



FAMILY INFORMATION

STUDENT PRIMARY RESIDENCE: (where student lives for the majority of the time)

1. Relationship to Student: **Mother / Stepmother / Caregiver** (please circle one) or **Other** _____

Title: **Miss / Ms / Mrs / Dr** (please circle one) or **Other** _____

First & Last Name: _____

Date of Birth: _____ Marital Status: _____

Cell Phone: _____

Personal Email Address: _____

Religion: _____ Parish: _____

Occupation: _____

Work Phone Number: _____

2. Relationship to Student: **Father / Stepfather / Caregiver** (please circle one) or **Other** _____

Title: **Mr / Dr** (please circle one) or **Other** _____

First & Last Name: _____

Date of Birth: _____ Marital Status: _____

Cell Phone: _____

Personal Email Address: _____

Religion: _____ Parish: _____

Occupation: _____

Work Phone Number: _____

Main details for college correspondence:

Home Address - Number & Street: _____

Home Address - Suburb: _____

Home Address - City & Postcode: _____

Postal Address: (if different to above address) _____

Home Landline: (if relevant): _____

Main Contact Email: _____

(this will be used as the main email for all general correspondence/newsletters from the college)



STUDENT SECONDARY RESIDENCE: (leave blank unless relevant)

1. Relationship to Student: **Mother / Stepmother / Caregiver** (please circle one) or **Other** _____

Title: **Miss / Ms / Mrs / Dr** (please circle one) or **Other** _____

First & Last Name: _____

Date of Birth: _____ Marital Status: _____

Cell Phone: _____

Personal Email Address: _____

Religion: _____ Parish: _____

Occupation: _____

Work Phone Number: _____

2. Relationship to Student: **Father / Stepfather / Caregiver** (please circle one) or **Other** _____

Title: **Mr / Dr** (please circle one) or **Other** _____

First & Last Name: _____

Date of Birth: _____ Marital Status: _____

Cell Phone: _____

Personal Email Address: _____

Religion: _____ Parish: _____

Occupation: _____

Work Phone Number: _____

Main details for college correspondence:

Home Address - Number & Street: _____

Home Address - Suburb: _____

Home Address - City & Postcode: _____

Postal Address: (if different to above address) _____

Home Landline: (if relevant): _____

Shared Caregiver Arrangements: **50:50 shared care** **Other** (please specify) _____

Please also complete the "Shared Caregiver Arrangements – Further Information" section on Page 10



ALTERNATIVE EMERGENCY CONTACT DETAILS: (please enter details of person other than parents)

First & Last Name: _____

Relationship to student: _____ Best contact number: _____

CONNECTIONS OF STUDENT TO POMPALLIER CATHOLIC COLLEGE

1. Sibling/s currently attending Pompallier? Yes No

Name/s & Year Level/s: _____

2. Sibling/s previously attended Pompallier? Yes No

Name/s: _____

Year left Pompallier (eg 2020) _____ Level left Pompallier (eg Year 13) _____

3. Father previously attended Pompallier? Yes No

Father's name: _____ Dates attended: _____

4. Mother previously attended Pompallier? Yes No

Mother's name: _____ Dates attended: _____

5. Father's family connections with Pompallier: *Please give names and dates of family members who attended where possible*

6. Mother's family connections with Pompallier: *Please give names and dates of family members who attended where possible*

7. Other affiliations with the college:

8. Younger siblings in the family who are likely to attend Pompallier in the future?

Number of future siblings: _____ Potential entry to Year 7: (eg 2028) _____

9. Brothers and sisters:

Name: _____ Age: _____ School Attending: _____

Name: _____ Age: _____ School Attending: _____

Name: _____ Age: _____ School Attending: _____



STUDENT HEALTH RECORD (please ensure all parts of this page are filled out)

MEDICAL HISTORY

Has your child ever suffered from any of the following? *(Please tick)*

- | | | | | | |
|-------------------------|------------------------------|-----------------------------|--------------------|------------------------------|-----------------------------|
| * Allergic Reaction | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Hearing Impairment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| * Anaphylaxis | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Heart Condition | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| * Diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Migraines | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| * Epilepsy | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Past Head Injury | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Allergies (food, other) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Seizures | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Asthma | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Visual Impairment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

* Please attach action plan, including your child's name, to the back of this enrolment form

If you answered YES to any of the above, please describe, including any medication requirements:

Does your child suffer from any other medical conditions, health matters or disability about which the school should be aware of? Yes No

If you answered YES above, please describe, including any medication requirements:

DOCTOR'S DETAILS

Doctor's Name: _____

Practice Name & Location: _____

Practice Phone Number: _____

CONSENT

May the school have your consent to administer PARACETAMOL at school, if required: Yes No



PARENT SHEET

Why would you like your child to attend Pompallier Catholic College?

