



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	



**New Zealand Catholic Bishops Conference
Preference of Enrolment Certificate
for the Archdiocese of Wellington**

This is to certify that

In accordance with Private Schools' Conditional Integration Act, Section 29(1), 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)

MR/MRS/MS

Address

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

..... School/College

in..... Town/City

Name of child.....

I/We undertake to support our child in the formation of their faith and the practices of the Catholic church.

Parent(s)/Caregivers Signature..... Date

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 (Name):..... as authorized agent of the

Roman Catholic Bishop of the Diocese of.....

Position:

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

Address:

SignatureDate

This form must be completed by the Parent(s)/Caregiver(s), and the Parish Priest or other designated authorities *prior* to the enrolment of a student in a Catholic Integrated School.

PTO

NEW ZEALAND CATHOLIC BISHOPS' CONFERENCE

Criteria for Preference of Enrolment in 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 grandparent or other significant adult in the child's life, such as an aunt, uncle or godparent, undertakes to support the child's formation in the faith and practices of the Catholic Church.
- 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

Handbook for Boards of Trustees of New Zealand Catholic Integrated Schools.

- 8.3.1 If a preference certificate has been refused and the parents, 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 Archdiocese of Wellington the appointed appeal authority is the Vicar for Education, contact phone: (04) 496 1735.

If Criterion 5.4 (above) applies the parents/caregivers and significant adult completes the following:

Significant adult:

I agree to support (child's name)
formation in the faith and practices of the Catholic Church.

Mr/Mrs/Ms:.....

Address:

Relationship to child:

Signature Date:

Parish

Parent(s)/Caregiver(s):

I agree that my child will be supported by in the formation
of the faith and practices of the Catholic Church.

Signature: Date: