



ROSMINI COLLEGE

ENROLMENT FORM

30 Dominion Street, Takapuna 0622

Phone 09 488 3750

Email enquiries@rosmini.school.nz

Please ensure you attach the following documentation to ensure we can process your application:

- Preference certificate signed by a parish priest and Catholic Baptism certificate (for preference enrolments)
- A signed copy of the ICT Acceptable Use Policy
- A signed copy of the Rosmini Terms and Conditions
- A signed copy of the Attendance Dues document
- A copy of your son's NZ birth certificate, NZ citizenship certificate, NZ passport, or applicable visa
- A copy of your son's latest school report

STUDENT DETAILS

SURNAME _____ FIRST NAMES _____

PREFERRED FIRST NAME _____ DATE OF BIRTH _____

ETHNICITY _____ COUNTRY OF BIRTH _____

IWI (if Maori descent) _____

LANGUAGE SPOKEN AT HOME _____

CURRENT SCHOOL _____

INTENDED START DATE _____ START YEAR LEVEL _____

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

Date of arrival in NZ _____ Date Residency granted _____

Date NZ Citizenship granted _____ Start/finish dates of Student Visa _____

Is English your first language? Yes / No If no, what is? _____



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PARENT / GUARDIAN DETAILS

RESIDENCE A

This is the address of the Main Caregiver who the student mainly resides/fully resides with. If one of the parents lives at a different address, please add their details to RESIDENCE B below.

CAREGIVER 1

CAREGIVER 2

_____	FULL NAME	_____
_____	ADDRESS	_____
_____	RELATIONSHIP	_____
_____	PHONE (work)	_____
_____	PHONE (mob)	_____
_____	PHONE (home)	_____
_____	OCCUPATION	_____
_____	EMAIL	_____

RESIDENCE B

CAREGIVER 1

CAREGIVER 2

_____	FULL NAME	_____
_____	ADDRESS	_____
_____	RELATIONSHIP	_____
_____	PHONE (work)	_____
_____	PHONE (mob)	_____
_____	PHONE (home)	_____
_____	OCCUPATION	_____
_____	EMAIL	_____



HEALTH INFORMATION

DOCTOR'S NAME _____ PHONE _____

HEALTH NOTES (medical problems including hearing, allergies, diagnosed conditions)

ADDITIONAL SUPPORT REQUIRED (learning needs or requirements)

ALLOWED PARACETAMOL? Yes / No

ALLOWED IBUPROFEN? Yes / No

EMERGENCY CONTACT NAME _____

RELATIONSHIP _____ PHONE _____

EMERGENCY CONTACT NAME 2 _____

RELATIONSHIP _____ PHONE _____

RELIGION DETAILS

STUDENT'S RELIGION _____ PARISH / CHURCH ATTENDING _____

Is your son a practising Catholic? _____

Baptised: Yes/No

Catholic Preference (select one)

- 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 Church
- 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 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 parent/guardians is preparing to become a Catholic.

SPECIAL INTERESTS

ACADEMIC _____

AWARDS _____

SPORTS _____

CULTURAL / ARTS _____

HOBBIES _____

LANGUAGES _____



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SCHOOL QUESTIONS

Has this student previously been enrolled at Rosmini College? Yes / No

Brother(s) who currently attend Rosmini College (please list name and Student ID number if possible)

Please list any brothers you have completed a Rosmini College enrolment application for that haven't started attending the College yet.

Father, brother or immediate family member(s) who previously attended Rosmini College and what School House they belonged to (Curren, Emery, Liston, Kelly).

VACCINATIONS: Is your son up to date with his MMR (Measles, Mumps & Rubella) vaccinations? Yes / No

VACCINATIONS: Is your son up to date with his Polio / Diptheria / Tetanus / Perussis (whooping cough) / Hepatitis B / Haemophilus influenza type B vaccinations? Yes / No

SIGNATURES OF PARENTS / GUARDIANS

CAREGIVER 1 _____ DATE _____

CAREGIVER 2 _____ DATE _____