

OFFICE USE ONLY

Pref / Non-Pref

Starting Date:

NSN: _____

St Peter's College

APPLICATION FOR ENROLMENT

Please print all details clearly



Year of entry **20**_____ at year level 7, 8, 9, 10, 11, 12, 13 (circle year)

STUDENT

Family name _____

Date of Birth: / /

Male / Female

(Copy of BIRTH CERTIFICATE is required with application)

First names _____

Preferred Name: _____

Country of Citizenship: _____

Address: _____

Date of entry into NZ (if *not* NZ born): _____

(A copy of Passport and Residency/Visa Status is required)

Is student eligible for Country Bus? YES / NO

(See Page 24 of Enrolment Handbook)

Previous/Current School: _____ Present Year Level: _____

PARENT / GUARDIAN #1

Family name _____

Relationship to student: _____

First names _____

Home Phone No: _____

Address _____

Work Phone No: _____

Cell Phone No: _____

Occupation: _____

Email Address: _____

PARENT / GUARDIAN #2

Family name _____

Relationship to student: _____

First names _____

Home Phone No: _____

Address _____

Work Phone No: _____

Cell Phone No: _____

Occupation: _____

Email Address: _____

EMERGENCY CONTACT (please provide an alternative to above contacts & their relationship to student)

Name: _____

Home Phone No: _____

Relationship to student: _____

Cell Phone No: _____

Address: _____

Work Phone No: _____

If child's parents are *not* living together, please provide the College with the following information:

i) Who has primary custody of the student? Mother / Father / Shared / Other: _____

What living arrangements are in place, if any? _____

Is there a Family Court Order in place? Yes / No

(please provide a copy of any Family Court Order and any information the school needs to be aware of)

ii) Who should the accounts for attendance dues, school fees, etc. be sent to? _____

iii) Is a duplicate set of reports required? Yes / No If yes, to whom should they be sent? _____

FAITH DEVELOPMENT

St Peter’s College actively encourages students to complete sacramental preparation

- * Which Parish do you attend?: _____
- * Circle the sacraments your child has completed: BAPTISM HOLY COMMUNION CONFIRMATION
- * I am interested in my child receiving a programme of instructions leading to these sacraments: YES / NO

FAMILY INFORMATION

Is your child a son/daughter of an ex-pupil of St Peter’s College? Yes / No House: _____

If so, please name the parent/s (mother with maiden name) and years of attendance: _____

Will this student have siblings at St Peter’s College next year? Yes / No Please list sibling(s): _____

If yes, what House are they in? (please circle) O’Shea Viard McKeefry Redwood

ETHNIC GROUP OF STUDENT – please circle one or more of the following:

- | | | | | |
|--------------------|----------|-------------------|----------|----------------------|
| NZ European/Pakeha | NZ Maori | Cook Island Maori | Tongan | Other European |
| Samoan | Fijian | Tokelauan | Niuean | Other Pacific Island |
| Indian | Chinese | South East Asian | Filipino | Other Asian |

Other (please state): _____

IWI AFFILIATION

If the student is of New Zealand Maori Descent, please enter the name(s) of Iwi.

You may enter more than one Iwi.

If you do not know the Iwi, please enter ‘Don’t Know’.

Iwi: _____
Rohe (Iwi home area): _____
Iwi: _____
Rohe (Iwi home area): _____

What is the main language spoken at home? _____

What other languages are spoken at home? _____

MEDICAL INFORMATION:

Family Doctor: Dr _____ Dentist: _____

Is your child permitted **Paracetamol** (YES / NO) or **Ibuprofen** (YES / NO) from our Staff? (we only provide tablets)

Has your child had a tetanus injection in the last 5 years? YES / NO Year: _____

Has your child been immunized against Measles? YES / NO

Does your child have any of the following medical conditions? Please provide further information on following page.

<input type="checkbox"/> Allergies – please state: _____	<input type="checkbox"/> Glandular Fever	<input type="checkbox"/> Concussion
<input type="checkbox"/> ADHD	<input type="checkbox"/> Haemophilia	<input type="checkbox"/> Migraines
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hearing / hearing aid	<input type="checkbox"/> Speech
<input type="checkbox"/> Diabetes – Type/Plan: _____	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Vision / wears glasses
<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> ADD
<input type="checkbox"/> Eating Problems	<input type="checkbox"/> Orthopaedic Difficulties	<input type="checkbox"/> ODD - Oppositional Defiance Order
<input type="checkbox"/> Asperger’s/ASD: Type: _____	<input type="checkbox"/> Other - please state: _____	<input type="checkbox"/> PTSD - Post Traumatic Stress Disorder

Please advise details & severity of any of the medical conditions you have ticked: _____

Please give details of any other medical information you think the school should know about: _____

ADDITIONAL INFORMATION – such as: Upsetting events, e.g. car accident / concern for student’s behaviour / learning disability. *Please provide as much information as possible to help with class placement/support.*

ACADEMIC PROGRESS:

