

THIS IS A LEGAL DOCUMENT, PLEASE READ VERY CAREFULLY



# Sacred Heart Girls' College



## STUDENT INFORMATION

Year of Entry into Sacred Heart Girls' College 2017  
My daughter will be in Year: 9, 10, 11, 12, 13 (please circle)

Student's Legal Surname (please use BLOCK CAPITALS) \_\_\_\_\_

First Names \_\_\_\_\_ Preferred Name \_\_\_\_\_

School Presently Attending \_\_\_\_\_

Date of Birth \_\_\_\_\_

NZ Citizen - Yes  No  Country of Birth \_\_\_\_\_

If not a NZ Citizen name country of Citizenship \_\_\_\_\_

NZ Residency Permit Yes  No  (please attach verification papers). Date of Arrival in NZ \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Student's Address \_\_\_\_\_ Post Code \_\_\_\_\_

Ethnic Group (tick all the ethnic groups that apply and circle the most predominant group associated with)

NZ European

Māori

Other European - Specify \_\_\_\_\_

Iwi \_\_\_\_\_

Marae \_\_\_\_\_

Pacific Islander

Asian

Specify what island \_\_\_\_\_ Other - Specify \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

### FEMALE PARENT/GUARDIAN

Title Mrs  Miss  Ms  Dr

Full Name \_\_\_\_\_

My Relationship to this Student is \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_

Cellphone \_\_\_\_\_

Work Contact Phone \_\_\_\_\_

Occupation \_\_\_\_\_

### MALE PARENT/GUARDIAN

Title Mr  Dr

Full Name \_\_\_\_\_

My Relationship to this Student is \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_

Cellphone \_\_\_\_\_

Work Contact Phone \_\_\_\_\_

Occupation \_\_\_\_\_

**NB: Invoices for Fees and Reports will be sent to both parents/guardians named on this enrolment.**

Number of Children in the family \_\_\_\_\_ Place in family \_\_\_\_\_

Emergency Contact (Not Parent/Guardian) \_\_\_\_\_ Relationship to student \_\_\_\_\_

Emergency Contact Daytime Phone Number \_\_\_\_\_ Cellphone \_\_\_\_\_

Is there a Court Order regarding this student? Yes  No

If yes, please attach a copy of the Order (eg Parenting Order, Guardianship, Protection Order).

Sister currently attending Sacred Heart Girls' College Yes  No

Sister's Name \_\_\_\_\_ Year Level \_\_\_\_\_

Sister's Name \_\_\_\_\_ Year Level \_\_\_\_\_

Have you ever had a family member attend Sacred Heart Girls' College Yes  No

### MEDICAL INFORMATION

Does your daughter keep good health? Yes  No  If No please explain \_\_\_\_\_

Does your daughter have any medical conditions/reactions of which we should be aware? Yes  No

If yes, please list below:

Medical Conditions (eg Asthma)	Mild, Moderate, Severe	Type of Medication Required
Reactions (eg wasp stings)	Mild, Moderate, Severe	Type of Medication Required

Has your daughter been vaccinated? Yes  No

**If your daughter has a serious medical condition, a medical treatment plan for an emergency must be attached to this enrolment.**

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Consent:**

**I give permission for my daughter to be treated by:**

- Hospital (*emergency only*)
- Contact your Doctor above (*emergency only*)
- Administration of Paracetamol
- Administration of other drugs as per daughter's authorised requirements

**Please note that costs may be incurred in some situations.**

### LANGUAGES: STRENGTHS AND ACHIEVEMENTS

Language spoken at home \_\_\_\_\_

Is English your daughter's first language? Yes/No If no, please state what language is? \_\_\_\_\_

Can your daughter speak any other language(s)? Yes/No If yes, what language(s)? \_\_\_\_\_

What was the language of instruction at your previous school? (eg bilingual - English/Māori; total immersion - Māori) \_\_\_\_\_

Please state level of proficiency your daughter has reached in understanding, speaking, reading and writing English as a formal language of instruction (you may need prior records of achievement to assist you).

	Very Well	Only a Little	Not at All
Understand English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PRIVACY OF INFORMATION

I agree to Sacred Heart Girls' College collecting personal information on:

\_\_\_\_\_  
*(Full name of student applying to enrol)*

I/We have been advised by the College that the information I provide will be used for:

- + Student records (and, if necessary, transfer to another school)
- + Sacred Heart Girls' College PTFA and Sports personnel e.g. parent name, address but not student health information
- + 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. These contact details may also be passed on to the Ministry of Education and the Ministry of Social Development (MSD). 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.

I/We accept the fact that this information may later be disclosed to a Government Agency such as NZQA, CYF, Police, Special Education Service, or a medical service, where it will assist the student, or be used for statistical and/or research purposes and agree to its use for the purpose, provided that if the information is published in any way it will not identify me or the individual concerned.

