



APPLICATION FOR ENROLMENT

Please print all details clearly

Applications close on 31st August for enrolment at the start of the following year

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

STUDENT

Family name _____ Date of Birth: / / Male / Female
First names _____ National Student No. (if known) _____
_____ Country of Citizenship: _____
Address: _____ Date of entry into NZ (if not NZ born): _____
_____ **Please attach copy of Passport and Residency Status.**

Previous School: _____

MOTHER or FEMALE GUARDIAN

Relationship to student: _____

Family name _____ Home Phone No: _____
First names _____ Work Phone No: _____
Address _____ Cell Phone No: _____
(if different) _____ Email Address: _____
Occupation: _____

FATHER or MALE GUARDIAN

Relationship to student: _____

Family name _____ Home Phone No: _____
First names _____ Work Phone No: _____
Address _____ Cell Phone No: _____
(if different) _____ Email Address: _____
Occupation: _____

EMERGENCY CONTACT (in addition to above contacts)

NAME: _____ Home Phone No: _____
Relationship: _____ Work Phone No: _____
Cell Phone No: _____

If parents are not living together, please provide the College with the following information:

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

Which Parish do you attend?: _____

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 an older brother or sister at St Peter's College next year? Yes / No

If yes, what House is he/she in? O'Shea Viard McKeefry Redwood (circle)

OPTIONS

Information about option subjects will be sent to you later in the year (Year 9 and above).

ETHNIC GROUP OF STUDENT – PLEASE CIRCLE ONE OF THE FOLLOWING:

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

IWI

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

Iwi: _____

Rohe (Iwi home area): _____

You may enter more than one Iwi. If you do not know the Iwi, please enter 'Don't Know'.

Iwi: _____

Rohe (Iwi home area): _____

What is the main language spoken at home? _____

What other languages are spoken at home? _____

MEDICAL CHECK LIST: Has your child a medical problem? YES NO

Family Doctor: Dr _____

Is your child permitted paracetamol from our First Aid Staff? YES NO

- | | |
|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Glandular Fever |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Haemophilia |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Hearing Difficulties |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Eating Problems | <input type="checkbox"/> Orthopaedic Difficulties |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Vision Difficulties |
| <input type="checkbox"/> Autism Spectrum Disorder (e.g. Aspergers) | <input type="checkbox"/> ADHD |

Other Problems: _____

Has the student had a tetanus injection in the last 5 years? YES NO DON'T KNOW

SPEECH DIFFICULTIES? YES NO

Please give details: _____

ADDITIONAL INFORMATION – such as: Upsetting events, e.g. car accident/concern for student's behaviour/
Learning Disability:

ACADEMIC PROGRESS:

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

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)

PERSONAL INFORMATION

Please Note:

All data collected on this enrolment form 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 1993, it is necessary that we seek your permission to release this information to Catholic Schools Board Ltd, other agencies and government departments, such as the New Zealand Qualifications Authority, and the College PTFA. 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 1993.

As parent or guardian, I authorise and agree to the disclosure and release to other appropriate parties of this personal information by my signature on this enrolment form.

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.

ATTENDANCE DUES

I understand that Catholic secondary schools in the Archdiocese of Palmerston North pay attendance dues to the Catholic Education Common Fund, 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 from time to time, 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 at present are **\$334.00 per year for Year 7 and 8 students, and \$650.00 per year for Year 9 to 13 students.**)

I understand that the Catholic Schools Board Limited will send an invoice at the beginning of each year for the total family dues to be paid and issue reminder invoices for any balance due throughout the year.

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

PAYMENT OF DUES AND ST PETER'S COLLEGE FEES

I accept the Catholic Schools Board Limited requirement and will pay Attendance Dues in easy regular instalments – e.g. Trading, Trust or Post Bank automatic payment (AP), salary deduction, etc.... **OR** ... promptly pay dues by cash/cheque when billed.

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. I agree to be responsible for ensuring that these fees are paid.

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 are to be paid each term, unless prior alternative arrangements are made with the Principal. I understand that if I fail to pay the fees by the due date, I will incur debt collection costs.
- 3 I/We have read and accept the rules and regulations outlined in the Enrolment Information booklet.
- 4 Parents and students are expected to support the school through adherence to rules and procedures 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.

Signed: _____
(Mother) (Father) or (Guardian)

(Student) (Head of School) (Principal)

Date: _____

FOR OFFICE USE ONLY:

Date enrolment received: _____

Accepted:

Date of admission: _____

Enrolment No: _____

Waiting: