ENROLMENT AND ENTRY FOR 2020

Application for enrolment in 2020 closes on Friday 2 August 2019. Applications received after that date are not guaranteed a place.

ENROLMENT FORMS AND PREFERENCE CERTIFICATES

These are available with the prospectus, from the Rector’s Secretary, or from the College website www.stpats.school.nz. When completed these should be returned to the Rector. Preference Certificates need to be signed by the parish priest or lay pastoral worker (where applicable). There is not normally any problem with acceptance of preference students into the College.

Parents of prospective students who are not Catholics should send the completed enrolment form to the College with a letter explaining why they wish their son to attend St Patrick’s College. The Integration Act restricts the number of non-Catholic students who can enter the College, and the number of applications always exceeds the non-preference places available.

THE ENTRY PROCESS

Prospective Year 9 students will be advised of their acceptance following processing of their application for enrolment. Late in Term 3 information about course selection and option subjects will be distributed, and students will be asked to make a firm decision as to which subjects they wish to take.

On either Tuesday 12 November or Thursday 14 November 2019, new Year 9 students for 2020 will be assigned a time to come into the College and sit two computerised based tests utilising e-asTTle in English and Mathematics. Later that same afternoon there will be an opportunity for you and your son to meet with a senior staff member to discuss any matters of interest or concern.

ENROLMENTS FOR OTHER THAN YEAR 9 STUDENTS

Enrolment applications can be sent to the Rector’s secretary.

OVERSEAS STUDENTS

Overseas students are welcome to apply for enrolment. The form “Offer of Place to Foreign Student” available from New Zealand Embassies must be sent to St Patrick’s College along with the fee, as visa permits cannot be issued until the course fee receipt is produced. Information about fees can be obtained by contacting the Deputy Rector – email:wayne.mills@stpats.school.nz

St Patrick’s College has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students published by the Minister of Education. Copies of the Code are available on request from this institution or from the New Zealand Ministry of Education website at http://www.minedu.govt.nz
St Patrick’s College Wellington

Enrolment Policy

Rationale

Since 1885, St Patrick’s College Wellington has served the Catholic families of Wellington by providing a high quality Catholic education for boys. The College was founded and is still owned by the Society of Mary so we try to ensure that the Marist ethos comes through in everything we do. This means we work with our families to mould our students into good Christian men who will contribute to the Church and to the societies in which they live, right through their lives.

In order to manage increasing pressure on its roll, St Patrick’s College requires fair and transparent criteria to be applied for the enrolment of Preference and Non-preference students.

 Purposes

1. To ensure the College can continue to serve the Catholic community of Wellington City by providing high quality Catholic education for boys, with a Marist ethos.

2. To provide guidelines for enrolment when the number of applications would cause the maximum roll to be exceeded.

3. To provide the Rector with clear guidelines for managing the enrolment process.

4. To provide clear criteria for families.
Guidelines

1. The College’s roll will be managed having regard to the maximum roll prescribed in the College’s Integration Agreement with the Ministry of Education. The maximum number of places potentially available for Non-preference students is governed by this Integration Agreement.

2. The College Board of Trustees has formulated the procedures and priorities which follow for the enrolment of new students. There is no restriction on who may apply for enrolment, provided they fall within the educational cohort served by the College - boys only Years 9-13, with the normal intake of students being at Year 9.

3. Consistent with the Special Catholic Character of the College, preference is given to families with an established connection with the Catholic Church. Evidence of this connection is proven by the family completing the Official Preference Form (which was approved by the Catholic Bishops of New Zealand in 2003) and returning it to the College with the Enrolment Application. Boys who are the subject of a validly completed Preference Form are referred to as ‘Preference’ students in this Enrolment Policy. Anyone else is a ‘Non-preference’ applicant, irrespective of existing links with the College.

4. Applications for Year 9 enrolment must be completed and returned to the College office on a date to be set by the College Rector. Any applications received after this date will only be considered after all applications received by the deadline have been considered, unless the Rector is satisfied that exceptional circumstances have resulted in the application being received out of time, and that it ought to be treated as having been received prior to the deadline as a consequence.

