

THIS IS A LEGAL DOCUMENT. PLEASE READ VERY CAREFULLY.

Sacred Heart Girls' College



Sacred Heart
Girls' College
HAMILTON

APPLICATION FOR ENROLMENT

Year of Entry: _____ **Applying to enrol in: Year 9 10 11 12 13 (please circle)**

Status of student: Regular NZ Student Overseas Student with Permanent Residence
Exchange Student International Fee Paying Student

Student's **Legal** Surname (please use BLOCK CAPITALS) _____

First Names _____ Preferred Name _____

School Presently Attending _____

Date of Birth: ___/___/___ Country of Birth: _____ (**Attach copy of Birth Certificate or Passport**)

NZ Citizen - Yes No Country of Birth _____ Citizenship _____

NZ Residency Permit Yes No (**please attach verification papers**). Date of Arrival in NZ: ___/___/___

Ethnic Identity (tick all that apply and **circle the most predominant ethnicity**)

NZ European Māori Iwi _____

Other European - Specify _____ Marae _____

Pacific Islander Asian

Specify which island _____ Other Ethnicity – Specify _____

PARENT/LEGAL GUARDIAN INFORMATION

FEMALE PARENT/GUARDIAN Caregiver 1

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 Caregiver 2

Title Mr Dr

Full Name _____

My Relationship to this Student is _____

Home Address _____

_____ Post Code _____

Email _____

Home Phone _____

Cellphone _____

Work Contact Phone _____

Occupation _____

This student lives with: Both parents Mother Father Other _____

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).

Without copies, we are unable to follow verbal instructions.

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 _____

Sister currently attending Sacred Heart Girls' College Yes No

Names _____ Year Level(s) _____

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

NAME: _____ Parent/Grandparent/Sister/Aunty/Cousin HOUSE: _____

Years attended? _____

HEALTH/MEDICAL INFORMATION

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

Please list any medical conditions/reactions of which we should be aware?

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

Is your daughter up-to-date with vaccinations? Yes No Partially Unknown

Do you have evidence of vaccinations? Yes No Unknown

Name of Doctor: _____ Phone: _____

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

Hospital (*emergency only*) Yes No

Contact your Doctor above (*emergency only*) Yes No

Administration of Paracetamol Yes No

Administration of other drugs as per daughter's authorised requirements Yes No

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

Please note that costs may be incurred in some situations.

FOR SPEAKERS OF LANGUAGES OTHER THAN ENGLISH

What language is spoken at home? _____ Is this 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)? _____

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 my daughter as named on this enrolment form.

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.

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: 52 Clyde Street, Hamilton, 3247. 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 as expressed in the scriptures and in the practices, worship and doctrine of the Roman Catholic Church".

Parish student belongs to _____

Sacraments Received: 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: Athletics, Swimming, Sacred Heart Day, Kapa Haka/Waiata Competition.

I/We have read, understood and agree to comply with all terms and conditions as outlined above.

Signature of both parents/guardians and student are required.

Caregiver 1 Signature: _____

Caregiver 2 Signature: _____

Student Signature: _____

Date: ____/____/____

Please state your reasons for enrolling your daughter at Sacred Heart Girl's College?

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): answering this supports the school to make decisions that align with our Enrolment Policy and ensure a fair and transparent process.

- 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: _____

Student's Religion: _____

Mother's Religion: _____

Father's Religion: _____

CONDITIONS OF ENROLMENT

1. The 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. I/we agree to comply with the College regulations concerning Religious Instruction, behaviour, uniform, attendance, stationery, workbooks, extra curricular/sports costs and fees and all other matters pertaining to the welfare of the College.
2. 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)**.
3. If financial hardship is being experienced in the payment of Attendance Dues or College Fees you should contact the Principal immediately.
4. 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**.
5. 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.
6. 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.
7. I/We declare that I/we have **NO outstanding debt** at any other Catholic Integrated School.
8. We will ensure that the policies and procedures, as laid down by the Board of Trustees and the College, are observed, and I/we acknowledge the Board's authority whenever the name of the College is presented or displayed in the community.
9. 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.
10. I/We agree to accept the rules, conditions and charges determined by the Board of Trustees of Sacred Heart Girls' College.

This enrolment contract is between the Mission College Hamilton Trust Board (as the Proprietor) and the Parents and/or Legal Guardians.

It must be signed by both Parents and/or Legal Guardians of the enrolled Student.

I/We have read and understood all terms and conditions contained within this Enrolment Contract.

I/We agree to comply with these terms and conditions.

Signature of both parents/guardians whose names appear on this enrolment form are required.

Signature: _____ Signature: _____

(Print Name) _____ (Print Name) _____

Date _____ Date _____

OFFICE USE ONLY

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