

# St Dominic's Catholic College

Catholic School for Girls Years 7-13

☎ (09) 8390380

✉ office@stdoms.ac.nz

🌐 website: www.stdoms.ac.nz



## APPLICATION FOR ENROLMENT 2024

For Academic Year Level .....

Preference

Non Preference

### STUDENT INFORMATION

FIRST NAME(S)			
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SURNAME			
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PREFERRED NAME		DATE OF BIRTH	
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HOME ADDRESS			
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SUBURB		POSTCODE	
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CURRENT SCHOOL			
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NATIONALITY	Yes <input type="checkbox"/> No <input type="checkbox"/>	Country of Birth:	
Student is NZ citizen	Citizenship:		

Student has Permanent Resident status	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of NZ entry:	
	Date Residency granted:		

ETHNICITY To which Ethnic Group does the student belong	<input type="checkbox"/> NZ Māori - if yes, iwi/hapu _____		
	<input type="checkbox"/> NZ Pākehā		
	<input type="checkbox"/> Pacific Island - if yes, which country _____		
	<input type="checkbox"/> Filipino <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Indian		
	<input type="checkbox"/> Other: _____		

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  Reconciliation  First Communion  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

PARENT/GUARDIAN 1		Relationship to student	
FAMILY NAME	<input type="checkbox"/> Mr <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):			
PARENT/GUARDIAN 2		Relationship to student	
FAMILY NAME	<input type="checkbox"/> Mr <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):			
<b>EMERGENCY CONTACT (other than parents/guardians).</b> 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 & Leadership:

Sporting: Summer/Winter:

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

Hobbies:

## SPECIFIC LEARNING NEEDS

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

## LANGUAGE OPTION CHOICE FOR 2024

All Year 7 students take Te Reo Māori and Japanese.

All Year 8 students take Te Reo Māori and French

Year 9 can choose any of the following: Te Reo Māori  French  Japanese  Literacy  ESOL

## 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
- Catholic Diocese of Auckland Attendance Dues Agreement

**CONDITIONS OF ENROLMENT**

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

- 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;
- 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 447 of the Education Act 1989. Furthermore, I/we accept that the school can discontinue attendance of the above named student in default of this undertaking.
- I/We will ensure that the policies and rules, as laid down by the College and Board of Trustees, are observed;
- 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.
- 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.

***DISCLOSURE: The undersigned acknowledges that information about the student that is related to the functions of the school Proprietor may be disclosed to the Proprietor or the Proprietor's agents.***

SIGNED: \_\_\_\_\_ PARENT/GUARDIAN      Print Name \_\_\_\_\_

SIGNED: \_\_\_\_\_ PARENT/GUARDIAN      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                       DRS

**OFFICE USE ONLY – ENTERED INTO PCSCHOOLS BY:**

Date: \_\_\_\_\_                      Student File No: \_\_\_\_\_                      Signed: \_\_\_\_\_



**Preference of Enrolment Certificate  
for the Catholic Diocese of Auckland**

Taumata o te Hahi Katorika

**This is to certify that** in accordance with the Education and Training Act 2020, Schedule 6, Cl 26 and Catholic School Integration Agreements, through a general or particular religious connection as stated in the Preference Criteria numbers: 5.1, 5.2, 5.3, 5.4, 5.5. *(Please refer to Criteria details on back of form)*

*This form must be completed by the parent(s)/guardian(s), and the Parish Priest or other designated authority prior to the enrolment of a student in a Catholic State-Integrated School. This certificate, for the purposes of enrolment at the school specified, is valid for two years.*

**Completed by Parent/Guardian:**

Full name (parent(s)/guardian(s)): .....

Address: .....

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

Is/are eligible to have preference of enrolment for their child at: .....

..... (School/College)

In: ..... (Town/City)

Full name of child: .....

I/We undertake to support our child in the formation of their faith and the practices of the Catholic church. I/we further agree that my/our contact details will be shared with the school and parish for the purpose of faith formation.

Parent(s)/guardian(s) Signature: ..... Date: .....

