

**Office Use Only**

App Fee	Date/Receipt	Appointment	ACC	Dec	Preference	ID#	Year of Entry
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Mountain Road • Epsom • Auckland 3 • New Zealand  
 Tel: 64 9 524 8108 • Fax: 64 9 524 9459  
 Email: admin@st-peters.school.nz  
 Website: www.st-peters.school.nz

# St Peter's College Enrolment Form

Please note: an application fee of \$200 (Years 9-13), or \$100 (Years 7-8) must accompany your enrolment. This fee will be credited to your first term fee if accepted.\*

**Student Information - all Students** (please print in BLOCK letters)

Surname ..... First Name .....

Second Name ..... Preferred Name .....

Date of Birth .....

Address 1 ..... Address 2 .....

Address 3 ..... Email .....

Phone ..... Mobile ..... Fax .....

Ethnicity 1 ..... Ethnicity 2 ..... Ethnicity 3 .....

Citizenship Status .....

New Zealand Born  Permanent Resident  Student Visa  Other (specify)  .....

Country of Birth ..... Current Age: Years ..... Months .....

Current School and School Address .....

Proposed Entry Level Year 7 8 9 10 11 12 13 14 (circle one)

Entry to St Peter's on Day ..... Month ..... Year 20 .....

**For New Zealand Maori Students only**

Iwi ..... Iwi ..... Iwi .....

**For International Fee Paying Students**

Visa Number ..... Visa Expiry Date ..... Date Entered NZ .....

Passport Number ..... Nationality (as on passport) .....

Language spoken at home .....

Home Address (where your parents live) .....

Home Phone ..... Home Fax ..... Home Email .....

**Conditions of Enrolment**

As conditions of enrolment I/we accept:

1. Our son will participate in the general school programme that gives St Peter's College its Special Catholic Character.
2. I/we will pay the Attendance Dues payable to the Proprietor as determined from time to time by the Proprietor and approved by the Minister of Education.
3. I/we agree to pay College Fees and levies as determined from time to time by the Board of Trustees
4. Our son will wear the prescribed College uniform, and will accept the rules and respect code regulations as determined by the Principal and Board of Trustees.

Signature in acceptance of these conditions:

Father ..... Mother ..... Guardian .....

\* the application fee is non-refundable if you withdraw your application. If your son is not accepted the fee, less an administration charge, will be refunded.

Privacy Act  
 Application information is used to assess admission requirements to St Peter's College. This information becomes part of the student's personal file if he is accepted. It will be destroyed if the application is unsuccessful. In accordance with section 7(4) of the Privacy Act 1993 information may be provided to education authorities under the Education Act 1989.

**Parent Information**

**1. Mother** (first call in emergency)

Mrs Ms Miss (circle one)  
Surname ..... First Names .....  
Relationship - Mother Stepmother Caregiver Guardian Other- specify ..... (circle one)  
Address 1 ..... Address 2 .....  
Address 3 ..... Email .....  
Phone ..... Mobile ..... Fax .....

**Employment**

Employer's Name ..... Occupation .....  
Work Phone ..... Work Fax ..... Work Email .....

**2. Father** (second call in emergency)

Surname ..... First Names .....  
Relationship - Father Stepmother Caregiver Guardian Other- specify ..... (circle one)  
Address 1 ..... Address 2 .....  
Address 3 ..... Email .....  
Phone ..... Mobile ..... Fax .....

**Employment**

Employer's Name ..... Occupation .....  
Work Phone ..... Work Fax ..... Work Email .....

**If your son does not live with both parents at the same address please complete:**

Which parent does your son live with in a normal Monday to Friday week? .....

Address where your son lives in a normal Monday to Friday week .....

Who pays your son's school fees? Mother Father Other - specify ..... (circle one)

College policy is to provide information to both parents if living separately. If this is not appropriate please note the circumstances here. ....

**3. Student Health** (Must be completed)

Has your son ever suffered from: Asthma Yes/No Epilepsy Yes/No  
Rheumatic Fever Yes/No Diabetes Yes/No Allergic Reaction Yes/No  
Consent to give Paracetamol: Yes/No

If Yes, what are his medication requirements? .....

Does your son suffer from any notifiable disease, disability, or medical condition? Yes/No

If yes, please describe .....

Family Doctor ..... Phone .....

Address .....

**4. Emergency Contacts other than parents/guardians** (must be completed):

1. Name ..... Relationship to student .....

Daytime phone .....

