



APPLICATION FOR ENROLMENT FORM

STUDENT INFORMATION

Please attach a recent passport style photo here

Proposed Year of Entry to St Peter's College: 20 __

Proposed Level of Entry: (please TICK) 7 8 9 10 11 12 13

Student Date Of Birth: dd / mm / yyyy

Legal Last Name: _____

Legal First Names: _____

(Please underline or highlight the name your son is known by)

Known First & Last Names (if different from legal name): _____

CURRENT SCHOOL

Name of Current School: _____

Current Year Level: _____ Year Started at Current School: _____

ETHNICITY – At least one ethnicity is required to be filled out, i.e. Māori, NZ European, Samoan etc:

Ethnicity 1: _____

Ethnicity 2: _____

Ethnicity 3: _____

For students with Māori Ethnicity please state your Iwi below:

Iwi 1: _____

Iwi 2: _____

Iwi 3: _____

NATIONALITY

Country of Birth: (please TICK): New Zealand Other (please specify) _____

If **born outside NZ**, do you have a residency permit? (Please TICK): YES NO

(If YES, **attach copies of NZ residency permit, NZ citizenship papers, student visa or other**)

Language spoken at home if other than English: _____

RELIGION

Student Religion: _____ Affiliated Parish: _____

Catholic Students please fill out relevant dates below (note Preference of Enrolment information is provided later in this form)

Date of Baptism: dd / mm / yyyy

Date of First Communion: dd / mm / yyyy

Date of Confirmation: dd / mm / yyyy



FAMILY INFORMATION

STUDENT PRIMARY RESIDENCE:

1. Relationship to Student: Mother / Stepmother / Caregiver (please circle one) or OTHER _____

Title: Miss / Ms / Mrs / Dr (please circle one) or Other _____

First & Last Name _____

Cell Phone _____

Personal Email Address _____

Address Number & Street _____

Address Suburb _____

Address City & Postcode _____

Postal Address if different to above address: _____

Home Landline if relevant _____

Religion _____ Parish _____

Occupation _____

Work Phone Number _____

Work Email Address _____

Employer Name & Address _____

2. Relationship to Student: Father / Stepfather / Caregiver (please circle one) or OTHER _____

Title: Mr / Dr (please circle one) or Other: _____

First & Last Name _____

Cell Phone _____

Personal Email Address _____

Address Number & Street _____

Address Suburb _____

Address City & Postcode _____

Postal Address if different to above address: _____

Home Landline if relevant _____

Religion: _____ Parish _____

Occupation _____

Work Phone Number _____

Work Email Address _____

Employer Name & Address _____



STUDENT SECONDARY RESIDENCE – LEAVE BLANK UNLESS RELEVANT

1. Relationship to Student: Mother / Stepmother / Caregiver (please circle one) or OTHER _____

Title: Miss / Ms / Mrs / Dr (please circle one) or Other: _____

First & Last Name _____

Cell Phone _____

Personal Email Address _____

Address Number & Street _____

Address Suburb _____

Address City & Postcode _____

Postal Address if different to above address: _____

Home Landline if relevant _____

Religion: _____ Parish _____

Occupation _____

Work Phone Number _____

Work Email Address _____

Employer Name & Address _____

2. Relationship to Student: Father / Stepfather / Caregiver (please circle one) or OTHER _____

Title: Mr / Dr (please circle one) or Other: _____

First & Last Name _____

Cell Phone _____

Personal Email Address _____

Address Number & Street _____

Address Suburb _____

Address City & Postcode _____

Postal Address if different to above address: _____

Home Landline if relevant _____

Religion: _____ Parish _____

Occupation _____

Work Phone Number _____

Work Email Address _____

Employer Name & Address _____



ALTERNATIVE EMERGENCY CONTACT DETAILS: Please enter details of person other than parents:

First & Last Name: _____

Relationship to Student: _____ Best contact number: _____

CONNECTIONS OF STUDENT TO ST PETER'S COLLEGE

1. **BROTHER/S CURRENTLY ATTENDING ST PETER'S COLLEGE**YES NO

Name/s & Year Level/s: _____

2. **BROTHER IS AN OLD BOY OF SPC?**YES NO

a. Brother's name/s: _____

b. Year left SPC (eg 2016) _____ Level Left SPC (ie Y13 etc): _____

3. **FATHER IS AN OLD BOY OF SPC?**YES NO

a. Father's name: _____

b. Year Started at SPC (eg 1980) _____ How many years attended SPC? _____

4. **FATHER'S OTHER FAMILY CONNECTIONS WITH SPC:** Please give names and dates attending where possible:

5. **MOTHER'S FAMILY CONNECTIONS WITH SPC:** Please give names and dates of uncles, fathers etc attending where possible:

6. **OTHER AFFILIATIONS WITH THE COLLEGE:**

7. **YOUNGER SONS IN THE FAMILY WHO ARE LIKELY TO ATTEND ST PETER'S COLLEGE IN THE FUTURE?**

Number of future sons: _____ Potential entry to Year 7 (eg 2022) _____

8. **BROTHERS & SISTERS:**

Name: _____ Age: _____ School Attended: _____

Name: _____ Age: _____ School Attended: _____

Name: _____ Age: _____ School Attended: _____

Name: _____ Age: _____ School Attended: _____

Name: _____ Age: _____ School Attended: _____



STUDENT HEALTH RECORD – please ensure all parts of this page are filled out

Student First & Last Name: _____ Student Date Of Birth: dd / mm / yyyy

Your First & Last Name: _____ Relationship to Student: _____

1. MEDICAL HISTORY

Has your son ever suffered from any of the following?: (Please TICK)

- | | |
|---|---|
| ADHD/ADD YES <input type="checkbox"/> NO <input type="checkbox"/> | *EPILEPSY YES <input type="checkbox"/> NO <input type="checkbox"/> |
| *ALLERGIC REACTION YES <input type="checkbox"/> NO <input type="checkbox"/> | HEART CONDITION YES <input type="checkbox"/> NO <input type="checkbox"/> |
| *ANAPHYLAXIS YES <input type="checkbox"/> NO <input type="checkbox"/> | HEPATITIS B YES <input type="checkbox"/> NO <input type="checkbox"/> |
| *ASTHMA YES <input type="checkbox"/> NO <input type="checkbox"/> | PAST HEAD INJURY YES <input type="checkbox"/> NO <input type="checkbox"/> |
| *DIABETES YES <input type="checkbox"/> NO <input type="checkbox"/> | RHEUMATIC FEVER YES <input type="checkbox"/> NO <input type="checkbox"/> |

* (Please attach action plan, including your son’s name, to back of this enrolment form for school nurse)

If you answered YES above, please describe, including any medication requirements: _____

Does your son suffer from any other medical condition? YES NO

If YES, please describe, including any medication requirements: _____

2. IMMUNISATION RECORDS

Has your son had the following vaccinations?

Date of Vaccination

	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
DIPHTHERIA	<input type="checkbox"/>	<input type="checkbox"/>	_____
GARDASIL (not before Year 8)	<input type="checkbox"/>	<input type="checkbox"/>	_____
HEPATITIS B	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hib (Haemophilus influenzae type b)	<input type="checkbox"/>	<input type="checkbox"/>	_____
MMR (Measles, Mumps, Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	_____
POLIO	<input type="checkbox"/>	<input type="checkbox"/>	_____
TETANUS	<input type="checkbox"/>	<input type="checkbox"/>	_____
WHOOPING COUGH	<input type="checkbox"/>	<input type="checkbox"/>	_____
OTHER (please give details) _____			_____

3. DOCTOR’S DETAILS

DOCTOR’S NAME: _____ PRACTICE PHONE NUMBER: _____

PRACTICE NAME & LOCATION: _____

4. CONSENT

MAY THE SCHOOL NURSE HAVE YOUR CONSENT TO ADMINISTER THE FOLLOWING AT SCHOOL IF REQUIRED? (Please TICK)

- Panadol YES NO Ibuprofen.....YES NO Physiotherapy YES NO



PARENT SHEET

WHY WOULD YOU LIKE YOUR SON TO ATTEND ST PETER'S COLLEGE?

WHAT ARE SOME OF THE THINGS YOUR SON ENJOYS DOING AND WHAT COULD BE IMPROVED UPON DURING HIS YEARS AT SPC?

