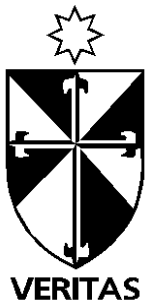


ST DOMINIC'S CATHOLIC COLLEGE

Catholic School for Girls Years 7-13

(09) 8390380 ✉ stdoms@stdoms.ac.nz 🌐 website: www.stdoms.ac.nz



APPLICATION FOR ENROLMENT 2019

For Academic Year Level

Preference

Non Preference

STUDENT INFORMATION

SURNAME			
FIRST NAME(S)			
PREFERRED NAME			
DATE OF BIRTH		CURRENT SCHOOL	
STREET NO & NAME			
SUBURB		POSTCODE	
HOME PHONE NO		CELLPHONE	
NATIONALITY Student is NZ citizen	Yes <input type="checkbox"/> No <input type="checkbox"/>	Citizenship:	
Student has Permanent Resident status	Yes <input type="checkbox"/> No <input type="checkbox"/> Date Residency granted:	Date of NZ entry:	
ETHNICITY To which Ethnic Group does the student belong:	<input type="checkbox"/> NZ Pakeha <input type="checkbox"/> Filipino <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Other: _____ <input type="checkbox"/> Maori - if yes, iwi/hapu _____ <input type="checkbox"/> Pacific Island - if yes, which country _____		
LANGUAGE	What is the main language in the student's home _____ What other languages are spoken at home _____		
SPECIAL CHARACTER	RELIGION:		BAPTISED (Place/date)
Please tick the Sacraments your daughter has received <input type="checkbox"/> Reconciliation <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation (Place/date)			
If mother/relative is a past pupil, please state maiden name and years of attendance:			
Sister(s) attended or attending St Dominic's Catholic College (give years):			
Any other family connection with the Dominican Sisters or other Catholic schools? Please give details: _____			
If not Catholic, state denomination/religion:			

FAMILY INFORMATION

MOTHER or FEMALE GUARDIAN		Relationship to student	
FAMILY NAME	<input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr		
FIRST NAME(S)			
ADDRESS (If different from student)	HOME PHONE		
	WORK PHONE		
E-MAIL ADDRESS	MOBILE PHONE		
OCCUPATION			
NAME OF COMPANY EMPLOYED BY		ADDRESS	
CUSTODIAL/ACCESS (arrangements which the College should be aware of):			

FATHER or MALE GUARDIAN		Relationship to student	
FAMILY NAME	<input type="checkbox"/> Mr <input type="checkbox"/> Dr		
FIRST NAME(S)			
ADDRESS (If different from student)	HOME PHONE		
	WORK PHONE		
E-MAIL ADDRESS	MOBILE PHONE		
OCCUPATION			
NAME OF COMPANY EMPLOYED BY		ADDRESS:	
CUSTODIAL/ACCESS (arrangements which the College should be aware of):			

EMERGENCY CONTACT (other than parents/guardians). The person nominated should be a person who is available to come and collect your daughter at short notice if the need should arise and parent/guardians is not available.

SURNAME		FIRST NAME(S)	
HOME PHONE		WORK PHONE	
MOBILE PHONE		RELATIONSHIP TO STUDENT	

CORRESPONDENCE

As family structures can vary, the following information is requested to ensure that correspondence ie Reports, Newsletters and Accounts are sent to the correct family members.

Send to Both parents father only mother only other (please specify)

ADDITIONAL STUDENT INFORMATION

Academic:

Sporting: Summer/Winter:

Cultural/Artistic (ie Art/Dance/Drama/Musical instrument)

Hobbies:

SPECIFIC LEARNING NEEDS

Has or does your daughter currently have or require extra assistance for classroom work or school behaviour?