2. Name ..... Relationship to student .....

Daytime phone .....

Complete 5 and 6 if the enrolling student is **not** living with a parent while at St Peter's College. All parents are asked to complete 7. All International Students must complete both sections (that is, guardian (5) and homestay (6) of this page).

**For International Fee Paying Students and Applicants NOT living with a Parent**

**5. Guardian Information**

Guardian Surname ..... First Name .....  
Address 1 ..... Address 2 .....  
Address 3 ..... Email .....  
Phone ..... Fax ..... Mobile .....

**Guardian Employment**

Employer's Name ..... Occupation .....  
Work Phone ..... Work Fax ..... Work Email .....

**6. Homestay Information**

Homestay Surname ..... First Name .....  
Address 1 ..... Address 2 .....  
Address 3 ..... Email .....  
Phone ..... Fax ..... Mobile .....

**Homestay Employment**

Employer's Name ..... Occupation .....  
Work Phone ..... Work Fax ..... Work Email .....  
Agent Name (if applicable) ..... Agent Address .....

**7. Parent's Expectations** (please answer all these questions)

What are your expectations for your son's education?

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What are some of the things your son is good at? (e.g. sport, music, hobby, school)

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How could you, as parents, contribute to St Peter's College? (skills, time, class help?)

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Comments

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## Checklist

Enrolment cannot be completed without all the necessary information. Please ensure that you have done all the following:

1. Enclosed enrolment application fee (see page one)   
(\$200 for years 9 - 13 or \$100 for years 7 and 8)
2. Completed pages 1, 2, and 3 of the enrolment form
3. Signed *Conditions of Enrolment* (page1)
4. Completed the Preference Form
5. Produced a Birth certificate (copy) or proof of birth date and proof of residency if not New Zealand born
6. Supplied your son's latest school report (copy)
7. Supplied the student's Expectations Form
8. For Year 10-13 applicants supplied a character reference

### And for International Students

9. Supplied your Passport and Student Visa

## Connections with St Peter's

Please let us know about family connections with St Peter's College. If your son's father, grandfather or uncle attended please supply his name and his years. If your son has had brothers at College please tell us their names and years. Thank you.

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Give the names of any brothers presently at College, their year and class

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.....

Give the names, date of birth, age and current school of any brothers who are likely to attend College in the future

.....

.....



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# Applicant to Complete this Form

(in own handwriting)

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Your full name .....

Present School .....

Present Class ..... Present Teacher .....

(Please answer all of the following questions)

**1. Why do you want to come to St Peter's College?**

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**2. What are the things you are good at?** (include classroom, sporting, music, hobbies, etc.)

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**3. What are the things you need to improve upon at school?**

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Signature ..... Date ..... / ..... /20 .....

# New Zealand Catholic Bishops' Conference

## PREFERENCE OF ENROLMENT CERTIFICATE

### This is to certify that



St Peter's College  
Administration

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

**IMPORTANT** (please circle the applicable number above referring to details on back of form)

Mr/Mrs/Ms \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

is/are eligible to have preference of enrolment for their son/s at St. Peter's College, Mountain Road,  
Epsom, Auckland

Full name/s of son/sons:

\_\_\_\_\_  
\_\_\_\_\_

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*If Criterion 5.1 (see over) applies, please complete:*

Baptised in (Church) \_\_\_\_\_

at (Area) \_\_\_\_\_

on (Date) \_\_\_\_\_

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*All Criteria please complete:*

Certified by (Name) \_\_\_\_\_

As an authorised agent of the Roman Catholic Bishop of the Diocese of Auckland

or Diocese of \_\_\_\_\_ (tick above or enter alternative Diocese)

Position: (see 6.1.1 – 6.1.6 Agents who may sign, listed over the page)

\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

This form **MUST** be completed by the parent/s / guardian/s **AND** the parish priest or other designated  
authorities **PRIOR** to the enrolment of a student in a Catholic Integrated School.

P.T.O.

### **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 parent/s / guardian/s 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 the parent/s / guardian/s to having the child baptised
  - 5.4 With the agreement of the child's parent/s / guardian/s, 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 the child's non-Catholic parents/guardians is/are preparing to become a Catholic
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### **Agents of the Bishop who may sign the Certificate on his behalf:**

- 6.1.1 Parish priests
- 6.1.2 Assistant priests
- 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

*Please note that in the Archdiocese of Wellington, only a parish priest or ethnic chaplain is appointed to sign this form.*