



JOHN PAUL COLLEGE

Application for Enrolment



Proposed Year of Entry		Proposed Year Level at Entry	
STUDENT INFORMATION			
Surname		Nationality	
Legal First Name		Language spoken at home	
Preferred Name		Country of Birth	
Date of Birth		NZ Residency	
Current School		NZ Study Visa Number	
Current year level		Date of Arrival into NZ	
Ethnicity		If Maori which iwi	
Baptised Catholic	Yes / No	Communion	Yes / No
Reconciliation	Yes / No	Confirmation	Yes / No
Family Information			
Custodial Parent/s (Student mainly lives with)	Both parents <input type="checkbox"/>	Mother Only <input type="checkbox"/>	Father Only <input type="checkbox"/>
Other (specify name and relationship)			
PRIMARY CAREGIVERS – MAIN RESIDENCE			
Mother / Stepmother/Guardian (circle as appropriate)		Father / Stepfather / Guardian (circle as appropriate)	
First Name		First Name	
Surname		Surname	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Email/s			
Street Address		Street Address	
Suburb		Suburb	
Occupation		Occupation	
Work Place		Work Place	
Work phone		Work Phone	
EMERGENCY CONTACT			
First Name		Surname	
Relationship to student			
Home Phone		Cell Phone	

HEALTH INFORMATION				
Doctor		Medical Centre		
Does your child have any medical conditions?				
Migraine	Diabetes	Heart Condition	Epilepsy	Asthma
Physical Disabilities	Seizures of any kind	Strep throat	Glandular Fever	Allergies-see below
Please specify any other conditions				
Is your child on any medication? If yes, please state				
Is your child allergic to anything? If yes, please state / reaction				
Immunisations up to date? Yes / No MMR <input type="checkbox"/> Tetanus <input type="checkbox"/>				
HEALTH CONSENT				
I give permission for my child to be given 'over the counter' medication e.g Panadol, as required Yes / No <i>No medication will be issued without authority</i>				
I give permission for my child to be taken to an Emergency Medical Service in the event of an accident or emergency when the school cannot contact me. I agree to meet any cost incurred for this. Yes / No				
I give permission for my child to travel outside school for day trips as notified by letter from the Teacher in Charge Yes / No				
GENERAL INFORMATION				
Please name any sibling/s currently at JPC House Group - McKillop <input type="checkbox"/> McKenna <input type="checkbox"/> Rice <input type="checkbox"/> Lasalle <input type="checkbox"/> Kanea <input type="checkbox"/>				
Does your child have special learning needs?				Yes / No
Is your child receiving support from a specialist or teacher aide?				Yes / No
Has your child been stood-down or suspended from any other school? <i>If yes, please state the school and reason</i>				Yes / No
I give permission for the school to notify me of my child's non-attendance at school				Yes / No
I give permission for a photograph of my child to be included in the John Paul College newsletter or website				Yes / No
Please state two reasons why you want your child to come to John Paul College				
1				
2				
DOCUMENTS REQUIRED TO BE ATTACHED TO THIS APPLICATION				
<input type="checkbox"/> Preference Card	<input type="checkbox"/> Birth Certificate <i>if born in NZ</i>	<input type="checkbox"/> Most recent school report	<input type="checkbox"/> Student visa/ residency status <i>if born overseas</i>	
<input type="checkbox"/> Internet Agreement	<input type="checkbox"/> Catholic Diocese Form	<input type="checkbox"/> Intranet/ Internet Contract	<input type="checkbox"/> Any Court documents i.e Protection Orders etc	

CONDITIONS OF ENROLMENT

I/ We the undersigned, accept as conditions of enrolment that:

◆**Participation In School Programme:** I/We the undersigned, undertake as a condition of enrolment, that the above name student will participate in the general school programme that gives John Paul College its Catholic Special Character.

◆**Attendance Dues:** I/We the undersigned, undertake as a condition of enrolment and attendance, to pay Attendance Dues as determined by the Proprietor and approved by the Minister of Education. Furthermore, I/We accept that the school can discontinue attendance of the above named student in default of this undertaking.

◆**John Paul College Fees:** I/We agree to pay John Paul College fees, as determined by the Board of Trustees.

◆**Uniform:** I/We will ensure that the student will at all times abide by the uniform requirements of the College.

◆**Privacy Act 1993:** John Paul College undertakes to collect, use and store information you provide on this form according to the principles of the Privacy Act 1993. The information may be provided to the Proprietor or Proprietor’s Agent, the Minister of Education and the Education Review Office for administrations purposes within the school.

I/We agree that this information can be used for the above purpose.

◆It is the responsibility of the parents to keep the school advised of any change in circumstances, including contact details, custodial arrangements and matters pertaining to the health and safety of the child.

Decision on Enrolment

◆I/We acknowledge that enrolment at John Paul College is subject to availability of places within the prescribed allocation; and that the final decision on whether a student meets the enrolment criteria and is therefore able to be accepted as a student at John Paul College rests with the Principal.

Both parents sign for above

Mother or Guardian Signature..... Date.....

Father or Guardian Signature..... Date.....

Student Signature Date.....