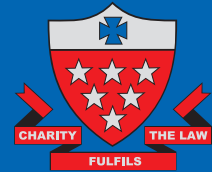


St Peter's College

Application for Enrolment



Part A

Student's Surname:

First Names:

Preferred first name:

Male

Female

Date of Birth:

Age:

Address (both residential and postal, including house/rapid number and street/road names and postal code):

Student Cell:

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 the group that the student identifies with):

New Zealand European

New Zealand Maori

Polynesian

Country:

Iwi:

Other:

Boarding: YES

NO

Part B

CAREGIVER 1

Title:

First Names:

Surname:

Address:

Phone (home):

Cell:

Phone (work):

Email:

Relationship to student:

Living with Student: YES

NO

Occupation:

Name of Employer:

Part B *continued*

CAREGIVER 2 / EMERGENCY CONTACT

Title:	First Names:
Surname:	
Address:	
Phone (home):	Cell:
Phone (work):	Email:
Relationship to student:	Living with Student: YES <input type="checkbox"/> NO <input type="checkbox"/>
Occupation:	
Name of Employer:	

Part C

ELIGIBILITY FOR ENROLMENT *(Please tick):*

Non-Preference (refer to criteria in enrolment information)

Preference (ie Catholic Parish) Catholic Parish:

Sacraments received: Baptism Confirmation Reconciliation First Holy Communion

Part D

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

Doctor:	Phone:
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Please specify relevant health problems or special circumstances: eg Asthma, Eczema, Hayfever etc

Medical Condition and Treatment:

<input type="text"/>	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
<input type="text"/>	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
<input type="text"/>	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> 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

School may administer pain relief YES NO

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 E

CO-CURRICULAR INTERESTS

Sport

Cultural

What other activities is he/she interested in*?

* Include detail of any relevant success

Part F

IS THERE ANY OTHER INFORMATION RELEVANT TO THIS APPLICATION?

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

Part G

BUS - IF APPLICABLE

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTHURTON 9RT (9142) | <input type="checkbox"/> WAIKAKA 6RT (9158) | <input type="checkbox"/> CHARLTON LOOP 11RT (9007) |
| <input type="checkbox"/> GOLD CREEK 4RT (9138) | <input type="checkbox"/> WAIMUMU 1RT (9160) | <input type="checkbox"/> RIVERSDALE 10RT (9151) |
| <input type="checkbox"/> MANDEVILLE 13RT (9143) | <input type="checkbox"/> KAIWERA MINI 17RT (9212) | <input type="checkbox"/> WAIKAIA 3RT (9157) |
| <input type="checkbox"/> MATAURA 8RT (9145) | <input type="checkbox"/> CROYDON 5RT (9136) | <input type="checkbox"/> WAIKAKA VALLEY 2RT (9159) |
| <input type="checkbox"/> RIVER ROAD 12RT (9148) | <input type="checkbox"/> KAIWERA 14RT (9162) | <input type="checkbox"/> WAIPAHI 16RT (9161) |
| <input type="checkbox"/> TERRACE ROAD 7RT (9156) | <input type="checkbox"/> MATAURA/LONGFORD 15RT (9009) | |

Part H

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 student's family associated with any particular house at St Peter's College (ie McAuley, Finlay, Pompallier, Rosmini)?

--

Part I

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.

Signed student:

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 1 Signature

Caregiver 2 Signature

Date:

Checklist

Before submitting this application, please ensure that you have:

- | | |
|--|---|
| <input type="checkbox"/> Completed all relevant sections above | <input type="checkbox"/> Attached Consent Form from your local Parish |
| <input type="checkbox"/> Signed PART I by yourself and student | <input type="checkbox"/> Attached the Attendance Dues Agreement Form |
| <input type="checkbox"/> Attached verification of birth (either Birth Certificate or Passport) | |

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.