How could you, as parents, contribute to Pompallier Catholic College during your child’s educational years to his/her leaving in Year 13? For example, sport and/or other co-curricular and cultural activities:

PREFERENCE OF ENROLMENT

A Preference of Enrolment Certificate must be provided if you wish your child to be considered as a Catholic Preference student. Please note applications without a verified Preference Certificate (issued by St Francis Xavier Parish in Whangārei, or Sacred Heart Parish in Dargaville) will automatically be considered as a Non-Preference application.

Please tick the most appropriate statement below:

- I/We attend Mass weekly and are strongly involved in Parish life
- I/We attend Mass weekly as part of our family value system
- I/We attend Mass infrequently
- I/We do not attend Mass
- Our child is a Non-Preference student (i.e: no Catholic affiliations)

SPECIAL LEARNING REQUIREMENTS

Please indicate any special learning needs, to enable us to meet the needs of your child:

Does your child receive any special learning support at their current school? *(please tick)* Yes No

If YES, please complete the following page and attach any documents to this enrolment form.

Please also supply current reports that relate to their situation – e.g., psychologist report etc



STUDENT LEARNING SUPPORT INFORMATION

Must be completed and signed below

Student First & Last Name: _____

Student Date of Birth: _____

Your First & Last Name: _____

Relationship to student: _____

Name of current school: _____

My child does / does not have Learning Support needs *(please circle)*

Please tick any conditions that apply below. For OTHER, please advise of any diagnosis (official or otherwise).

SENSORY	Tick	MEDICAL	Tick	PHYSICAL	Tick	LEARNING	Tick
Vision		ADD / ADHD		Arm / Hand		Reading	
Hearing		Autism Spectrum		Back / Leg		Writing	
		Depression		Head Injury		ESOL	
		Anxiety		Dyspraxia		Slow Processing	
		Diabetes		Muscular / Neurological		Diagnosed Specific Learning Disorder:	
		Epilepsy		Cerebral Palsy			
		Tourette Syndrome		Other:		Dyslexia	
		ODD				Dysgraphia	
		PDA				Dyspraxia	
		Other:				Dyscalculia	
						Other:	

Does your child currently receive any Ministry of Education funding? Yes No

If Yes, please tick which applies: ORRS HHN BEH ICS

Fill in this timeline of what has happened, been diagnosed, treated, provided, etc. Consider events or contributions by medical specialists, doctors and hospitals, physiotherapists, occupational therapists, psychologists, level c assessors, reading recovery, private tutors, teacher aide time, speech/language therapy, RTLb, RTLit, BLENNZ resource teachers, reader, writer, computer, extra time etc. *Please add extra sheets if necessary and attach any specialist reports.*

Age	Event / Action / Comment as appropriate

I/We give Pompallier Catholic College permission to ask my child's previous school for full disclosure relating to his/her learning, including outside agency referrals, RTLb referrals, literacy and/or numeracy assistance and any other relevant information.

Signed: _____

Date: _____



STUDENT SHEET

Student to complete in their own handwriting

Your First & Last Name: _____

Current School: _____

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.

Why do you want to come to Pompallier Catholic College?

What are the things you are good at/like doing? (include academic achievement, sports, music, hobbies, cultural)

What areas do you think you need to improve in at school?

Signed: _____

Date: _____



CONDITIONS OF ENROLMENT

1. I/We the undersigned, accept as conditions of enrolment, that my/our child will:
 - a. participate in, and I/we as caregivers will support the programmes that give the college its Special Character;
 - b. obey the college rules; and
 - c. wear the correct regulation college uniform.
 2. Accordingly, I/we will support the college policies as authorised by the Board of Trustees.
 3. I/We 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 college can discontinue attendance of my/our child in default of this undertaking.
 4. If accepted, and before enrolment can be confirmed, we will pay a \$200.00 deposit which will go towards Attendance Dues for the year in which our child will start at Pompallier Catholic College.
 5. 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).*
 6. Where CCTV cameras are in use at Pompallier Catholic College, we may record still or video footage of student activities for safety and security purposes.
 7. I/We give permission for the college to seek and/or pass on information that, in the opinion of the college, will assist in my/our child's education at the college and/or other learning institutions, to ensure proper and safe student transfer.
 8. Should our child's application be declined, I/we agree to abide by the final decision of Pompallier Catholic College, and waive the right to dispute the college's final decision.
 9. I/we acknowledge that the application process is the property of Pompallier Catholic College, is confidential, and will be destroyed by the school on completion of the enrolment process.
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PRIVACY ACT 2020

Information provided on this Enrolment Application Form is used to assess admission requirements to Pompallier Catholic College. This information becomes part of the student's personal file if he/she is accepted. It will be destroyed at the end of the application year if the application is unsuccessful. 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 may be provided to any member of college staff, members of the Board of Trustees, the Proprietor or Proprietor's Agent, the Minister of Education and the Education Review Office. It is used for administration purposes within the school, for associated school activities and Agencies/Organisations such as Careers Central. Please advise the college if you have any concerns about disclosure of any of the information within the school.