Has this student had Special Education Service (SES) assistance in the past? YES NO

Examples: RTLB; Speech & Language, Strengthening for families, BLENDZ, Deaf School, Health School, ORS (NB. If this type of information is not disclosed to the school, the school cannot guarantee that they will be able to meet all your child’s learning needs)

If YES, please give details _____

Mastery of English language: Good / Limited / Extra help needed

Please give details of past help _____

OTHER AREAS WHERE EXTRA HELP IS REQUESTED:

SPECIAL STRENGTHS/INTERESTS:

Academic – e.g. Speech / Debating / Computing / Science / Curriculum strengths

Other: _____

Sport: Summer: _____

Winter: _____

Cultural/Artistic: (e.g. Art / Dance / Drama / Plays instrument / Sings / Kapa Haka / Pasifika)

eLearning and Digital Citizen Agreement

Refer to Pages 15-21 of *Enrolment Information Handbook*.

Please note: This agreement is for the duration of your time at St Peter's College.

The St Peter's College and eLearning and Digital Citizen Agreement applies to students while they are enrolled at school. This form must be signed by parents AND student.

GENERAL CYBERSAFETY AND NETWORK ACCESS

Student:

I have read pages 15-21 of the *Enrolment Information Handbook* carefully and understand the content

- I understand the use of the school's internet and network is for educational purposes only.
- I understand the school has filtering devices and that if I access anything inappropriate I will inform a teacher immediately.
- I understand that I have to be responsible to keep myself and other users safe when using any device, the internet and the school network.

Student name: _____ Signature: _____ Date: _____

Parents and caregivers:

As a parent/caregiver of this student, I/We have read pages 15-21 of the *Enrolment Information Handbook* and discussed it with my child. I/We understand that internet and network access is designed for educational purposes and St Peter's College takes precautions to eliminate controversial material. However, I/We also recognise it is impossible for St Peter's College to restrict access to all controversial materials and I/We will not hold the school or its staff responsible for any material acquired on the network.

I/We further understand that access to this service may be denied if this agreement is breached and will fully support the school in any action it takes.

Parent/caregiver name(s): _____

Signature(s): _____ Date: _____

PERMISSION FOR ONLINE PUBLICATION OF STUDENT WORK AND IMAGES

I/We have read and understand the St Peter's College procedures above regarding the internet publication of student images and work and the guidelines contained in the procedure. I/We give permission for St Peter's College to publish images of the student on the internet, school publications, promotional material, Petrus magazine as well as any work that he or she may create at school, in strict compliance with the school's policy for the publication of student images and student work and the associated guidelines.

Parent/caregiver name(s): _____

Signature(s): _____ Date: _____

OR

I/We DO NOT give consent for online publication of student work and images

Parent/caregiver name(s): _____

Signature(s): _____ Date: _____

BRING YOUR OWN DEVICE (BOYD)

Student:

Student name: _____ Signature: _____ Date: _____

Parents and caregivers:

I/We agree to support my child and the school regarding the responsible use of their device and my BYOD responsibilities as parent/caregiver as noted above. I understand and agree to any monitoring software being installed and any Chromebook device being reset to default.

Parent/caregiver name(s): _____

Signature(s): _____ Date: _____

Blanket Consent for EOTC Activities

Refer to Pages 22-23 of Enrolment Information Handbook.

Please note: This agreement is for the duration of your time at St Peter's College.

I/We have read pages 22-23 of the *Enrolment Information Handbook*. I/We agree to the participation of my child in **all** Type A and **Lower Risk** Type B and C EOTC activities while at St Peter's College, as outlined in the *Enrolment Information Handbook*. I/We have provided the school with up-to-date medical, supervision and learning information through this enrolment form and will make every endeavour to keep this information current.

Parent/caregiver name(s): _____

Signature(s): _____ Date: _____

Loop Bus Application – To be completed if your child will be using the Loop Bus

Refer to Page 25 of the *Enrolment Information Handbook*

Primary School Boarding Point: OLOL / SJS / SMS (circle one)

PARENTAL PERMISSION

I/We give permission for our child to use the 'Loop Bus' service. We agree to purchase tickets from the school office at \$40.00 per 10 round trips.

Parent/caregiver name(s): _____

Signature(s): _____ Date: _____

STUDENT AGREEMENT

I agree to follow all relevant school rules whilst waiting at the Primary School and when on the bus itself, to always act in a manner that supports others on the bus, and to act in a manner that upholds our school values at all times.

Student name: _____ Signature: _____ Date: _____

Additional Information

PERSONAL INFORMATION

Please Note:

All data collected on this Application for Enrolment Booklet will be used to ensure that your child receives the best education possible whilst at St Peter's College, and that as far as possible his/her well-being and safety are ensured. In order to meet the provisions of the Privacy Act 2020, it is necessary that we seek your permission to release this information to Diocese of Palmerston North, other agencies and government departments, such as the New Zealand Qualifications Authority, the Ministry of Education and the Ministry of Social Development. In signing this enrolment application you have deemed to have given such permission. The use, storage and maintenance of the information shall be in accordance with the provisions of the Privacy Act 2020.

