

**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: ................................ ................................ ..........

................................ ................................ ................................ ................................ . (School/College) In: ................................ ................................ ................................ ................................ . . (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.*

*Approved NZCBC October 2016 (updated October 2022)* Page **1** of **2**

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*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

***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: ................................ ...........

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