



**STUDENT DETAILS**

YEAR LEVEL student is applying for: Year7  Year8  Year9  Year10  Year11  Year12  Year13

First Names: ..... Surname: .....

Date of Birth: ..... Gender: Male  Female

Copy of Birth Certificate or current Passport **must be attached**

Current School: ..... Student Cell Number .....

Home Address: .....

Home Phone: ..... Email: .....

**To which newsletters/reports/ invoices will be emailed**

Ethnic Identity: e.g NZ European  Maori  If Maori, Iwi Affiliation: .....

Overseas Ethnicity: ..... Date of Arrival into NZ: .....

**Please provide copy of birth certificate and study visa documentation**

Language spoken at home .....

**SIBLINGS** at JPC: Name/s..... House.....

**CAREGIVER / MOTHER / GUARDIAN** (Relationship to student if not parent) .....

Miss/ Ms/ Mrs/ Dr Name: .....

Postal/ Home Address (If different from above) .....

Home Phone: ..... Work Phone: ..... Cell: .....

Occupation: ..... Place of Employment: .....

**CAREGIVER / FATHER / GUARDIAN** (Relationship to student if not parent) .....

Mr/ Dr Name: .....

Postal/ Home Address (If different from above) .....

Home Phone: ..... Work Phone: ..... Cell: .....

Occupation: ..... Place of Employment: .....

**CHILD LIVES WITH?** Both Parents  Mother  Father  Other  .....

**NB: If there are any Court documents pertaining to Custody, Access, Protection Orders etc, please provide copies for our records. We are unable to uphold verbal instructions without legal documentation on file**

**EMERGENCY CONTACT PERSON:** (Parents are always contacted first in an emergency)

Miss/Ms/Mrs/Mr Name: .....

(Relationship to student other than parents) .....

Home Phone: ..... Work Phone: ..... Cell: .....

**RELIGION**

Student's Religion:.....Mother's Religion: .....Father's Religion: .....

Student's Sacraments Received: Baptism  Eucharist  Confirmation  Reconciliation

**MEDICAL**

Doctor/ Medical Practice/Group .....

**HEALTH**

List any medical conditions the school should be aware of, i.e hearing, allergies, diagnosed conditions

<input type="checkbox"/> Migraines	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Seizures	<input type="checkbox"/> Asthma
<input type="checkbox"/> Strep throat	<input type="checkbox"/> Glandular fever	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Other conditions/ Allergies: <i>list below</i>		

Is the student on any medication .....

**IMMUNISATIONS:** Up to date? Yes  No  MMR  Tetanus

**LEARNING SUPPORT:** Please list learning difficulties (*attach any documentation available*)

Is the student receiving support from a specialist teacher or teacher aide Yes  No

**What are your reasons for applying for enrolment at John Paul College? Please state if your child has ever been stood-down or suspended from any other school**

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**CONSENTS**

I give permission for my child to be given 'over the counter' medication ie. Panadol  Ibuprofen

**NB: no medication will be issued without authority**

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

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 Yes  No

**THE FOLLOWING DOCUMENTS ARE REQUIRED TO BE ATTACHED TO THIS APPLICATION**

<input type="checkbox"/> Preference Card	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Most recent school report	<input type="checkbox"/> Internet/Intranet Agreement	<input type="checkbox"/> Generic Health Form
<input type="checkbox"/> Catholic Diocese Form	<input type="checkbox"/> Student Study Visa/ Residency Status/ Citizenship Certificate <i>if born overseas</i>		<input type="checkbox"/> Any Court documents i.e Protection Orders, Access Orders	

**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.

♦ **Change of Circumstances:** 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.

**Where appropriate, both parents are to sign in acknowledgement for the enrolment application and the above Conditions of Enrolment**

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

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

*In accordance with the Privacy Act 1993, the above information is being collected for the purpose of enrolment. This information will be held secure at the College and only used for school related purposes.*

*Address and phone number details are collected at the time of enrolment and during the student’s time at school so that the school can contact the parent or student as necessary. These contact details may also be passed on to the Ministry of Education and the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school*