



# POMPALLIER CATHOLIC COLLEGE

## APPLICATION for INTERNATIONAL STUDENT ENROLMENT

**Please complete ALL areas of this form and ensure that all supporting documents are attached**

Arrival Date in NZ: \_\_\_\_\_ Departure date from NZ: \_\_\_\_\_

Enrolment in Year Level:      7      8      9      10      11      12      13      *(please circle)*

Length of Course:      1 term      2 terms      3 terms      Full year      More than one year

LEGAL Surname: \_\_\_\_\_ Preferred Surname: \_\_\_\_\_

LEGAL First Name(s): \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:                      Male      /      Female

School currently attending: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

First Language: \_\_\_\_\_ Other Languages: \_\_\_\_\_

Please indicate your level of English:       Beginner       Intermediate       Advanced

### ACCOMMODATION ARRANGEMENTS

Do you require Homestay accommodation to be organised by our College?                      Yes      /      No

If Yes      →      Please complete a "Request for Accommodation (Homestay)" application form.

If No      →      Please contact our International Director as we will require further information.

### HOME COUNTRY DETAILS (where student currently lives)

MOTHER

FATHER

Full Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Student lives with:      Mother & Father      Mother      Father

## INSURANCE DETAILS **(please complete fully)**

All International Students must have comprehensive medical and travel insurance – it is recommended that insurance be arranged prior to arriving in New Zealand.

Do you have insurance? Yes / No If yes, please provide details below

If No, do you want Pompallier Catholic College to arrange medical insurance for you? Yes / No

Name of Insurance Co: \_\_\_\_\_ Policy Type: \_\_\_\_\_

Address: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\_\_\_\_\_ Start Date: \_\_\_\_\_

\_\_\_\_\_ Expiry Date: \_\_\_\_\_

## HEALTH / MEDICAL DETAILS **(please complete fully)**

Is your child allowed to take Panadol? Yes / No

Does your child suffer from asthma? Yes / No

Carries an inhaler?

Does your child have any difficulty with hearing? Yes / No *(If yes, please provide details below)*

Does your child have any difficulty with his/her sight? Yes / No *(If yes, please provide details below)*

Does your child have any allergies? Yes / No *(If yes, please provide details below)*

Please list any medication your child is taking:

Are there any medical conditions, health matters or disability about which the school should be aware of? Yes / No

*(Please contact us if you wish to discuss any health or disability matters in private)*

OFFICE USE ONLY:

Whanau Class: \_\_\_\_\_

T/table Class: \_\_\_\_\_

House: C D  
H V

# PARENT or GUARDIAN AGREEMENT

1. I/We accept the Offer of a Place at Pompallier Catholic College on behalf of \_\_\_\_\_  
(print student's name)
2. I/We have read and understand the information regarding Pompallier Catholic College.
3. I/We accept, as a condition of enrolment, that the above-named student will:-
  - a. participate in, and I/We as caregivers will support the programme that gives the College its Special Character, as outlined in the College Curriculum;
  - b. be subject to the rules and discipline of Pompallier Catholic College; and
  - c. wear the regulation College uniform.
4. Accordingly, I/We will support the College Policies as authorised by the Board of Trustees.
5. I/We have read, understand and accept the Home Stay Terms and Conditions, and allow Pompallier Catholic College to take any necessary action in accordance with the Home Stay Terms and Conditions.
6. I/We give permission for our child to go on class trips and outings organised by Pompallier Catholic College and agree to pay the cost of any such extra-curricular activities.
7. I/We give permission for the College to use images and/or electronic recordings of my/our child taken during the period of their enrolment at Pompallier Catholic College, for publicity, promotional and/or educational purposes. Examples of such publications include, but are not limited to, College newsletter, College website, newspapers, magazines, concert videos, social media sites and school promotional material. *(Please advise the school if you have any concerns about publication of your child's images).*
8. I/We authorise staff of the College to:-
  - receive information from any person, authority or corporate body concerning the student, including but not limited to medical, educational and welfare information;
  - provide consents in respect of any activity carried out and authorised by the College;
  - provide necessary consents on behalf of the student, on the advise of a medical practitioner, in a medical emergency where it is not reasonably practical or timely to contact the parents. I/We also agree to reimburse all costs incurred as a result of such an emergency (if it is not covered under my/our medical and travel insurance policy).
9. I/We have read, understand, and agree to the terms and conditions of the refund policy, as set out in the International Students' Orientation Booklet.
10. I/We confirm that all the information included in this application for enrolment is complete and correct.

## PRIVACY ACT 1993

Our College undertakes to collect, use and store information you provide on this form according to the principles of the Privacy Act 1993. The information is collected and used by the College to provide education for your child, and it is also used for associated school activities. It is available to all staff of the College, members of the Board of Trustees, and may be provided to the Proprietor or Proprietor's Agent. Please advise the College if you have any concerns about disclosure of any of the information within the school.

The College is sometimes obliged by law to give information to government departments (e.g. Ministry of Education, Ministry of Health, Education Review Office, Work and Income, Child Youth and Family), but it will not otherwise be disclosed without your authorisation.

You have the right to request access and to request correction of information held about you by the College. We would be grateful if you could contact the College office if any details need to be changed, especially contact details.

I/We agree to all the terms and conditions set out above.

**Full Name** (please print): \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## STUDENT AGREEMENT

1. I have read and understand the information regarding Pompallier Catholic College.
2. I agree to abide by the College rules and New Zealand law at all times.

**Student Name** (print): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Any false or misleading information provided in this enrolment form could result in termination of tuition.**



# POMPALLIER CATHOLIC COLLEGE

## Digital Devices in School - Student Acceptable Use Agreement

*(To be read and signed by both the student and Parent / Guardian)*

### STUDENT

- I understand and will abide by the **Acceptable Use of Student-owned Digital Devices in School Agreement**.
- I further understand that any violation of the regulations contained therein is unethical and may constitute a criminal offence.
- Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be instituted.

Student Name: ..... (please print clearly)

Student Signature: .....

Date: .....

### PARENT or GUARDIAN

- As the parent or guardian of this student, I have read the **Acceptable Use of Student-owned Digital Devices in School Agreement**.
- I understand that this access is designed for educational purposes and that students working on the Internet will be supervised by College staff.
- I recognise it is impossible for Pompallier Catholic College to restrict access to all controversial materials, and I will not hold the College (or any of its personnel) responsible for materials acquired on the network.
- Further, I accept responsibility for supervision if and when my child's use of downloaded material is not in a school setting.
- I hereby give my permission to allow internet access for my child.

Parent / Guardian Name: ..... (please print clearly)

Parent / Guardian Signature: .....

Date: .....

### APPLICATION CHECKLIST

**Please ensure that you have included ALL of the following ...**

- Copy of Passport, **showing current visa information**
- Copies of academic records for the past 12 months **must** be attached  
(Overseas results must be certified translations in English)
- Signed Internet Use Agreement (above)

### OFFICE USE ONLY

- Int'l Dean
- KAMAR
- Timetable
- Finance
- ENROL
- Photo
- IT/Email list

Attach passport photo here  
(or attach photo in .jpg  
format to your email)

#### Complete and return this application form to:-

Mrs Maria Chabera, Director of International Students  
Pompallier Catholic College  
PO Box 10-042  
Te Mai, Whangarei  
NEW ZEALAND 0143  
Email: [maria.chabera@pompallier.school.nz](mailto:maria.chabera@pompallier.school.nz)  
Phone: +64 9 438 3950

***This form must be read, completed, signed and returned with all supporting documents.  
It will be recorded on the College database, and kept securely in the College Records Room.***