



St Patrick's College Wellington

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APPLICATION FOR ENROLMENT

**Application for enrolment in 2011 closes on 6th August 2010.
Applications received after that date are not guaranteed a place.**

Year of Entry _____ at year level 9 10 11 12 13 (*circle year*)

STUDENT

Family name _____ Date of Birth _____
First names _____ Country of Citizenship _____
Address _____ (*Please attach a copy of the student's Birth Certificate*)
_____ Date of entry into NZ (if not NZ born) _____
_____ (*Proof of residency is required if the student is not New Zealand born*)
Present School _____ Student Email address _____
Cell Phone No _____

FATHER or MALE GUARDIAN Relationship to student _____
Family name _____ Home Phone No _____
First names _____ Work Phone No _____
Address _____ Cell Phone No _____
(*if different*) _____ Email Address _____
_____ Occupation _____

Are you a St Patrick's College Old Boy? YES NO If YES what years were you at the College _____

MOTHER or FEMALE GUARDIAN Relationship to student _____
Family name _____ Home Phone No _____
First names _____ Work Phone No _____
Address _____ Cell Phone No _____
(*if different*) _____ Email Address _____
_____ Occupation _____

SPECIAL CHARACTER

Parish in which you live _____

Is the student baptised? YES NO Religion _____

Please tick the Sacraments your son has received Reconciliation First Communion Confirmation

Will this student have an older brother at St Patrick's next year? YES NO If YES, what House is he in? _____

If you have had a son at the College previously what house was he in? _____

ETHNICITY OF STUDENT

If the student is of New Zealand Maori descent please enter the name(s) of his Iwi. You may enter more than one Iwi. If you do not know the Iwi, please enter 'do not know'.

Iwi _____
Rohe (Iwi home area) _____
Rohe _____
Iwi _____
Rohe _____

Please tick one of the following

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> NZ European/Pakeha | <input type="checkbox"/> Other European | <input type="checkbox"/> NZ Maori |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Cook Island Maori | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Niuean |
| <input type="checkbox"/> Other Pac. Islands | <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> South East Asian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Other (specify) _____ | | |

What is the main language spoken at home? _____

What other languages are spoken at home? _____

MEDICAL CHECK LIST

Family Doctor - Dr _____

Has your child a medical problem? YES NO

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Glandular Fever | <input type="checkbox"/> Asthma | <input type="checkbox"/> Haemophilia |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Hearing Difficulties | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Migraine | <input type="checkbox"/> Eating Problems | <input type="checkbox"/> Orthopaedic difficulties | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Vision difficulties | | | |

Other problems _____

Has student had tetanus injection in last 5 years? YES NO DO NOT KNOW

Does the student have speech difficulties YES NO

Please give details _____

ADDITIONAL INFORMATION

Are there incidents such as traumas, e.g. car accident/death of a loved one or other information the College should know?

What is the main form of transport the student would use to get to the College? _____

OPTIONS

Information about option subjects will be sent to you later in the year.

SPECIFIC LEARNING NEEDS

1) Has your child required extra assistance for classroom or school behaviour? YES NO

If YES, please give details _____

2) Has this student had Group Special Education (GSE) assistance in the past? YES NO

If YES, please give details _____

3) Mastery of English language Good Limited Extra help requested

Has this student had any ESOL assistance in the past? YES NO If YES, for how many terms? _____

4) Has your child had involvement with the Resource Teachers of Learning and Behaviour (RTLB)? YES NO

If YES, please give details _____

OTHER AREAS WHERE EXTRA HELP IS REQUESTED

SPECIAL STRENGTHS/INTERESTS

Academic: eg. Speech/Debating/Computing/Science/Curriculum strengths

Sport: **Summer** _____

Winter _____

Cultural/Artistic eg. Art/Dance/Drama/Plays instrument/Sings

Hobbies - specify _____

PREFERENCE ESTABLISHMENT

As the parent or guardian I have obtained a preference of enrolment certificate for my child from my Parish Priest, which I enclose with this application.

ATTENDANCE DUES

I understand that Catholic secondary schools in the Archdiocese of Wellington pay attendance dues to the Catholic Education Common Fund, from which insurance premiums and the cost of servicing debts on school property associated with the upgrading of our schools is paid. This is in terms of the Private Schools Conditional Integration Act 1975 and the St Patrick’s College (Wellington) Integration Agreement.

I will pay Attendance Dues as determined by the school Proprietor from time to time and approved by the Minister of Education. This will be a condition of this enrolment and attendance of my child at St Patrick’s College. (Dues at present are \$672.00 per annum).

I understand that the Catholic Schools Board Ltd will send an invoice at the beginning of each year for the total family dues to be paid and issue reminder invoices for any balances owing throughout the year.

I understand that in the event of default in payment of dues, then any and all costs of dues recovery will be an additional charge to me as parent or guardian.

I accept the Catholic Schools Board Ltd requirement and will pay Attendance Dues in easy regular instalments e.g trading, Trust or Post bank automatic payment (AP), salary deduction, etc... OR...promptly pay dues by cash/cheque when billed.

I understand that the College has a number of compulsory school fees, and donations associated with its ability to provide a quality education for its pupils to maintain and upgrade its facilities. The cost of these varies according to what year level the pupil is enrolled in. I agree to be responsible for ensuring that these fees are paid.

I understand that in the event of default in payment of compulsory school fees, then any and all costs of compulsory school fees recovery will be an additional charge to me as parent or guardian.

PERSONAL INFORMATION

The information on the front page of this enrolment form may be disclosed to the Proprietors of schools within the Catholic Education Common Fund, its Catholic Schools Board Ltd and their agents. I have the right of access to and correction of the information on the front page of this form in terms of the Privacy Act 1993.

As parent or guardian, I authorise and agree to the disclosure and release to other appropriate parties of this personal information by my signature on this enrolment form.

SUPPORT OF SPECIAL CHARACTER AND SCHOOL RULES

I agree to support the Special Character of the College and to ensure that my son will act in ways conducive with this. I agree that my son will be subject to and abide by the rules and practices of St Patrick’s College, including the College’s uniform and personal appearance requirements.

Signed _____ (Parent or Guardian) Date _____

Print name _____

Signed _____ (Parent or Guardian) Date _____

Print name _____

OFFICE USE ONLY	
Enrol. No.	_____
Date started	_____
Tutor Group	_____
House	_____
P or N/P	