5. Applications for years other than Year 9 received before the due date will be considered in a group, with the priorities outlined below being applied in the event that applications exceed available spaces. Applications will otherwise be considered on a case by case basis, and are dependent on the extent of available spaces in the Year for which application is made, with waiting lists applied if need be.

6. The College Board of Trustees will set a maximum number of students at Year 9 each year, having regard to its maximum roll. Applicants who are unable to be accommodated will be invited to join a waiting list in case spaces subsequently arise, administered by the College Rector.
Priority of Enrolment for Preference Student Applicants

1st Priority Preference students who are sons, grandsons, or brothers of Old Boys of the College, or who have a brother currently attending the College.

2nd Priority Preference students who permanently reside within the wards represented on the Wellington City Council.

3rd Priority Preference students from outside this area who are sons of current staff members.

4th Priority Other Preference students from outside this area who are attending a Catholic school.

5th Priority Other Preference students from outside this area.

Note: Evidence of where the applicant permanently resides, to the reasonable satisfaction of the College Rector, will be required as part of the application process. If there are more applicants than places available in any priority group, places will be allocated by ballot, and applications for the following priority group will not be considered. Preference applicants who miss out on the ballot process may be eligible to apply for a special character admission scholarship and enrol through that process, administered at the discretion of the College Rector. The scholarships are non-monetary, and the number available each year is strictly limited.

Priority of Enrolment for Non Preference Applicants

6th Priority Non-preference students with a brother currently attending the College.

7th Priority Non-preference students with brothers, fathers, or grandfathers who are Old Boys of the College.

8th Priority Non-preference students who are sons of current staff members.

9th Priority Non-preference students who are currently attending a Catholic school or who permanently reside within the wards represented in the Wellington City Council.

10th Priority Other Non-preference students.

If there are more applicants for places than places available (given that the maximum number of non-preference places is governed by the Integration Act) in any priority group, places will be allocated by ballot, and applications from the following priority group will not be considered. In the event that applications received on time from Preference students in any year exceed the available number of places, no applications from Non-preference students will be considered.

Any doubt or dispute over which priority group an applicant falls within shall be determined by the College Rector in the Rector’s discretion, having regard to the Purposes and Guidelines noted.
APPLICATION FOR ENROLMENT

Application for enrolment in 2020 closes on Friday 2 August 2019

<table>
<thead>
<tr>
<th>Year of Entry</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13 (circle year)</th>
</tr>
</thead>
</table>

**STUDENT**

<table>
<thead>
<tr>
<th>Family name</th>
<th>Date of Birth</th>
<th>Country of Birth</th>
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Address: ______________________________________

Please attach a copy of the student’s Birth Certificate or passport.

Proof of residency is required if the student is not New Zealand born and the Date of entry into NZ is required.

Postcode: ______________________________________

Student Email address: __________________________

Date of entry into NZ (if not NZ born): ________________

Cell Phone No: __________________________

Present School: ______________________________________

**FATHER or MALE GUARDIAN**

Relationship to student: __________________________

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<tr>
<th>Family name</th>
<th>Home Phone No</th>
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First name: __________________________

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<tr>
<th>First name</th>
<th>Work Phone No</th>
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Address: __________________________

<table>
<thead>
<tr>
<th>Address</th>
<th>Cell Phone No</th>
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(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: __________________________

<table>
<thead>
<tr>
<th>Family name</th>
<th>Home Phone No</th>
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First name: __________________________

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<tr>
<th>First name</th>
<th>Work Phone No</th>
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</table>

Address: __________________________

<table>
<thead>
<tr>
<th>Address</th>
<th>Cell Phone No</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

(if different) Email Address: __________________________

Occupation: __________________________

EMERGENCY CONTACT: THIS INFORMATION IS ESSENTIAL

(Not to be a parent/caregiver and must live in Wellington)

<table>
<thead>
<tr>
<th>Family name</th>
<th>Home Phone No</th>
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<tbody>
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</table>

First name: __________________________

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<thead>
<tr>
<th>First name</th>
<th>Work Phone No</th>
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</tbody>
</table>

Cell Phone No: __________________________
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’.

Please tick one of the following
☐ NZ European/Pakeha ☐ Other European ☐ NZ Maori
☐ Tongan ☐ Cook Island Maori ☐ Samoan
☐ Fijian ☐ Tokelauan ☐ Niuean
☐ Other Pac. Islands ☐ Indian ☐ Chinese
☐ South East Asian ☐ Filipino ☐ Other Asian
☐ Other (specify) ____________________________________________

Iwi____________________________  Rohe (Iwi home area) ____________
Iwi____________________________  Rohe _________________________
Iwi____________________________  Rohe _________________________

What is the main language spoken at home? ____________________________________________

What other languages are spoken at home? ____________________________________________

NOTIFICATION OF MEDICAL DETAILS AND LEARNING NEEDS
Medical Practice (name and contact phone number) - Dr ____________________________ Telephone: ________________

Illness/Allergies (please specify) _____________________________________________________

Medications _______________________________________________________________________

Is your son permitted to take Panadol? ☐ YES ☐ NO

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

Free Dental Care: St Patrick’s College works with Simply Dental to provide a free, complete dental service to all students at SPC. Would you like your son to be enrolled in this service? If yes, you agree to your details being shared with Simply Dental. ☐ YES ☐ NO

Please tick any of the conditions that apply. For ‘other’ please provide full description (on a separate sheet if required).

<table>
<thead>
<tr>
<th>Sensory</th>
<th>Medical</th>
<th>Physical</th>
<th>Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>Attention Deficit</td>
<td>Arm/Hand</td>
<td>Reading</td>
</tr>
<tr>
<td>Hearing</td>
<td>Autism Spectrum</td>
<td>Back/Leg</td>
<td>Writing</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td>Head Injury</td>
<td>Slow Processing</td>
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<tr>
<td></td>
<td>Anxiety</td>
<td>Dyspraxia</td>
<td>Diagnosed Specific Learning Disorder:</td>
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<tr>
<td></td>
<td>Diabetes</td>
<td>Muscular/Neurological</td>
<td>Dyslexia</td>
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<tr>
<td></td>
<td>Epilepsy</td>
<td>Cerebral Palsy</td>
<td>Dyspraxia</td>
</tr>
<tr>
<td></td>
<td>Tourette Syndrome</td>
<td>Other</td>
<td>Dyscalculia</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>
Fill in the timeline below 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, Teacher Aide time, Speech/Language therapy, RTLB, RTLIt, BLENNZ Resource Teachers, Special Assessment Conditions (SACs) etc.

<table>
<thead>
<tr>
<th>Age</th>
<th>Event/Action/Comment as appropriate</th>
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</table>

Please provide recent reports from the list of people above to St Patrick’s College. Fill in details from these reports below.

<table>
<thead>
<tr>
<th>Report 1 (write NA if not available)</th>
<th>Report 2 (write NA if not available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written By:</td>
<td>Written By:</td>
</tr>
<tr>
<td>Qualifications:</td>
<td>Qualifications:</td>
</tr>
<tr>
<td>Date:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

If you have any further documentation, you may wish to also provide this to St Patrick’s College.

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? __________________________

PERMISSIONS

Do you give your permission for the publication of your son’s name and/or photograph on the St Patrick’s College website, or in College publications? ☐ YES ☐ NO

PRIVACY STATEMENT

The College collects personal information from parents and students as part of providing a quality education and building a strong, caring and connected school community. Personal information may be released in accordance with the Privacy Act, at the discretion of the school as follows: Student and Parental contact information to be shared with College stakeholder groups (Board of Proprietors, Board of Trustees, St Patrick’s Foundation, St Patrick’s Old Boys Association, Friends of St Patrick’s College and Parents’ Association). If you wish to ‘Opt-out’ of that information sharing, please advise the Rector.

