



POMPALLIER CATHOLIC COLLEGE

APPLICATION for INTERNATIONAL STUDENT ENROLMENT

Please complete ALL areas of this form and ensure that all supporting documents are attached

Arrival Date in NZ: _____ Departure date from NZ: _____

Enrolment in Year: _____

Length of Course: _____

LEGAL Surname: _____ Preferred Surname: _____

LEGAL First Name(s): _____ Preferred First Name: _____

Date of Birth: _____ Gender: _____

School currently attending: _____

Country of Birth: _____ Nationality: _____

Passport Number: _____ Expiry Date: _____

First Language: _____ Other Languages: _____

Please indicate your level of English: _____

ACCOMMODATION ARRANGEMENTS

Do you require Homestay accommodation to be organised by our College? _____

If Yes → Please complete a "Homestay Accommodation Request" application form.

If No → Please contact our International Director as we will require further information.

HOME COUNTRY DETAILS (where student currently lives)

MOTHER

FATHER

Full Name: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Home Address: _____

Occupation: _____

Work Phone Number: _____

Student lives with: _____

INSURANCE DETAILS (please complete fully)

All International Students must have comprehensive medical and travel insurance – it is recommended that insurance be arranged prior to arriving in New Zealand.

Do you have insurance? _____ If yes, please provide details below

If No, do you want Pompallier Catholic College to arrange medical insurance for you? _____

Name of Insurance Co: _____ Policy Type: _____

Address: _____ Policy Number: _____

_____ Start Date: _____

_____ Expiry Date: _____

HEALTH / MEDICAL DETAILS (please complete fully)

Is your child allowed to take Panadol? _____

Does your child suffer from asthma? _____ Carries an inhaler?

Does your child have any difficulty with hearing? _____ (If yes, please provide details below)

Does your child have any difficulty with his/her sight? _____ (If yes, please provide details below)

Does your child have any allergies? _____ (If yes, please provide details below)

Please list any medication your child is taking:

Are there 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) _____

PARENT or GUARDIAN AGREEMENT

I/We accept the Offer of a Place at Pompallier Catholic College on behalf of: _____
(print student's name)

1. I/We have read and understand the information regarding Pompallier Catholic College.
2. I/We undertake, as a condition of enrolment, that the above-named student will:-
 - a. participate in, and I/We as caregivers will support the programme that gives the College its Special Character, as outlined in the College Curriculum;
 - b. obey the College rules; and
 - c. wear the regulation College uniform.
3. Accordingly, I/We will support the College Policies as authorised by the Board of Trustees.
4. I/We have read, understand and accept the Home Stay Terms and Conditions, and allow Pompallier Catholic College to take any necessary action in accordance with the Home Stay Terms and Conditions.
5. I/We give permission for our child to go on class trips and outings organised by Pompallier Catholic College and agree to pay the cost of any such extra-curricular activities.
6. 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).*
7. I/We authorise staff of the College to:-
 - receive and/or pass on any information from any person, authority or corporate body concerning the student, including but not limited to medical, educational and welfare information;
 - provide consents in respect of any activity carried out and authorised by the College;
 - provide necessary consents on behalf of the student, on the advice of a medical practitioner, in a medical emergency where it is not reasonably practical or timely to contact the parents. I/We also agree to reimburse all costs incurred as a result of such an emergency (if it is not covered under my/our medical and travel insurance policy).
8. I/We have read, understand, and agree to the terms and conditions of the Refunds for International Students policy.
9. I/We confirm that all the information included in this application for enrolment is complete and correct.

PRIVACY ACT 2020

Our College undertakes to collect, use and store information you provide on this form according to the principles of the Privacy Act 2020. The information is collected and used by the College to provide education for your child, and it is also used for associated school activities and Agencies/Organisations such as Career Central. 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, Oranga Tamariki), 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 to all the terms and conditions set out above.

Full Name (please print): _____

Relationship to Student: _____

Date: _____

STUDENT AGREEMENT

I have read and understand the information regarding Pompallier Catholic College.

I agree to abide by the College rules and New Zealand law at all times.

Student Name (print): _____

Date: _____

Any false or misleading information provided in this enrolment form could result in termination of tuition.



POMPALLIER CATHOLIC COLLEGE

Student Use of Digital Devices Agreement

(To be signed by the student and Parent / Guardian)

STUDENT

- I understand and will abide by the **Student Use of Digital Devices 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)

Date:

PARENT or GUARDIAN

- As the parent or guardian of this student, I have read the **Student Use of Digital Devices Agreement**.
- I understand that this access is designed for educational purposes and that students will be monitored 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 digital communication is not in school time.
- I recognise and accept that the use of digital communication outside of school time is not within the control of the school.
- I hereby give my permission to allow internet access for my child.

Parent / Guardian Name: (please print clearly)

Date:

APPLICATION CHECKLIST

Please ensure that you have included ALL of the following ...

- Copy of Passport
- Copy of Immigration NZ visa
- Copies of academic records for the past 12 months **must** be attached
(Overseas results must be certified translations in English)
- Signed Internet Use Agreement (above)

OFFICE USE ONLY

- Int'l Dean
- KAMAR
- Timetable
- Finance
- ENROL
- Photo
- IT/Email list

Complete and return this application form to:-

Director of International Students
 Pompallier Catholic College
 PO Box 10-042
 Te Mai, Whangarei
 NEW ZEALAND 0143
 Email: international@pompallier.school.nz
 Phone: +64 9 438 3950

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