HOW COULD YOU, AS PARENTS, CONTRIBUTE TO ST PETER'S COLLEGE DURING YOUR SON'S EDUCATIONAL YEARS TO HIS LEAVING IN YEAR 13?

PREFERENCE OF ENROLMENT

A Preference of Enrolment Certificate must be filled out if you wish your son to be considered as a Catholic Preference Student. This Certificate is attached to this Enrolment Form.

Please tick the most appropriate statement below:

- I/We attend Mass weekly and are strongly involved in Parish life
- I/We attend Mass weekly as part of our family value system
- I/We attend Mass infrequently
- I/We do not attend Mass
- Our son is a Non Preference student (ie no Catholic affiliations)

Please note applications without a verified Preference Certificate will automatically be considered as a Non Preference application.

SPECIAL LEARNING REQUIREMENTS

Please indicate any special learning needs to enable us to meet the needs of your son: _____

Does your son receive any special learning support at his current school? (please TICK) YES NO

If YES, see complete the following page and attach any documents to the back of this enrolment form.

Please also supply current reports that relate to his situation e.g. psychologist report etc



STUDENT LEARNING SUPPORT HISTORICAL RECORD

– LEAVE BLANK UNLESS RELEVANT

Student First & Last Name: _____

Student Date Of Birth: dd / mm / yyyy

Your First & Last Name: _____

Relationship to Student: _____

Name & address of current school: _____

Circle TICK any conditions that apply below. For OTHER, please write what it is:

SENSORY	Tick	MEDICAL	Tick	PHYSICAL	Tick	LEARNING	Tick
Vision		Attention Deficit		Arm / Hand		Reading	
Hearing		Autism Spectrum		Back / Leg		Writing	
		Depression		Head Injury		Slow Processing	
		Anxiety		Dyspraxia		Diagnosed Specific Learning Disorder:	
		Diabetes		Muscular / Neurological		Dyslexia	
		Epilepsy		Cerebral Palsy		Dysgraphia	
		Tourette Syndrome		Other:		Dyspraxia	
		Other:				Dyscalculia	
						Other:	

Fill in this timeline 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, reading recovery, private tutors, teacher aide time, speech/language therapy, RTLb, RTLit, BLENZ resource teachers, reader, writer, computer, extra time etc.

Age	Event / Action / Comment as appropriate

Please add extra sheets if necessary and attach.

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

Report 1	Report 2
Written by:	Written by:
Qualifications:	Qualifications:
Date:	Date:

We give St Peter’s permission to ask my son’s previous school for full disclosure relating to his learning, including outside agency referrals, RTLb referrals, literacy and/or numeracy assistance and any other relevant information.

Signed: _____ Date: _____



DIRECTIONS FOR SCHOOL FEES:

Accounts should be addressed to (please TICK one or more):

- Primary Residence
- Secondary Residence
- Other

If OTHER, please specify:

Name _____ Relationship to Student _____

Postal Address _____

Email Address _____ Cell phone _____

CONDITIONS OF ENROLMENT

I/We, the undersigned, accept as conditions of enrolment the following points:

1. Our son will participate in the general school programme that gives St Peter’s College its Special Catholic Character.
2. I/We agree to pay the Attendance Dues, payable to the Proprietor as determined from time to time by the Proprietor and approved by the Minister of Education, under Section 36 of the Private Schools Conditional Integration Act 1975. Furthermore, I/We accept that the school can discontinue attendance of the above named student in default of this undertaking.
3. If accepted, and before enrolment can be confirmed, we will pay a non-refundable Acceptance Fee of \$750.00 which will go towards the College fees which includes Attendance Dues.
4. I/We agree to pay College Contributions and Levies as determined from time to time by the Board of Trustees.
5. Our son will wear the prescribed St Peter’s College uniform and will accept the College Rules and Respect Code Regulations as determined by the Headmaster and Board of Trustees.
6. We are committed to our son remaining at SPC through to Year 13.
7. Should our son’s application be declined, I/we agree to abide by the final decision of SPC, and waive the right to dispute the College’s final decision.
8. I/we acknowledge, that the internal application evaluation is the property of SPC, is confidential, and will be destroyed by the school on completion of the Enrolment Process.
9. I/we declare that all information we have provided is true and correct. We acknowledge that failure to disclose true and correct information can result in the cancellation of our application.