OPTION/SUBJECTS

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

SPECIAL STRENGTHS/INTERESTS

Academic: e.g. Speech/Debating/Computing/Science/Curriculum strengths

__________________________________________________________________________

Sport:  Summer  __________________________

Winter  __________________________

Cultural/Artistic e.g. Art/Dance/Drama/Plays an 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
The Proprietor has entered into an Integration Agreement with the Minister of Education in respect of the school. The Integration Agreement, made pursuant to the Private Schools Conditional Integration Act 1975 ("Integration Act"), provides that the Proprietor may enter into an agreement with the Parents or other persons accepting responsibility for the education of a child providing that, as a condition of the enrolment and attendance of the child at the School, the Parents or other persons shall pay Attendance Dues. Attendance Dues are used by the Proprietor for the purposes specified in Section 36 of the Integration Act.

By signing the Attendance Dues Agreement, you are agreeing that, as a condition of the enrolment of the student(s) at the School, you will pay all Attendance Dues charged by the Proprietor in respect of the student(s). Each year, the Proprietor will issue you with an invoice for all Attendance Dues payable in respect of the student(s) and you agree to pay the invoice in full by the date stipulated in it (unless you have previously made alternative payment arrangements with the Proprietor). If you default in paying any Attendance Dues, then any recovery costs incurred by the Proprietor will be an additional expense to be paid by you (and will be added to the total Attendance Dues owing and payable by you). You are also acknowledging that the Proprietor: (a) May increase Attendance Dues from time to time provided such increases are within the maximum Attendance Dues permitted to be charged by the Ministry of Education and (b) is likely to review and (if necessary) increase the level of Attendance Dues payable at least annually.

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

PRIVACY ACT 1993 – STUDENT ENROLMENT INFORMATION
Your personal information will be collected and held by the Proprietor or the Proprietor’s agent and used for administering the invoicing and collection of Attendance Dues. Information about outstanding dues may be disclosed to other schools at which you have children attending. This information may be used for the purposes of collecting dues, and/or assessing eligibility for any rebate or write-off.

MINISTRY OF EDUCATION DOCUMENTATION
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 or student as necessary. When a student leaves school, these contact details may also be passed to the Ministry of Social Development (MSD) by the Ministry of Education via ENROL and roll returns. This is 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.

Tick only if you want this information released.

SUPPORT OF SPECIAL CATHOLIC CHARACTER AND SCHOOL RULES
I agree to support the Special Catholic Character of St Patrick’s College. This includes the Religious Education Programme, attendance and participation at Masses, spiritual retreats and other liturgies. I agree to attend the ‘Parents of Patricians’ meetings for Year 9 parents in 2020. 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 ________________________________

<table>
<thead>
<tr>
<th>CHECKLIST</th>
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<tbody>
<tr>
<td>Copy of either passport or birth certificate attached ☐</td>
</tr>
<tr>
<td>Signed preference form attached ☐</td>
</tr>
<tr>
<td>Enrolment form is signed and dated ☐</td>
</tr>
<tr>
<td>Attendance Dues form is completed and attached ☐</td>
</tr>
</tbody>
</table>

OFFICE USE ONLY
Enrol. No. ________________________________
Date started ________________________________
Tutor Group ________________________________
House ________________________________
P or N/P ________________________________
This is to certify that

In accordance with the Education Act 1989, Part 33, S442, 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. 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)/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 authorised 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: ............................................................................................................................................................

Signature ................................................................................................................................. Date ..........................

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.
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 significant familial adult such as a grandparent, aunt or uncle who is actively involved in the child’s upbringing 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 (section 5.14)

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.

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

Significant familial adult:

I agree to support ..................................................(child’s 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.

Mr/Mrs/Ms:.......................................................... Email address:............................... Phone No:............

Address:..................................................................................................................

Relationship to child:....................... Email address:............................... Phone No:............

Parish ..........................................................................................................................

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

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. 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: .................................

Approved NZCBC October 2016 (updated November 2018)