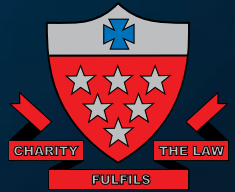


St Peter's College

Application For Enrolment



Part A

Student's Surnames

First Names

Preferred First Name

Male

Female

Date Of Birth

Age

*Residential AND postal, including house/rapid number and street/road names and postal code.

Address*

Student Cellphone

Present Year Level

School Currently Attending

NZ Citizen

Yes

No

Please Supply The Following:

Birth Certificate / Passport

Appropriate Residency Documentation

Fee Paying / Exchange Student Documentation

Ethnic Group

(Please tick all that apply)

New Zealand European

New Zealand Māori

Polynesian

Country

Iwi

Other

Boarding

Yes

No

Part B

Caregiver One

Title	<input type="text"/>	First Names	<input type="text"/>
Surnames	<input type="text"/>		
Address*	<input type="text"/>		
	<input type="text"/>		
Phone (Home)	<input type="text"/>	Cellphone	<input type="text"/>
Phone (Work)	<input type="text"/>	Email	<input type="text"/>
Relationship With Student	<input type="text"/>	Living With Student	Yes <input type="radio"/> No <input type="radio"/>
Occupation	<input type="text"/>	Employer	<input type="text"/>

Caregiver Two / Emergency Contact

Title	<input type="text"/>	First Names	<input type="text"/>
Surnames	<input type="text"/>		
Address*	<input type="text"/>		
	<input type="text"/>		
Phone (Home)	<input type="text"/>	Cellphone	<input type="text"/>
Phone (Work)	<input type="text"/>	Email	<input type="text"/>
Relationship With Student	<input type="text"/>	Living With Student	Yes <input type="radio"/> No <input type="radio"/>
Occupation	<input type="text"/>	Employer	<input type="text"/>

Part C

Caregiver Three

Title	<input type="text"/>	First Names	<input type="text"/>
Surnames	<input type="text"/>		
Address*	<input type="text"/>		
	<input type="text"/>		
Phone (Home)	<input type="text"/>	Cellphone	<input type="text"/>
Phone (Work)	<input type="text"/>	Email	<input type="text"/>
Relationship With Student	<input type="text"/>	Living With Student	Yes <input type="radio"/> No <input type="radio"/>
Occupation	<input type="text"/>	Employer	<input type="text"/>

Caregiver Four / Emergency Contact

Title	<input type="text"/>	First Names	<input type="text"/>
Surnames	<input type="text"/>		
Address*	<input type="text"/>		
	<input type="text"/>		
Phone (Home)	<input type="text"/>	Cellphone	<input type="text"/>
Phone (Work)	<input type="text"/>	Email	<input type="text"/>
Relationship With Student	<input type="text"/>	Living With Student	Yes <input type="radio"/> No <input type="radio"/>
Occupation	<input type="text"/>	Employer	<input type="text"/>

Part D Eligibility For Enrolment

Non-Preference (refer to criteria in enrolment information)

Preference (i.e. Catholic Parish)

Catholic Parish

Sacraments Received

Baptism

Confirmation

Reconciliation

First Holy Communion

Part E Medical Details

(We must be aware of all health/medical issues due to camps/retreats which require full knowledge of student health)

Doctor

Phone

Please specify relevant health problems or special circumstances: eg Asthma, Eczema, Hayfever.

Mild Moderate Severe

Mild Moderate Severe

Mild Moderate Severe

Other Medical Information

Has your child received a referral/assistance from any Supporting Agency or Mental Health Provider?

Yes

No

If yes, please provide specific details including Agency/Dates, reasons for referral and contact person.

In an emergency, the School may act on behalf.

Yes

No

The School may administer pain relief.

Yes

No

Part F Medical Information Continued

Please tick which of the following immunisations your child has had:

6 Week Immunisation

3 Month Immunisation

5 Month Immunisation

15 Month Immunisation

4 Year Immunisation

11 Year Immunisation

12 Year Immunisation

Part G Co-Curricular Interests

Sports

Cultural

Other Activities Of Interest*

*Include details of any relevant successes

Part H Is there any other information relevant to this application?