I/We understand under principle 3(1)(d) of the Privacy Act 1993, the information I provide will be held at the offices of Sacred Heart Girls' College whose address is 52 Clyde Street, Hamilton, 4064. I am aware of the rights of access to and collection of, this information.

## THE SPECIAL CHARACTER OF THE SCHOOL IS DEFINED AS:

*"The school is a Roman Catholic school in which the whole school community through the general school programme and its Religious Instruction and observances, exercises the right to live and teach the values of Jesus Christ. These values are expressed in the scriptures and in the practices, worship and doctrine of the Roman Catholic Church".*

Parish student belongs to \_\_\_\_\_

Date of Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

We expect all students to participate fully in all aspects of our Special Character, including the study of Religious Education, attendance at all Mass and liturgies, Retreats, camps and Special Character/House events.

**I/We have read, understood and agree to comply with all terms and conditions outlined in this Enrolment Contract.**

**Signature of both parents/guardians and student are required.**

Parent/Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_

## PREFERENCE ENROLMENT

Parents/Caregivers are required to provide evidence of 'preference', i.e. a statement signed by a Parish Priest that the applicant has established a connection with the community of their Parish. Such a statement known as a Certificate of Eligibility for Preference Enrolment must be obtained and authorised by a Parish Priest. This application cannot proceed without a Preference Card.

Please also provide the following information (Tick one only):

- I/We attend weekly Mass as part of our family value system
- I/We attend Mass about once each month
- I/We attend Mass about 1-3 times per year
- I/We do not attend Mass at all
- State any parish committees or groups you are actively involved in: \_\_\_\_\_

## CONDITIONS OF ENROLMENT

1. The herein named student will participate in the general school programme that gives Sacred Heart Girls' College its Special Character. Refer to **Special Character** section on previous page.
2. We will pay the **College Fees** unless prior arrangements are made with the Principal. **These are invoiced by Sacred Heart Girls' College.**
3. We will pay **Attendance Dues** which are approved by the Minister of Education under Section 36 of the Private Schools' Conditional Integration Act 1975 and are **invoiced by the Mission College Hamilton Trust Board (MCHTB)**. If, at any time, financial hardship is being experienced in the payment of Attendance Dues or College Fees you should contact the Principal immediately.
4. We will ensure that the policies and rules, as laid down by the Board of Trustees and the College, are observed.
5. The final decision on whether a student meets the enrolment criteria policy and is able to be offered a place as a student at Sacred Heart Girls' College rests with the Principal.
6. I/We understand that payment of Dues will be invoiced at the commencement of each school year and is payable before the end of Term One of that year or before completion of one full term in attendance unless alternative payment arrangements have been made with the Principal.
7. I/We authorise the Proprietor (MCHTB) to collect, retain, and use any information for the purpose of assessing my/our credit worthiness and enforcing any rights under this contract.
8. I/We understand that I/we will be liable for any costs, disbursements and legal fees in the events that we default on payment of Dues.
9. I/We declare that I/we have NO outstanding debt at any other Catholic Integrated School.
10. I/We agree to accept the rules, conditions and charges determined by the Board of Trustees of Sacred Heart Girls' College.
11. I/We accept, as a condition of enrolment, that my daughter will abide by the College Behaviour Guidelines as set out in the Student Information Booklet and Sacred Heart Girls' College Diary (available for viewing on school website).
12. I/We have read the above guidelines and agree to fulfil these commitments in all areas of the College, in support of the College, including all matters relating to our Special Character.
13. I/We have read and understood my/our responsibilities and agree to abide by the Cybersafety Use Agreement (available for viewing on school website). I/we know that if I/we breach this use agreement there may be serious consequences.

Please note: This Cybersafety Use Agreement will remain in force as long as your daughter is enrolled at this school. If it becomes necessary to add/amend any information or rule, parents will be advised in writing.

**This enrolment contract is between the Mission College Hamilton Trust Board, as Proprietor, and Parents and/or Legal Guardians. It must be signed by both Parents and/or Legal Guardians of the enrolled Student.**

I/We have read, understood and agree to comply with all terms and conditions contained within this Enrolment Contract (*signature of both parents/guardians is required*)

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_  
(Print Name) (Print Name)

Parent/Guardian (Please indicate) Parent/Guardian (Please indicate) \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Student Name ..... Year Level .....

Preference  Non Preference  ENROLMENT PRIORITY 1, 2, 3, 4, 5

ACCEPT  WAITING  DECLINE

Principal's Signature ..... Date .....

**YOUR APPLICATION WILL NOT BE PROCESSED UNLESS ALL INFORMATION IS SUPPLIED**