Please fill out your name/s, signature and date below:

Parent/Guardian 1 Name _____

Parent/ Guardian 2 Name _____

Parent/Guardian 1 Signature _____

Parent/Guardian 2 Signature _____

Date _____

Date _____

Privacy Act 2020

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 at the end of the application year if the application is unsuccessful. Our school undertakes to collect, use and store information you provide on this form according to the principles of the Privacy Act 2020. The information may be provided to the Proprietor or Proprietor’s agent, the Minister of Education and the Education Review Office, and for administration purposes within the school

Sharing of 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, the Proprietor 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.

Photographs

Photographs of boys at St Peter’s College may be used by the College for school use only.



CHECKLIST

Please take the time to TICK OFF THE ITEMS BELOW before submitting your application

THIS ENSURES THE SPEEDY PROCESSING OF YOUR SON'S APPLICATION and also helps you check you have submitted all required items – THANK YOU

Enrolment applications will only be accepted with all relevant documentation included.

THE FOLLOWING ITEMS MUST BE SUBMITTED:

OFFICE USE ONLY
Date application received _____
Receipt Number _____

- PASSPORT STYLE PHOTO attached to top of Page 1
- APPLICATION FORM – all pages completed
- SIGNED CONDITIONS OF ENROLMENT (both parents) on Page 5
- PREFERENCE OF ENROLMENT CERTIFICATE – endorsed at bottom of page 1 *or*
- NON PREFERENCE student – tick here
- IF BORN **IN** NEW ZEALAND: a COPY OF YOUR SON'S BIRTH CERTIFICATE (*Passport not acceptable*)
IF BORN **OUTSIDE** OF NEW ZEALAND you need to submit THREE items:
 1. VALID RESIDENCY VISA or STUDENT PERMIT
 2. COPY OF YOUR SON'S PASSPORT
 3. COPY OF YOUR SON'S BIRTH CERTIFICATE
- FULL SCHOOL REPORT — a photocopy of your son's most recent report (end of previous year will suffice)
- STUDENT SHEET filled out in student's own handwriting
- YEAR 10—13 CHARACTER REFERENCE
(This is only applicable to students applying for Years 10—13, **NOT** students applying for Years 7, 8 or 9)
- ADMINISTRATION
Every Year 7 applicant and most applicants at other year levels receive an enrolment interview. As you can appreciate there are significant costs involved to facilitate this. Given this we would be grateful for a \$100 donation from applicants.
Please tick your method of payment: CASH CREDIT* EFTPOS

Please do NOT email or send in original documents. We will not process applications sent by email.

Your application will NOT BE PROCESSED unless ALL information requested has been submitted.

Please post your application to:

The Enrolment Office, St Peter's College, Mountain Road, Epsom, AUCKLAND 1023, New Zealand

Phone: 524 8108 Fax: 524 9459

or you may drop it into RECEPTION – Reception Hours: Monday to Friday, 8am to 4pm, during term time only

FOR CREDIT CARD PAYMENTS: Please – DO NOT DETACH – this will be detached by SPC staff

(SPC will detach these Credit Card details once payment has gone through and the slip will be destroyed - no Credit Card records will be held at St Peter's College)

*CREDIT CARD DETAILS for \$100 donation: (please TICK) VISA MASTERCARD

NAME ON CARD: _____

CARD NUMBER: _____

EXPIRY DATE: _____ / _____ CCV _____



STUDENT SHEET

(Student to please complete in his own handwriting)

Your first and last name _____

Current School _____

Current Class _____ Teacher's Name _____

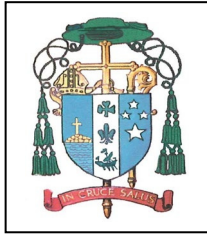
PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.

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

2. What are the things you are good at/like doing? (include academic achievement, sports, music, hobbies, cultural)

3. What areas do you think you need to improve upon at school?

Signed _____ Date _____



**New Zealand Catholic Bishops Conference
Preference of Enrolment Certificate
for the Diocese of Auckland**

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. 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 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:

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.

Please note that in the Diocese of Auckland the appointed appeal authority is the Vicar for Education, contact phone: (09) 360 3057. Email: lindam@cda.org.nz

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

Familial Significant 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:.....

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:.....