PREFERENCE ESTABLISHMENT

As the parent or guardian, I have obtained a Preference of Enrolment Certificate for my child from my Parish Priest, which I enclose with this application.

PAYMENT OF ATTENDANCE DUES

I understand that Catholic secondary schools in the Diocese of Palmerston North pay attendance dues to the DPN Attendance Dues Collection Joint Venture, from which insurance premiums and the cost of servicing debts on school property associated with the upgrading of our schools is paid. This is in terms of the Private Schools Conditional Integration Act 1975 and the St Peter's College (Palmerston North) Integration Agreement.

I will pay Attendance Dues as determined by the school Proprietor, and approved by the Minister of Education. This will be a condition of this enrolment and attendance of my child at St Peter's College.

(Dues for 2023 are \$479.00 per year for Year 7 and 8 students, and \$958.00 per year for Year 9 to 13 students – these dues are COMPULSORY and are reviewed annually by the Diocese of Palmerston North.)

Additional Information Continued

PAYMENT OF ATTENDANCE DUES CONTINUED

I understand that the Diocese of Palmerston North will send an invoice at the beginning of each year for the total family dues to be paid and issue reminder statements for any balance due throughout the year.

I accept the Diocese of Palmerston North's requirement and will pay Attendance Dues in regular instalments – e.g. Bank Automatic Payment (AP), internet banking **OR** promptly by cash/cheque/internet banking when the account is received.

I understand that, in the event of default in payment of dues, all costs of dues recovery will be an additional charge to me as parent or guardian.

PAYMENT OF ST PETER'S COLLEGE FEES AND DONATIONS

I understand that the College has a number of **fees** and **donations** associated with its ability to provide a quality education for its pupils to maintain and upgrade its facilities. The cost of these varies according to what year level the pupil is enrolled in (see the Enrolment Information Handbook - Fees and Donations). I agree to be responsible for ensuring that these fees are paid in regular instalments throughout the year – e.g. Automatic Payment (AP), Direct Debit, internet banking.

I understand that, in the event of default in payment of fees, all costs of fees recovery will be an additional charge to me as parent or guardian.

SCHOOL RULES

I agree that my child will be subject to and abide by the rules and practices of St Peter's College, including the College's uniform and personal grooming requirements.

PARENT/GUARDIAN AND STUDENT UNDERTAKING:

I/We accept the following special conditions of enrolment at St Peter's College:

- 1 My son/daughter will participate as required in the Religious Studies classroom programme and be actively supportive of the Special Character requirements of the College. This involves participation in Retreats, supporting Class Mass, prayer and spiritual activities.
- 2 Attendance Dues and School Fees are to be paid in full or by instalment, unless prior alternative arrangements are made with the Principal. **I understand that if I fail to pay the Attendance Dues fees, I will incur debt collection costs.**
- 3 I/We have read and accept the rules and regulations outlined in the Enrolment Information handbook.
- 4 Parents and students are expected to support the school through adherence to rules and procedures, including attendance at all Learning Conferences throughout the year, and generally accepting the educational advice of the school.
- 5 I/We have noted and accept the requirements of the College regarding the release of personal information to relevant agencies, including our school uniform shop, Uniform Group, for the purpose of communication via email to families of uniform updates.
- 6 That all information provided in this application is true and correct.

Signed: _____
(Parent)

_____ (Parent)

_____ or (Guardian)

_____ (Student)

_____ (Head of School)

_____ (Principal)

Date: _____

Additional Forms Required with Application:

- DIOCESE OF PALMERSTON NORTH ATTENDANCE DUES AGREEMENT
Signed by all parties who the account(s) will be sent to. Please refer to page 26-31 of the Enrolment Information Handbook.
- PREFERENCE CERTIFICATE
Signed by all parties and signed off by a Catholic Parish Priest residing within the PN Diocese area. (Reminder you will need to make an appointment to see the Priest to have the Certificate signed).
- BAPTISM CERTIFICATE
Required with Preference Certificate
- BIRTH CERTIFICATE
- PASSPORT/VISA DETAILS
Students born outside NZ need to include current residency visa/permit or citizenship paperwork as well Birth Certificate.
- COURT ORDER (if applicable)

Please be advised we will be unable to process your enrolment if any documentation is not attached or incomplete, including signatures of all parties concerned.

CLOSING DATES:

Preference Applications to be received by 31st of August

Non-preference application must be received no later than 31st of July

FOR OFFICE USE ONLY:			Preference Criteria:	_____	
Date enrolment received:	_____	Waiting:	<input type="checkbox"/>	Birth Cert received:	YES / NO
Date of admission:	_____		<input type="checkbox"/>	Passport/Visa received:	YES / NO
Enrolment No:	_____	Accepted:		Attendance Dues sent:	YES / NO
Class Allocation Details:	_____			On ENROL:	YES / NO