LANGUAGE OPTION CHOICE FOR 2019 – All Year 7 students take Maori and Chinese. All Year 8 students take Maori and one of the following, please tick

YEAR 8 French OR Japanese

YEAR 9 can choose any of the following: Chinese French OR Japanese OR Maori

MEDICAL INFORMATION/PERMISSION

Family Doctor: _____ Phone No. _____

Does your daughter suffer from Asthma Diabetes Epilepsy or is Anaphylactic - please state degree of severity and details:

Or any other medical illness/disabilities or allergies?

Yes I/we give permission for my daughter to be given Paracetamol or Antihistamine

No I/we do not give permission for my daughter to be given any medication

CRITERIA FOR PREFERENCE OF ENROLMENT IN INTEGRATED CATHOLIC SCHOOLS

- 5.1 The student has been baptised or is being prepared for baptism in the Catholic Church.
- 5.2 The student's parents/guardians have already allowed one or more of her siblings to be baptised in the Catholic faith.
- 5.3 At least one parent/guardian is a Catholic, and although their daughter has not yet been baptised, the student's participation in the life of the College could lead to the parents having the student baptised.
- 5.4 With the agreement of the student's parent/guardian, a grandparent or other significant adult in the student's life, such as an aunt, uncle or godparent, undertakes to support the student's formation in the faith and practices of the Catholic Church.
- 5.5 One or both of a student's non-Catholic parents/guardians is preparing to become a Catholic.

PRIVACY ACT 1993

The personal information you have supplied on this enrolment form is being collected to assist us in understanding and educating your daughter. We may pass this information to other educational professionals but only for these same purposes. Under the Privacy Act 1993 you have the right of access to any personal information we hold about you or your daughter. Should we wish to release details held for other than the purposes stated, we will consult you under the provisions of the Act.

SIGNED _____ (Parent/Caregiver)

CHECKLIST FOR ATTACHMENTS REQUIRED TO ACCOMPANY ENROLMENT APPLICATION – ALL DOCUMENTATION IS COMPULSORY

- Copy of NZ Birth Certificate **or** NZ Passport
- Copy of the Permanent Residency Permit or Student Visa (if applicable)
- Copy of most recent current school report
- Completed and signed (by Parish Priest or Agents of the Bishop, as per reverse of form) Preference of Enrolment Certificate

CONDITIONS OF ENROLMENT

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

1. I/We will support and encourage our daughter in the practice of the Special Character and full participation in the Catholic life of the College, specifically Retreats, Religious Education field trips, class and full school Liturgies;
2. I/We the undersigned, undertake to pay Attendance dues as determined from time to time by the Proprietor and approved by the Minister of Education under Section 36 of the Private School Conditional Integration Act 1975 and collected on behalf of the Catholic Schools' Office. Furthermore, I/we accept that the school can discontinue attendance of the above named student in default of this undertaking.
3. I/We will ensure that the policies and rules, as laid down by the College and Board of Trustees, are observed;
4. I/We will ensure that my/our daughter will at all times abide by the uniform requirements of the College and will adhere to the Code of Conduct.
5. Enrolment 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 St Dominic's Catholic College, rests with the Principal. The Principal's decision is final and no correspondence will be entered into.

SIGNED: _____ PARENT/CAREGIVER Print Name _____

SIGNED: _____ PARENT/CAREGIVER Print Name _____

SIGNED: _____ STUDENT Print Name _____

DATE: _____

ST DOMINIC'S CATHOLIC COLLEGE USE:

- I have sighted evidence that the applicant has established a connection with the College as defined in the Integration Agreement of St Dominic's Catholic College, Henderson and is therefore eligible for a Preference enrolment.
- The applicant has not produced evidence of a general religious connection with the Catholic Character of St Dominic's Catholic College, but has been accepted for a Non Preference place for enrolment.
- The applicant has not produced evidence of a general connection with the Catholic Character of St Dominic's Catholic College and the name of the applicant's daughter has been placed on the list of those who can be enrolled, if a place is available, after all preferential applicants have been assigned places in the College.

SIGNED _____ Date: _____

Principal Associate Principal Deputy Principal

OFFICE USE ONLY – ENTERED INTO PCSCHOOLS BY:

Date: _____ Student File No: _____ Signed: _____