Significant adult:

I agree to support (child's 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.

Mr/Mrs/Ms:

Address:

Relationship to child:..... Email address:..... Phone No:.....

Parish

Signature Date:

Parent(s)/Caregiver(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: