



St Joseph's Māori Girls' College

APPLICATION FOR ENROLMENT

Year 20 _____ at Year Level _____ Boarder Day Student
(tick which applies)

STUDENT INFORMATION

Surname: _____ Christian Names: _____

Date of Birth: dd / mm / yyyy

Tribal Affiliation(s): _____

Catholic: Yes / No Home Parish: _____

Baptised in the Parish of: _____ Date: dd / mm / yyyy

First Holy Communion in Parish of: _____ Date: dd / mm / yyyy

Confirmed in Parish of: _____ Date: dd / mm / yyyy

Religious Denomination (*if not Catholic*): _____

Present School: _____ Year Level: _____

Name Whanau/Relations who are past students of the College: _____

PARENT / CAREGIVER / GUARDIAN INFORMATION

CAREGIVER 1 Mrs / Miss / Ms / Mr

CAREGIVER 2 Mrs / Miss / Ms / Mr

Given name: _____ Given name: _____

Surname: _____ Surname: _____

Relationship to student: _____ Relationship to student: _____

Residential address: _____ Residential address: _____

_____ Code _____ Code _____

Telephone: Home: _____ Telephone: Home: _____

Work: _____ Work: _____

Mobile: _____ Mobile: _____

Email: _____ Email: _____

Occupation: _____ Occupation: _____

Denomination: _____ Denomination: _____

Custodial Parents	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Caregiver
Student is living with	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Caregiver

Emergency or Alternative Contact:

Name: _____ Telephone: _____
 Relationship to student: _____ Mobile Phone: _____
 Email: _____

Send Correspondence to:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Caregiver
Send Reports to:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Caregiver
Person responsible for payment of fees	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Caregiver

GENERAL INFORMATION:

Has your daughter ever been removed (ie. Excluded or Withdrawn) from a school for disciplinary reasons?

No / Yes _____

Any information, including health matters, that may have a bearing on your daughter's life at St Joseph's Māori Girls' College / Hostel?

PROSPECTUS, RULES & PASTORAL CARE

STUDENT'S UNDERTAKING

I promise to abide by the rules and policies of this School and Hostel. I agree to a search of my personal property when there is a concern about theft or about the possible use and/or possession of alcohol, drugs, solvents or other harmful substances in the Hostel.

Students Signature: _____

Date: dd / mm / yyyy

PARENT'S UNDERTAKING

I/We accept as a condition of enrolment that my daughter will participate in aspects of the school programme that give the school its Special Character and abide by the School and Hostel Rules and Policies, including those hostel rules that apply to Day Students.

I/We the undersigned agree as a condition of enrolment and attendance to pay the Hostel fees as set by the Hostel Management Board and that these fees for each term shall be paid in full as charged and by the due date.

The Diocese of Palmerston North will send four invoices through the year, the first on or about 1 March for the total family attendance dues to be paid. In the event of default in payment of dues, then any recovery costs will be an additional expense to the parent or caregiver.

Where our daughter is resident in the hostel:

- (i) I authorise the Hostel Management Board, on our behalf, to consent to emergency surgical operation/medical care on the advice of a medical practitioner.
- (ii) The Hostel Management Board may authorise a search of personal property when there is concern about theft or about the possible use and/or possession of alcohol, drugs, solvents or other harmful substances in the hostel.
- (iii) The Hostel Management Board does have "the right to require parents or other persons accepting responsibility for any child to remove that child from the boarding establishment" (College's Integration Agreement). This is especially in relation to (ii) above.
- (iv) Hostel fees are charged 4 times a year. In the event of default in payment of fees, any recovery costs will be an additional expense to the parent or caregiver.

I have read the prospectus and agree to accept the rules, conditions and charges determined by both the Board of Trustees and the Hostel Management Board of St Joseph's Māori Girls' College.

This information may be disclosed to the Proprietor, or the Diocese of Palmerston North, or their agents, for the purposes of Attendance Dues and other purposes provided or envisaged by law.

Parent / Guardian (Print Name) _____

Parent / Guardian (Signature) _____

Date: dd / mm / yyyy

FOR OFFICE USE ONLY - To be signed by the Proprietor to establish Preference or Non-Preference

EITHER I am satisfied that the applicant has established a religious connection with the Catholic character of St Joseph's Māori Girls' College and the applicant is, therefore, eligible for a preferential place on the list of applicants for enrolment.

SIGNED: _____ (for the Proprietor) Date: dd / mm / yyyy

OR The applicant has not produced evidence of a religious connection with the Catholic character of St Joseph's Māori Girls' College. The name of this applicant is, therefore, to be placed on a list of those who may be enrolled in keeping with the Integration Agreement limiting the number of non-preference pupils to 12 after preferential applicants have been enrolled.

SIGNED: _____ (for the Proprietor) Date: dd / mm / yyyy

Parent / Guardian notified on dd / mm / yyyy

- (1) Accepted / Not Accepted
- (2) Preference / Non-Preference

PRINCIPAL'S SIGNATURE: _____

Privacy: In accordance with the Privacy Act 1993 the information you provide will be used only for the purpose for which it is collected.

PLEASE COMPLETE HEALTH PROFILE ON FOLLOWING PAGE



St Joseph's Māori Girls' College
HEALTH PROFILE

STUDENT NAME: _____

DATE OF BIRTH: dd / mm / yyyy

Please circle if your daughter has any of the following:

Migraine	Yes	No	Epilepsy	Yes	No
Heart Condition	Yes	No	Chronic Bleeds	Yes	No
Diabetes	Yes	No	Asthma	Yes	No
If yes; Is on insulin?	Yes	No	If yes; Asthma Action Plan?	Yes	No
Is on medication?	Yes	No	<i>(please attach copy)</i>		

Other – please specify _____

Is your daughter currently taking any medication? Yes No If yes, please state;

Reason for medication: _____

Dosage & times to be taken: _____

Has your daughter had any major injuries or illness (glandular fever etc.) in the last 6 months?

If yes, please state injury or illness:

Is your daughter allergic to any of the following?

If yes, Please specify

Prescription Medication: Yes No _____

Food: Yes No _____

Insect Bites / Stings: Yes No _____

If yes, what treatment is required? _____

Is there any information the staff should know to ensure the physical & emotional safety of your daughter?

E.G. disability, behaviour or emotional problems? If yes, please state or attach this information

Vision / Hearing

Hearing Issue:	Yes	No	Vision Issue:	Yes	No
If yes, uses hearing aids	Yes	No	If yes, wears glasses	Yes	No
			Wears contact lenses	Yes	No
Did your daughter have her hearing tested in Year 7 ?	Yes	No			
Did your daughter have her vision tested in Year 7 ?	Yes	No			

Immunisation

Is your daughter 'fully immunised' Yes No If yes; Provide Immunisation Report status from GP.

If No; Immunisation Status (please state the last date of immunisation for the following)

Tetanus	dd / mm / yyyy	Meningococcal	dd / mm / yyyy
MMR	dd / mm / yyyy	Other Injections	dd / mm / yyyy

Eg. Whooping cough, Hepatitis)

Does your daughter have any dietary requirements? Yes No

If yes; please state: _____

What medication may your daughter be given if necessary?

Paracetamol	Yes	No	Ibuprofen	Yes	No
Antihistamine	Yes	No	Asthma Inhaler	Yes	No

Other _____

To the best of your knowledge, has your daughter been in contact with any contagious or infectious diseases in the last four weeks? Yes No

If yes; please give details _____

I understand that if prescribed medication needs to be administered, a designated adult will be assigned to do this.

I agree to my daughter receiving any emergency medical, dental or surgical treatment, as considered necessary by the medical authorities.

Any medical costs not covered by ACC will be paid by me.

If my daughter is not fully immunised, I consent to the GP practice to complete immunisations as per the NZ Immunisation Schedule.

Name of Parent / Caregiver: _____
(Please print name)

Signed: _____

Date dd / mm / yyyy

DAY STUDENTS ONLY

Doctor Name: _____

Address: _____

Surgery Phone: _____

How do you travel to School? _____

Caregiver details if different from Page 1:

Name: _____

Address: _____

Mobile: _____

Home: _____

Work: _____

Any other information: _____

HEALTH INFORMATION:

Alert to parents: If your daughter has a **serious medical condition**, please discuss this with the school administration directly. It is important that we are aware of any life threatening conditions, eg diabetes, epilepsy, allergies. In order to provide a safe and healthy environment for your daughter, this information may be shared with the following people: Head of Departments, Deans, Office Co-ordinator, Emergency Medical Staff.

If the student does not attend / or leaves St Joseph's this documentation will be destroyed.