You have the right to request access and to request correction of information held about you by the college.

SHARING OF INFORMATION

Parent/Caregiver names, 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/Caregiver as necessary. These contact details may also be passed on to the Ministry of Education, the Proprietor, the Ministry of Health, Oranga Tamariki and the Ministry of Social Development (MSD), but it will not otherwise be disclosed without your authorisation.

This is so Parents/Caregivers are offered and have access to information regarding free public health services for their child. It is also 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.

FINANCIAL

The Education and Training Act 2020 gives the right to free enrolment and free education in New Zealand for every New Zealand resident from the age of 5 to 18 years.

The funding received by schools only provides for the very basic curriculum delivery. We pride ourselves by offering enhanced learning opportunities for all students. In addition to Attendance Dues, there are occasions where other costs may be incurred. We ask you to please note and agree to the following:

- I/We agree to pay any reasonable costs that the college may incur from loss or damage to college resources or property caused by my child.
 - I/We agree to purchase and take ownership of any end product in the Technology subjects and agree to pay the associated costs as outlined in the curriculum booklet each year.
-



STUDENT USE OF DIGITAL DEVICES AGREEMENT (to be signed by the student and parent/caregiver)

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: _____ **Signature:** _____

Parent / Caregiver:

- As the parent or caregiver 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 use 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 understand that I must provide my child with a chromebook for school use from Years 7 – 10, and an appropriate device in Years 11 – 13 (such as a chromebook or compatible laptop).
- I hereby give my permission to allow internet and school email access for my child.

DECLARATION

I/We have read the above Conditions of Enrolment (also incorporating the Privacy Act, Sharing of Information, Financial and Student Use of Digital Devices clauses), and agree to these Conditions of Enrolment.

I/We declare that all information we have provided is true and correct. We acknowledge that failure to disclose true and correct information can result in the cancellation of our application.

PLEASE NOTE: Both Primary Caregivers must sign this declaration

Parent / Caregiver 1 Name: _____ (please print clearly)

Signature: _____ **Date:** _____

Parent / Caregiver 2 Name: _____ (please print clearly)

Signature: _____ **Date:** _____

SHARED CAREGIVER ARRANGEMENTS – FURTHER INFORMATION

All college accounts, school reports and other correspondence will be sent to the Main details noted in the Student Primary Residence section.

However, as family structures can vary, please indicate if the Secondary Residence Caregiver(s) require a copy of the following:

- Copy of school report Copy of school account Copy of school newsletter



APPLICATION CHECKLIST

Please ensure ALL pages of this Application for Enrolment form have been completed, and take time to tick off the items below BEFORE submitting your application.

This ensures the speedy processing of your child’s application and also helps you to check you have submitted all required items. Thank you.

Enrolment applications will only be accepted with all relevant documentation included.

THE FOLLOWING ITEMS MUST BE SUBMITTED:

- Passport style photo of student** (*attached to top of front page*)
- Preference of Enrolment Certificate (*original certificate **must** be provided*)
- Non-Preference Enrolment (*tick if applicable*)
- If born **in** New Zealand: a copy of your child’s birth certificate (*passport not acceptable*)
- If born **outside** New Zealand: you need to submit THREE items:
 1. Valid Residency Visa **or** Student Visa
 2. Copy of your child’s passport
 3. Copy of your child’s birth certificate
- Copy of most recent full school report (*end of previous year will suffice*)
- Completed Catholic Diocese of Auckland “Attendance Dues Agreement” Form
- Ensure the Student Sheet on page 8 has been signed by the student
- Ensure the student has signed the “Student Use of Digital Devices Agreement on page 10
- Ensure both Parents/Caregivers have signed the Declaration on page 10

FOR STUDENTS CURRENTLY ATTENDING A CATHOLIC SCHOOL:-

- Current Attendance Dues payment record (statement), including total amount owing

FOR YEAR 11, 12 & 13 ENROLMENTS:-

- Copies of academic records and NCEA credits for the past 12 months **must** be attached

Please do NOT email or send in original documents. We will not process applications sent by email.

Your application will not be processed unless all information requested has been submitted.

Please drop your application into Reception – Reception hours: Monday to Friday, 8:00am to 3:30pm, during term time only.

OFFICE USE ONLY

- | | | |
|-------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> KAMAR | <input type="checkbox"/> Dean / TT | <input type="checkbox"/> Whānau Class |
| <input type="checkbox"/> ENROL | <input type="checkbox"/> Finance | <input type="checkbox"/> DP and AP |
| <input type="checkbox"/> IT / Email | <input type="checkbox"/> Photo | |