POMPALLIER CATHOLIC COLLEGE
APPLICATION FOR ENROLMENT

OFFICE USE ONLY:

P / NP

Received: ……./……./…….

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

Start Date at Pompallier: **2017** **2018** **2019** **in Year Level:** **7** **8** **9** **10** **11** **12** **13**

LEGAL Surname: _____ **Preferred Surname:** _____

LEGAL First Names: _____ **Preferred First Name:** _____

Date of Birth: _____ **Gender:** Male / Female

School currently attending: _____

Primary School attended: _____

Sibling already attending Pompallier? Yes / No **Name(s):** _____

Ethnicity ***(statistical)*****:** _____ (If Māori, please state Iwi): _____

Country of Birth: _____ **Date Arrived in NZ?** _____

NZ Citizen / Permanent Resident (please circle) **First Language:** _____

Student in NZ on a Student Visa? Yes / No **Expiry:** _____

I do not want to receive the College newsletter by email ☐
I do not want to receive our College account by email ☐

Home Phone: _____

Contact Email: _____

Home Address: _____
(**MUST** be a street address, not a PO Box)
_____
_____

Postal Address: _____
(if different)
_____
_____

PRIMARY CAREGIVERS / MAIN RESIDENCE (where student lives for the majority of the time)

	Caregiver One	*Caregiver Two*
Full Name:		
Date of Birth:		
Relationship to Student:		
Marital Status:		
Home Phone:		
Cell Phone:		
Email Address:		
Occupation:		
Work Phone:		

SECONDARY CAREGIVERS / SECONDARY RESIDENCE (if applicable)

	Caregiver One	*Caregiver Two*
Full Name:		
Date of Birth:		
Relationship to Student:		
Marital Status:		
Home Phone:		
Cell Phone:		
Email Address:		
Address:		
Occupation:		
Work Phone:		

EMERGENCY CONTACTS (please provide details of a contact OTHER than the student's Parents / Guardians)

Full Name:		
Relationship to Student:		
Home Phone:		
Cell Phone:		
Work Phone:		
Address:		

MEDICAL DETAILS (please complete fully)

Doctor's Name: _____ **Dentist's Name:** _____

Is your child allowed to take Panadol? Yes / No

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING, PLEASE PROVIDE DETAILS IN THE SPACES PROVIDED

Does your child have any allergies? Yes / No _____

Does your child suffer from asthma? Yes / No **Carries an inhaler?** ☐

Any medical conditions, health matters or disability about which the school should be aware of? *(Please contact us if you wish to discuss any health or disability matters in private)* Yes / No

_____

_____

_____

ENROLMENT TYPE

☐ **PREFERENCE**

A Preference of Enrolment certificate **must** be provided, establishing that the student has a religious connection with the Catholic character of the College.

☐ **NON-PREFERENCE**

No evidence has been produced of a religious connection with the Catholic character of the College.

Religion: Catholic / Other If Other, please specify: _____

Baptised Catholic? Yes / No **First Eucharist?** Yes / No **Confirmation?** Yes / No **Reconciliation?** Yes / No

Parish of Parents: _____

OTHER INFORMATION

PLEASE INDICATE WHETHER YOUR CHILD HAS ANY OF THE FOLLOWING:

☐ Gifted & Talented Involvement ☐ Group Special Education Assistance ☐ ORRS Funding

☐ Teacher Aide Support ☐ RTLB Assistance ☐ Other

If yes, please provide details: _____

DECLARATION

1. I/We undertake 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. obey the College rules; and
   c. wear the correct regulation College uniform.
2. Accordingly, I/We will support the College Policies as authorised by the Board of Trustees.
3. I/We give permission for the College to use photos and/or video of my/our child in the College newsletter, on the College website, and/or social media sites for publicity purposes. *(Please advise the school if you have any concerns about publication of your child's images).*
4. I/We also undertake, as a condition of enrolment and attendance, to pay Attendance Dues at a rate determined by the Proprietor and approved by the Minister of Education. Furthermore, I/We accept that the College can discontinue attendance of the above-named student in default of this undertaking.
5. I/We give permission for the College to seek and/or pass on information that, in the opinion of the College, will assist in the above-named student's education at the College and/or other learning institutions, to ensure proper and safe student transfer.

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 that this information can be used for the above purposes.

PLEASE NOTE: Both Primary Caregivers must sign this declaration

Parent / Caregiver Name: _____ (please print clearly)

Signature: _____ **Date:** _____

Parent / Caregiver Name: _____ (please print clearly)

Signature: _____ **Date:** _____

All College accounts, school reports and other correspondence will be sent to the Primary Caregivers. However, as family structures can vary, please indicate if the Secondary Caregivers require a copy of the following:

Copy of school report: ☐ Copy of school account: ☐

POMPALLIER CATHOLIC COLLEGE

Digital Devices in School Student Acceptable Use Agreement

(To be read and signed by both student and parent / caregiver)

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 / CAREGIVER

- As the parent or caregiver 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 / Caregiver Name: ..... (please print clearly)

Parent / Caregiver Signature: .....

Date: .....

APPLICATION CHECKLIST

Please ensure that you have included ALL of the following …

- ☐ Copy of New Zealand Birth Certificate **OR** Copy of Passport, showing current residency status
- ☐ Preference of Enrolment Certificate (**MUST** be supplied for Preference enrolments)
- ☐ Copy of most recent school report
- ☐ Signed Internet Use Agreement (above)

FOR YEAR 11, 12 & 13 ENROLMENTS:-

- ☐ **Copies of academic records for the past 12 months must be attached**

(Overseas results must be certified translations in English)

OFFICE USE ONLY

- ☐ Dean / TT
- ☐ Homeroom
- ☐ KAMAR
- ☐ Finance
- ☐ NZQA
- ☐ ENROL
- ☐ asTTle
- ☐ IT/Email list
- ☐ Photo
- ☐ File

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.

OFFICE USE ONLY:

Whanau Class: _____ **T/table Class:** _____ **House:** **C** **D** **H** **V**