



St Catherine's College

Application for Enrolment

14 Upper Bourke Street
 Kilbirnie
 Wellington 6022
 Phone: 04 939 8988
 Email: office@scc.school.nz
 Website: www.stcatherinescollege.school.nz

Student Details			
Student's Family Name <i>As on birth certificate</i>		Student's First Name(s)	
Student's preferred Name		Student's Mobile Number	
Date of Birth		Year of Entry	
Student will be starting at Year Level (please circle) 9 10 11 12 13			
Religion		Parish	
Sacraments your daughter has received: - <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Reconciliation (Date/Place) _____			
Mail to who, (for official letters and invoices) e.g. Mr J and Mrs S Leota _____			
Email Address _____			
Previous School before coming to St Catherine's			
Address			
Current Residential Address		Postal Address	
No./ Street			
Suburb			
Town			
Postcode			
An Ethnic Group is required by the Ministry of Education for Statistical purposes. Please circle one or more			
1. NZ European/Pakeha			
2. NZ Māori Iwi:			
3. Other (please state):		First Language (spoken at home):	
Eligibility			
St Catherine's College is required to confirm the eligibility of all students. Please confirm the student named on this application (<i>tick one box</i>)			
<input type="radio"/> A NZ citizen (attach copy of NZ birth certificate or NZ passport or NZ citizenship certificate) <input type="radio"/> A NZ or Australian resident (attach a copy of passport showing NZ residence class visa)			

- An Australian citizen (attach copy of Australian passport)
- Is not a Citizen or Resident of NZ not a Citizen of Australia (provide valid student visa/permit with conditions containing "Domestic Student"?)

Country of Birth _____

Country of Citizenship _____

Caregiver Details

Relationship to Student e.g. Mother _____ **Mrs/Ms/Miss/Dr**

Family Name _____ **First Name** _____

Address _____

Phone – Home _____ **Work** _____

Cell phone _____ **Occupation** _____

I wish to receive School Information (e.g. reports, newsletter) Yes/No (circle one)

Relationship to Student e.g. Father _____ **Mr/Dr**

Family Name _____ **First Name** _____

Address _____

Phone – Home _____ **Work** _____

Cell phone _____ **Occupation** _____

I wish to receive School Information (e.g. reports, newsletter) Yes/No (circle one)

If parents are separated at which address does the student

Normally reside

Mother/Guardian

Father/Guardian

Payment of Accounts

Mother/Guardian

Father/Guardian

Emergency Contact: Relationship to student (e.g. grandparent/neighbour/friend) _____

Family Name _____ **First Name** _____

Address _____

Phone – Home _____ Work _____

Cell phone _____

If you have other caregiver/guardian details, please complete

Relationship to student (eg. Aunt) _____ Mr/Mrs/Ms/Dr

Family Name _____ First Name _____

Address _____

Phone – Home _____ Work _____

Cell phone _____

Parenting Order... if one is in place please include a copy of any documentation with this application.
This request is made in the interest of providing good pastoral care for your daughter/s

ANY OTHER INFORMATION THE SCHOOL SHOULD BE AWARE OF (i.e. special needs, etc.)

Does your daughter receive on going Reviewable Resources Funding (ORRS)? Y/N

If yes, you will be referred to our SENCO for further details.

Transport to School

Will you travel to St Catherine's College by bus? Yes/No

If Yes, which bus? (circle one) School bus from railway station Island Bay Newtown Miramar
Please name any other bus you may catch.

If No, Bike / Private Car / Walk / Motor bike

Medical Information

Family Doctor:

Dentist:

Please tick if your child has any of the following:

Migraine	Epilepsy	Diabetes
Asthma	Motion Sickness	Fits of any type
Nose bleeds	Heart condition	Dizzy spells
Glandular Fever	Chronic Fatigue	Hepatitis

Other (please specify)

Please provide detailed notes of the above conditions if you have ticked one.

Is your child taking any medication? Yes/No (please circle)

If YES please state the ailment requiring medication

Name of medication/s

Does your daughter suffer from any allergies (i.e. prescriptive medicine, foods, insect bites/stings/other allergies)?

Please provide information about the cause of the allergy and the treatment for the reaction or anaphylaxis:-

Please tick if your daughter has received immunisations for

Diphtheria	HIB	Hepatitis	Measles
Mumps	Polio	Rubella	Pertussis (whooping cough)
Tetanus	Tuberculosis		

Please tick if your daughter can be administered the following medications when at school for pain, inflammation, elevated temperature, allergies, sports injuries or other conditions requiring treatment

Panadol	Ibuprofen	Antihistamines	Strepsils
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Confidentiality: This information is requested by the school in order to communicate with parents and caregivers, to enable the school to run effectively, to maintain the safety of the student and to meet the statutory requirements of the Ministry of Education. Information is held securely and used for the purpose of education only.

Parents' Declaration: I declare that the information given on this enrolment application is true and correct, and agree that our daughter shall observe the school rules, meet the charges indicated in it, wear the prescribed uniform and abide by the College's disciplinary procedures as determined by the Board of Trustees of St Catherine's College.

I will accept that my daughter will participate in the general school programme that gives St Catherine's College its special character, including the Religious Studies Programme.

The undersigned undertakes as a condition of enrolment and attendance to pay Attendance Dues at a rate determined by the Proprietors and approved by the Minister of Education or at such other rate as may be agreed from time to time between the undersigned and the person delegated by the Proprietors to act on their behalf. The undersigned understands that in the event of default in payment of dues, then any and all costs of dues recovery will be an additional charge to me as parent or caregiver.

I give permission for SCC to give the SCCPTA my contact details Yes / No (please circle)

Parent Signature: _____ Date: _____

Student

I undertake to attend regularly, wear the uniform correctly and obey the rules and regulations of St Catherine's College.

(Please go over page for student to sign and date)

Student Signature: _____ Date: _____

Principal's Signature: _____ Date: _____