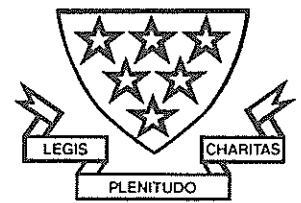


ROSMINI COLLEGE



ENROLMENT FORM

Telephone 489 5417
Fax 489 5323
Email hmeurant@rosmini.school.nz

Headmaster: N.C. Cooper

36 Dominion St
Takapuna 0622

STUDENT DETAILS

(PLEASE COMPLETE BOTH SIDES)

SURNAME _____ FIRST NAMES _____

PREFERRED FIRST NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____

HOME PHONE NO. _____ POSTCODE _____

PRESENT SCHOOL _____ PRESENT CLASS _____

SON'S ETHNIC GROUP _____ COUNTRY OF BIRTH _____

IWI (if of Maori descent) _____

If not born in New Zealand, please provide, as necessary, the following

Date of arrival in N.Z. _____ Date Residency granted _____

Date N.Z. Citizenship granted _____ Start/finish dates of Student Visa _____

Is English your first language? YES / NO If not, what is? _____

**IF BORN IN NEW ZEALAND PLEASE PROVIDE A PHOTOCOPY OF YOUR BIRTH CERTIFICATE OR PASSPORT.
(THIS IS A MINISTRY OF EDUCATION REQUIREMENT FOR THE PURPOSES OF ELIGIBILITY STATUS.)**

IF BORN ELSEWHERE PLEASE ENCLOSE COPY OF PASSPORT AND VISA STATUS.

**IT IS SCHOOL POLICY THAT ALL STUDENTS BORN OVERSEAS WILL UNDERTAKE AN ENGLISH TEST BY THE HEAD OF
ESOL. FOLLOWING THIS YOUR SON MAY BE REQUIRED TO ATTEND AN ESOL CLASS TO IMPROVE HIS ENGLISH SKILLS.**

Please name any brother(s) taught at Rosmini College, giving name(s) and date(s) of birth

ACADEMIC QUALIFICATIONS (this applies to Year 12/13 applicants only)

PARENT / GUARDIAN DETAILS

FATHER

MOTHER

FULL NAME

ADDRESS

DATE OF BIRTH _____ (If different) DATE OF BIRTH _____

HM _____ PHONE _____ HM _____

WK _____ MOB: _____ WK _____ MOB: _____

OCCUPATION

PLACE OF WORK

EMAIL ADDRESS

EMERGENCY INFORMATION

DOCTOR'S NAME _____ PHONE _____

EMERGENCY CONTACT NAME _____

RELATIONSHIP TO APPLICANT _____ PHONE _____

ROSMINI COLLEGE

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OTHER INFORMATION - Parents to complete

Are you practising Catholics? _____ Name of Parish Priest _____

Is your son a practising Catholic? _____

Baptism: Yes/No Confirmation: Yes/No Eucharist (1st Communion) Yes/No Reconciliation: Yes/No

Please enclose evidence, either card or letter, of preference of enrolment.

(Preference Certificate Enclosed)

Please state any personal details about your son of which the school should be aware (e.g. **problems of a health, physical, learning or behavioural nature. This includes stand-downs and suspensions.**)

Are you willing to endorse the school rules, including discipline, uniform and grooming expectations?

Are you aware that you are obliged to pay the compulsory Catholic Attendance Dues set each year by the Catholic School's Board? _____

SPECIAL NOTE

The school has been advised by the Ministry of Education that there may be times when contact details you have supplied must, by law, be forwarded to the Ministry of Social Development. The Ministry of Education gives this explanation - *"This is so at-risk young people can be identified and offered support by organisations contracted to help re-engage young people in education or training when they leave school. The information will not be used for any other purpose"*.

Failure to disclose any relevant information in this section may jeopardise your son's enrolment.

PRIVACY ACT 2020

Rosmini College 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.

I/We agree that this information can be used for the above purpose. _____

PARTICIPATION IN SCHOOL PROGRAMME

I/We the undersigned, undertake as a condition of enrolment that the above named student will participate in the general School programme that gives Rosmini College its Catholic Special Character.

ATTENDANCE DUES

I/We the undersigned, undertake as a condition of enrolment and attendance to pay Attendance Dues at a rate determined by the Proprietor and approved by the Minister of Education. Furthermore, I/we accept that the school can discontinue attendance of the above named student in default of this undertaking.

PERMISSION

By completing this application you give the school permission to add your e-mail address to our e-mailing lists. You can unsubscribe from these at any time by clicking the appropriate link at the bottom of the e-mails. However, please note that should you unsubscribe in future you will no longer receive any school newsletters. Unless stated otherwise in writing, you give the school permission to publish school-related photos of your children for promotional and news events.

SIGNATURES OF PARENTS / GUARDIANS

MOTHER _____ DATE _____

FATHER _____ DATE _____

PLEASE NOTE THAT IF YOU ARE LATE IN RETURNING THIS APPLICATION YOU MAY WELL PUT AT RISK YOUR SON'S PLACE IN THE SCHOOL.

SCHOOL USE

EITHER

I am satisfied that the applicant has established a religious connection with the Catholic character of Rosmini College and the applicant's child is therefore eligible for a preferential place on the list of applicants for enrolment.

OR

I am not satisfied that the applicant has produced evidence of a religious connection with the Catholic character of Rosmini College. The name of the applicant's child is therefore placed on the list of those who can be enrolled, if a place is available, after all preferential applicants have been assigned places in the school.'

ACTION

(A) Accepted / Not Accepted

(B) Preference / Non-preference

(C) Parents (guardians) notified

HEADMASTER'S SIGNATURE _____

DATE _____

ENTRY NO _____ DATE OF ENTRY _____