



APPLICATION FOR ADMISSION



Instructions to fill out this Application for Admission Form:

This form can be filled out two ways.

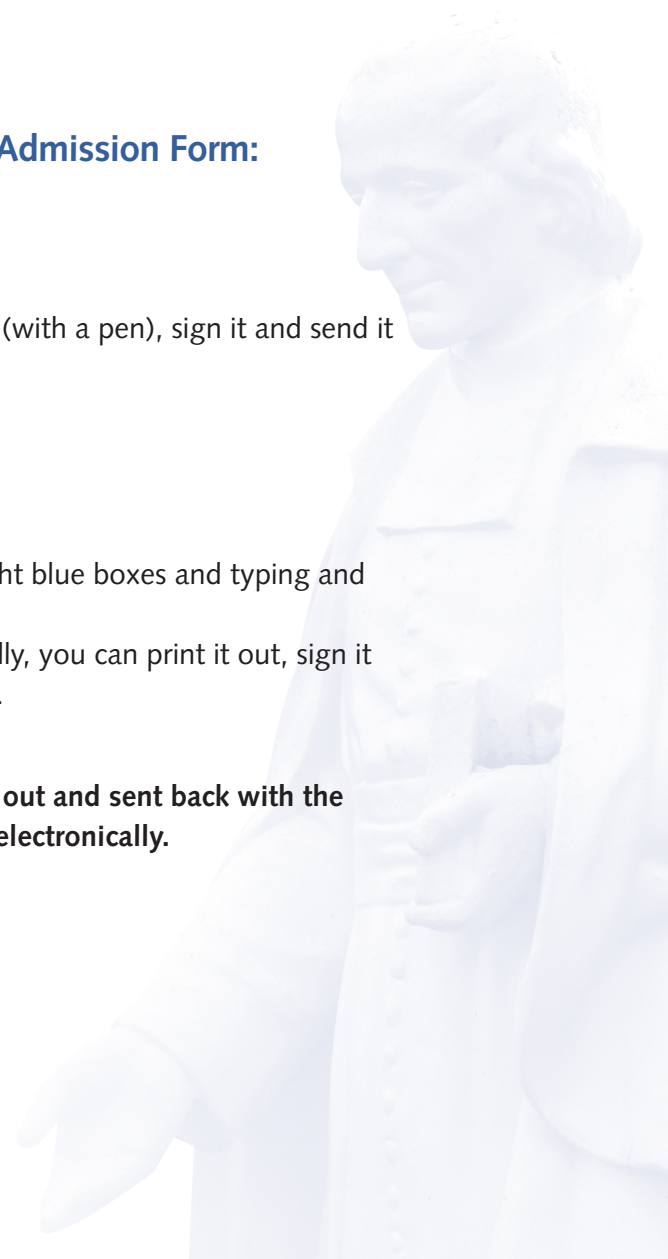
1. You can print the form out and fill it in manually (with a pen), sign it and send it back with the other requested items

or

2. You can fill out the PDF file by clicking in the light blue boxes and typing and clicking on the buttons provided.

When you have completed the form electronically, you can print it out, sign it and send it back with the other requested items.

IMPORTANT - This form needs to be printed out and sent back with the requested items NOT returned electronically.





STUDENT INFORMATION

YEAR OF PROPOSED ENTRY TO SACRED HEART COLLEGE: 20_____

YEAR 7 / 8 / 9 / 10 / 11 / 12 / 13 (Circle one only)

Attach Current
Passport Style
Photo here

DAY BOY

BOARDER (WEEKLY)

BOARDER (TERM)

INTERNATIONAL

STUDENT'S SURNAME:
(PLEASE USE BLOCK CAPITALS)

CHRISTIAN NAMES (in full):
(Underline the one by whom the student is known)

STUDENT'S HOME ADDRESS:

POSTAL CODE: HOME PHONE NO.

DATE OF BIRTH: COUNTRY OF BIRTH:

NZ RESIDENCY PERMIT: YES / NO LANGUAGE SPOKEN AT HOME:
(Attach copies of NZ residency permit or citizen papers if applicable)

ETHNIC GROUP (Tick one only)

NZ EUROPEAN OTHER EUROPEAN (specify)

MAORI (specify iwi)..... PACIFIC ISLANDER (specify).....

ASIAN (specify)..... OTHER (specify).....

RELIGION: PARISH:

DATE OF BAPTISM: DATE OF FIRST COMMUNION:

DATE OF CONFIRMATION:

SCHOOL PRESENTLY ATTENDING: YEAR LEVEL:
(School) (Location)

EMERGENCY CONTACT

DOCTOR SURGERY PHONE

(ANY MEDICATION)

MEDICAL HISTORY (ASTHMA, ALLERGIES ETC)

EMERGENCY CONTACT PERSON (OTHER THAN PARENT/CAREGIVER)

NAME

RELATIONSHIP TO STUDENT..... HOME PHONE

BUSINESS PHONE..... MOBILE PHONE

FAMILY INFORMATION

MOTHER/STEPMOTHER/CAREGIVER'S FAMILY NAME

(Please circle one)

FULL NAME:

PRIVATE ADDRESS:

HOME PH: BUS PH:

MOBILE:

EMAIL :

NAME OF EMPLOYER:

BUSINESS ADDRESS:

OCCUPATION:

POSITION:

RELIGIOUS DENOMINATION:

PARISH/CHURCH:

FATHER/STEPFATHER/CAREGIVER'S FAMILY NAME

(Please circle one)

FULL NAME:

PRIVATE ADDRESS:

HOME PH: BUS PH:

MOBILE:

EMAIL :

NAME OF EMPLOYER:

BUSINESS ADDRESS:

OCCUPATION:

POSITION:

RELIGIOUS DENOMINATION:

PARISH/CHURCH:

DIRECTIONS FOR ACCOUNTS & CORRESPONDENCE

ACCOUNTS SHOULD BE ADDRESSED TO:

CORRESPONDENCE & REPORTS SHOULD BE ADDRESSED TO:

SPECIAL LEARNING REQUIREMENTS

INDICATE ANY LEARNING OR BEHAVIOURAL DIFFICULTIES TO ENABLE US TO BETTER MEET THE NEEDS OF INDIVIDUAL STUDENTS:

DOES YOUR SON CURRENTLY RECEIVE ANY SPECIAL LEARNING ASSISTANCE? YES / NO

IF YES, PLEASE INDICATE AND SUPPLY CURRENT REPORTS THAT RELATE TO LEARNING AND BEHAVIOURAL DIFFICULTIES

WILL YOUR SON REQUIRE SPECIAL ASSISTANCE IN THE ENGLISH LANGUAGE?.....

INTERNATIONAL STUDENTS

GUARDIAN / CAREGIVER IN NEW ZEALAND / HOMESTAY GUARDIAN

(Circle one only)

NAME: RELATIONSHIP TO STUDENT:

ADDRESS:

CONTACT PHONE NO:..... HOME PHONE NO:

EMAIL:

STUDENT PROFILE

TO BE COMPLETED BY THE STUDENT IN THIS SPACE OR ON A SEPARATE SHEET

ACADEMIC ACHIEVEMENTS / CULTURAL INTERESTS / SPORTS / HOBBIES

.....

WHY DOES SACRED HEART COLLEGE APPEAL TO YOU?

.....

SACRED HEART COLLEGE AFFILIATIONS

BROTHER PRESENTLY AT SACRED HEART? YES / NO

BROTHER'S NAME: YEAR: HOUSE AFFILIATION:

NUMBER OF BOYS IN THE FAMILY? PLACE IN FAMILY?

FATHER'S FAMILY CONNECTION WITH COLLEGE:..... MOTHER'S FAMILY CONNECTION WITH COLLEGE:.....

.....

Name & approx. date of attendance if possible:

.....

HOUSE AFFILIATION IF KNOWN:

HOUSE AFFILIATION IF KNOWN:

.....

CONDITIONS OF ENROLMENT

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

1. The herein named student will participate in the general school programme that gives Sacred Heart College its Special Character.
2. We will pay the College Contributions and Attendance Dues. Attendance Dues are approved by the Minister of Education under Section 36 of the Private Schools Conditional Integration Act 1975.
3. We will ensure that the policies and rules as laid down by the Board of Trustees and the College are observed.
4. Enrolment is subject to the College's Ministry of Education Enrolment Scheme.

Signed (Parent/Guardian 1): Date:

Signed (Parent/Guardian 2): Date:

Signed (Student): Date:

PREFERENCE ENROLMENT

Parents or guardians must supply a completed Preference of Enrolment Certificate. This Certificate is included in your Enrolment Application pack.

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

- a) I/We attend Mass weekly and take an active part in the life of the parish
- b) I/We attend Mass weekly as part of our family value system
- c) I/We attend Mass quite infrequently
- d) I/We do not attend Mass at all

NON PREFERENCE ENROLMENT

On a separate sheet, please give your reasons for wanting your son educated at Sacred Heart College.

PRIVACY OF INFORMATION

I agree to Sacred Heart College collecting personal information on:

.....
 (Full name of individual student applying to enrol)

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

- Student records (and, if necessary, transfer to another school)
- Accounting purposes of Sacred Heart College Board of Trustees and the Proprietors
- Sacred Heart College PTA
- Sacred Heart College Old Boys' Association
- Sacred Heart College Development Foundation
- Friends of Sacred Heart College

I accept the fact that this information may later be disclosed to a Government Agency such as NZQA, CYPFA, 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 that purpose, provided that if the information is published in any way it will not identify me or the individual concerned.

I understand under Principle 3(1)(d) of the Privacy Act 1993 the information I provide will be held at the offices of Sacred Heart College whose address is 250 West Tamaki Road, Glendowie, Auckland 1071.

I am aware of the rights of access to, and collection of this information.

Signed:

CHECK LIST

For parents/caregivers:

Have you enclosed the following:

- Copy of Birth Certificate or Passport (current for year of entry)
- Copy of NZ residency or Work Permit (if applicable)
- Copy of the most recent full school report and the most recent Australian English/Maths/Science competition results, if available.
- Special Learning Reports (if applicable)
- Preference of Enrolment Certificate
- Administration fee of \$100.00. (A receipt will not be issued unless requested)
- Student Health Record
- Internet Agreements

Have you?

- Completed all sections of the enrolment form
- Included **COPIES** only – please do **NOT** send originals, nor material in clear files, nor bound documents

Your application will not be processed unless all information required is supplied.

Post application to:
 Administration Office
 Sacred Heart College
 250 West Tamaki Road
 Glendowie
 Auckland 1071
 New Zealand

Phone Number (09) 529 3660
 Fax Number (09) 529 3661

Office Use only

Date Application received _____

Method of Payment: Cheque Cash
 Credit Card Eftpos

Database _____ Date _____