For example - involvement in gifted and talented programmes, learning support etc.

Part I Bus - If Applicable

<input type="checkbox"/> ARTHURTON D140506	<input type="checkbox"/> WAIMUMU D140515	<input type="checkbox"/> CHARLTON D140501
<input type="checkbox"/> EAST CHATTON D140505	<input type="checkbox"/> KAIWERA MINI D140517	<input type="checkbox"/> BALFOUR D140510
<input type="checkbox"/> KAWAKA D140507	<input type="checkbox"/> OTAMITA ROAD D140504	<input type="checkbox"/> OTAMA VALLEY D140512
<input type="checkbox"/> EAST RIDGES D140509	<input type="checkbox"/> KAIWERA D140518	<input type="checkbox"/> WILLOWBANK D140514
<input type="checkbox"/> MATAURA 3 D140511	<input type="checkbox"/> MATAURA 2 D140508	<input type="checkbox"/> WAIPAHI D140516
<input type="checkbox"/> WAIKAKA D140513	<input type="checkbox"/> MATAURA/LONGFORD D140506	

Part J

Does the student currently have or had siblings who attend or have attended St Peter's College?

Name/s

Is there any other association with the College?

Is the student or family associated with any particular house at St Peter's College?

Part K

Publication Of Photograph/Written Work Consent

St Peter's college sometimes uses photographs and written material for promotional purposes. By signing this application form, you give permission for St Peter's College to use your photo/your child's photo/written work for no cost, in New Zealand and abroad for recruitment, publicity, marketing and promotional purposes, in printed form and on the web, now and in the future.

Student Declaration

I will comply with the school rules and procedures, and act at all times with consideration for others.

Student Signature

I hereby make application to enrol the above student at St Peter's College. I agree that he/she shall be subject to rules and discipline of the college. I accept as a condition of enrolment that my/our child will participate in the general school programme, including the Religious Education Curriculum and other special character events.

I undertake to pay attendance dues as determined by the proprietor from time to time and approved by minister of education or to arrange with the proprietor's agent for a reduction or waiving of attendance dues when such assistance is needed. I give permission for the school to take action on my behalf in case of injury or illness. I am willing for information about my child to be shared confidentially with other schools and agencies for the benefit of my child and their learning.

Caregiver One

Caregiver Two

Date

Checklist

Before submitting this application, please ensure you have:



Completed all relevant sections above



Attached verification of birth
(either Birth Certificate or Passport)



Signed Part I by yourself and student

Personal Information And The Privacy Act (1993)

St Peter's College collects and keeps a large amount of personal information about each student. The Privacy Act 1993 protects the information you give the College and details conditions under which personal information can be obtained, used, stored and exchanged with other interested parties. The College considers the privacy of this information to be important and has policies and procedures which reflect the Twelve Privacy Principles as set out in the Act to protect this information.

The College collects personal information from its students so that they can be enrolled at the College, have their attendance and progress recorded, be entered for examinations, or be contacted by the College. The College also collects information about the caregivers of the students so that they may be informed of student progress, or contacted by the College, and because the safety of the student is important.

Personal information may be disclosed to other education agencies, such as the Ministry of Education and the New Zealand Qualifications Authority; and to Government agencies such as the New Zealand Police if they demonstrate a statutory right to obtain it. Personal information may be retained by the College after the student leaves in order for the College to maintain a list of past students. Personal information may also be disclosed to The Foundation Trust and the Parent Teacher Association to assist in compiling its membership register.

Under the Privacy Act 1993 you have the right of access to all personal information held by the College about you. You also have the right to ask the College to correct any information held which is inaccurate. You can exercise the right by applying to the College.

You also have an obligation to advise the College if/when any of the personal information you have provided changes. If for any reason your enrolment is not accepted, this enrolment form will be destroyed.