



# 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:      2018      2019      2020      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: \_\_\_\_\_

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

Contact Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_  
(MUST be a street address, not a PO Box)      (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

- I/We undertake as a condition of enrolment, that the above-named student will:-
  - participate in, and I/We as caregivers will support the programme that gives the College its Special Character, as outlined in the College Curriculum;
  - obey the College rules; and
  - wear the correct regulation College uniform.
- Accordingly, I/We will support the College Policies as authorised by the Board of Trustees.
- 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).*
- 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.
- 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 Caregiver(s). However, as family structures can vary, please indicate if the Secondary Caregiver(s) 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 the 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: A    C  
T    V