**Completed by the authorised agent:**

Under which Criterion (see reverse) is the child eligible for preference? .....

If Criterion 5.1 applies please complete:

Baptised in: ..... at: ..... on: .....

*If Criterion 5.4 applies, please complete the section on the back of this form*

Certified by (full name): ..... as an authorised agent

of the Roman Catholic [Arch]Bishop of the (Arch)Diocese of: .....

Position: .....

*(see Administration of the Criteria, 6.1.1 - 6.1.6, Agents who may sign, listed over page)*

Address: .....

Signature: ..... Date: .....

**Privacy Statement:** *The information on this form (pages 1 and 2) will be used solely for confirming eligibility to enrol a student in a Catholic Integrated Schools or as otherwise describes on the form. The information in this form will only be shared as required with the School Board and management of the school and/or a Parish office and/or the Proprietor of the school and/or the Proprietors diocesan education office. This information will be stored in accordance with each entities document retention policies or schedules in accordance with the Privacy Act 2020. You have a right to access and change your information at any time. Please contact the Proprietor, parish office and/or school management to do so.*

*When parent(s)/guardians(s) apply to enrol a child in a Catholic school, the principal must inform them that if they wish to claim preference and have not yet done so, they need to obtain a preference certificate. To do this they visit their parish priest, or other person designated by the Bishop (diocesan offices will let schools know who is eligible to sign this certificate). This is in accordance with the Education and Training Act 2020, Schedule 6, Clause 26.*

**Criteria for Preference of Enrolment in State-Integrated Catholic Schools**

- 5.1 The child has been baptised or is being prepared for baptism in the Catholic Church.
- 5.2 The child’s parents/guardians have already allowed one or more of its siblings to be baptised in the Catholic faith.
- 5.3 At least one parent/guardian is a Catholic, and although their child has not yet been baptised, the child’s participation in the life of the school could lead to the parents having the child baptised.
- 5.4 With the agreement of the child’s parent/guardian, a significant familial adult undertakes to support the child’s formation in the faith and practices of the Catholic Church. The significant familial adult is expected to be practising their faith in their own local parish. They may be a grandparent, aunt, or uncle, who is actively involved in the child’s upbringing.
- 5.5 One or both of a child’s non-Catholic parents/guardians is preparing to become a Catholic.

**Agents of the Bishop, Who May Sign the Certificate on his Behalf**

- 6.1.1 Parish Priest of their Parish of Residence
- 6.1.2 Assistant Priest of their Parish of Residence
- 6.1.3 Priests appointed under c. 517/1
- 6.1.4 Deacons and lay persons appointed to pastoral care under c. 517/2
- 6.1.5 Ethnic chaplains who liaise with Parish Priests or their delegate
- 6.1.6 Local committees appointed by the Bishop or by any of the above agents of the Bishop.

**Process of Appeal:** If a preference certificate has been refused and the parent(s)/guardian(s), either directly or through the Principal, wish to appeal the matter, the application can be referred to the Proprietors’ Office (Diocesan Education Office). The Director of the Office, or whoever is the appointed appeal authority in the diocese, after making whatever investigation is necessary, including consulting the Parish Priest if appropriate, will make a ruling, or seek a ruling from the Bishop. The Parish Priest or delegated person who refused the certificate in the first instance is normally informed whenever a preference certificate is issued in virtue of this paragraph.

Please note that in the Diocese of Auckland the appointed appeal authority is the Vicar for Education, contact phone: (09) 360 3057. Email: [catheriner@cda.org.nz](mailto:catheriner@cda.org.nz)

*If Criterion 5.4 (above) applies, the parent(s)/guardian(s) and significant familial adult completes the following:*

**Significant familial adult:**

I, an active member of the parish of ..... , agree to support: .....’s (child’s full name) formation in the faith and practices of the Catholic Church and agree to my contact details being available to the school and parish for this purpose.

Full name (familial adult): .....

Address: .....

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

Relationship to child: .....

Parish: .....

Signature: ..... Date: .....

**Parent(s)/Guardian(s):**

I agree that my child will be supported by: ..... in the formation of the faith and practices of the Catholic Church. I/we further agree that my/our contact details will be shared with the school and parish for the purpose of faith formation.

Signature: ..... Date: .....



# ATTENDANCE DUES AGREEMENT

This agreement is to be signed at the time of enrolment at the School / College below. Signing this agreement constitutes part of the enrolment procedure.

SCHOOL/COLLEGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Student's first and middle name	Family name
Date of Birth	Telephone
Home Address	

Baptism: Yes  No  Confirmation: Yes  No  First Communion: Yes  No  Reconciliation: Yes  No

Parent/Caregiver 1 First names	Family name
Address	
Date of Birth	Parish

Parent/Caregiver 2 First names	Family name
Address	
Date of Birth	Parish

### PRIVACY ACT 2020

Our school undertakes to collect, use and store information you provide on this form according to the principles of the Privacy Act 2020. The information may be provided to the Proprietor of the school or Proprietor's agent, the Minister of Education and the Education Review Office, and for administration purposes within the school.

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

### PARTICIPATION IN SCHOOL PROGRAMME

I/We the undersigned, undertake as a condition of enrolment that the above-named student will participate in the general school programme that gives our school its Catholic Special Character.

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

### ATTENDANCE DUES

I/We the undersigned, 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 school can discontinue attendance of the above named student in default of this undertaking. We have read and understood the Parent and Caregiver Responsibilities section on Page 2 of this document.

**Both caregivers sign for above**

Signed: \_\_\_\_\_  
(Parent/Caregiver 1) (Parent/Caregiver 2) (Date)

### PREFERENCE of ENROLMENT

I have sighted evidence that the Proprietor has stated that the above-named student should be given preference of enrolment under criteria \_\_\_\_\_.

Signed: \_\_\_\_\_  
(Principal or Delegated Authority) (Date)

The applicant is non-preference: \_\_\_\_\_  
(Principal or Delegated Authority) (Date)



## Compulsory Attendance Dues Parent and Caregiver Responsibilities

1. Attendance Dues are a compulsory payment under the terms of the Education and Training Act 2020 (Act) and are a condition of enrolment. Attendance Dues are charged for all students who attend Catholic integrated schools in New Zealand.

Attendance Dues are collected on behalf of the school's Proprietor, the Roman Catholic Bishop of Auckland. The Attendance Dues are forwarded to Auckland Common Fund Limited, a company established by the proprietors of Catholic Integrated Schools in the Diocese of Auckland responsible for the collection of Attendance Dues.

Under the Act, Attendance Dues are used for servicing and repaying loans to develop new building projects in the proprietors' schools as well as paying for building insurance and compliance costs, collection and administration.

2. By signing this agreement, you accept that you will pay the Attendance Dues and that you understand that payment of the Attendance Dues is a condition of enrolment and the continuing attendance of the above-named student at the school.
3. Payment of Attendance Dues should be made in full at the beginning of the academic year or, in agreement with the school, by instalment (weekly, fortnightly, monthly or per term) during the academic year. The Attendance Dues cannot be paid in full at the end of each academic year. Attendance Dues are not a donation, and they are not tax deductible.
4. Failure to pay the Attendance Dues may put your child's place at the school at risk.
5. Overdue accounts may be referred to a debt collection agency by the Proprietor.
6. This agreement is legally enforceable and the person who signs the agreement remains legally liable for payment of the Attendance Dues. Responsibility for payment of Attendance Dues may be transferred to another Parent/Caregiver provided that the new Parent/Caregiver first signs a novation agreement accepting responsibility for payment of Attendance Dues, on terms acceptable to the school and the Proprietor.
7. Any civil agreements between parents/caregivers do not take precedence over this signed legal agreement.
8. This agreement may not be varied or terminated by the Parent/Caregiver without the prior written consent of the Proprietor.
9. Financial assistance with Attendance Dues is available to families of preference students in cases of genuine financial difficulties. Part of the criteria for receiving this assistance is that regular payments have been made at an affordable level.