



ST PAUL'S COLLEGE

APPLICATION FORM



Student's Name:

Proposed Year Level: 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐
(please TICK one)

Application received at office: (date)

Please STAPLE a
recent
passport style
photo here



STUDENT INFORMATION

LEGAL LAST NAME:

LEGAL FIRST NAMES (in full):
(Please underline or highlight the name your son is known by)

PREFERRED NAME(S) (leave BLANK unless different to above):

STUDENT DATE OF BIRTH:

CURRENT SCHOOL: Current Year Level:
(Name of school and location)

ETHNICITY – *At least one ethnicity is required to be filled out, i.e. NZ European, Maori, Samoan etc.:*

Ethnicity 1: Ethnicity 2:

Ethnicity 3:

For students with **Maori Ethnicity** only, please state your Iwi below:

Iwi 1: Iwi 2: Iwi 3:

COUNTRY OF BIRTH: (please TICK)

☐ New Zealand

☐ Other (please specify): DATE OF ENTRY INTO NEW ZEALAND:

LANGUAGE SPOKEN AT HOME IF OTHER THAN ENGLISH:

RELIGION PRACTISED AT HOME:

STUDENT'S HOME ADDRESS: *(Main address if student lives at two addresses – more options overleaf if parents live separately)*

Number & Street:

Suburb:City/Area:

Postcode: Home Phone Number:



FAMILY INFORMATION

RESIDENCE A (Main Student Residence)		RESIDENCE B (Secondary Student Residence if parents are living separately)	
First & Last Name (MOTHER) underline title: Mrs Ms Miss Dr	First & Last Name (FATHER) underline title: Mr Dr	First & Last Name (MOTHER) underline title: Mrs Ms Miss Dr	First & Last Name (FATHER) underline title: Mr Dr
Relationship to student	Relationship to student	Relationship to student	Relationship to student
Home Phone		Home Phone	
Mobile Number	Mobile Number	Mobile Number	Mobile Number
Email Address for both parents for most communication PLEASE WRITE CLEARLY		Email Address for most communication PLEASE WRITE CLEARLY	
Mother's		Mother's	
Father's		Father's	
Home Address		Home Address	
Postcode		Postcode	
Occupation (Please be specific)	Occupation (Please be specific)	Occupation (Please be specific)	Occupation (Please be specific)
Work Phone	Work Phone	Work Phone	Work Phone
Employer Name & Location	Employer Name & Location	Employer Name & Location	Employer Name & Location
Religion	Religion	Religion	Religion
Parish	Parish	Parish	Parish



DIRECTIONS FOR SCHOOL FEES

Full name of person(s) legally responsible for paying Attendance Dues: (please TICK one or more)

Residence A ☐

Residence B ☐

Other ☐

NAME: RELATIONSHIP TO STUDENT:

POSTAL ADDRESS:

..... POSTCODE:

PHONE NUMBERS: Home: Mobile: Work:

ALTERNATIVE CONTACT PERSON: (If parents are not reachable)

NAME:

RELATIONSHIP TO STUDENT:

HOME PHONE: Mobile: WORK PHONE:

CONNECTIONS TO ST PAUL'S COLLEGE

Brother/s CURRENTLY attend/s ST PAUL'S COLLEGE? (Please tick)

YES ☐

NO ☐

If YES, brother's name/s:

House class/es:

OTHER connections to ST PAUL'S COLLEGE? (Please tick)

YES ☐

NO ☐

Name/s:

Year left ST PAUL'S COLLEGE (e.g. 2008):

Name/s:

Year left ST PAUL'S COLLEGE.....

Any YOUNGER SONS who are likely to attend St Paul's College in the future?

YES ☐

NO ☐

If YES, boy's name/s:

Age/s:

Expected entry to Year 7 ST PAUL'S COLLEGE (e.g. 2017): School:



PREFERENCE OF ENROLMENT

A Preference of Enrolment Form must be submitted by ALL APPLICANTS.

AFFILIATED PARISH:

SACRAMENTS RECEIVED (*Please tick*)

☐ BAPTISM (CATHOLIC) ☐ FIRST HOLY COMMUNION ☐ CONFIRMATION ☐ RECONCILIATION

Please tick the most appropriate statement below:

- ☐ I/We attend Mass weekly and are strongly involved in Parish life
☐ I/We attend Mass weekly as part of our family value system
☐ I/We attend Mass infrequently
☐ I/We do not attend Mass
☐ Our son is a Non Preference student (i.e. no Catholic affiliations)

SPECIAL LEARNING REQUIREMENTS & HEALTH

Please indicate (TICK) if the following areas are a concern:

<i>Please indicate as needed</i>	<i>YES</i>	<i>NO</i>	<i>Comment</i>
Auditory / Hearing Aid	<input type="checkbox"/>	<input type="checkbox"/>	
Visual / Eyesight / Glasses	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Needs / Medication	<input type="checkbox"/>	<input type="checkbox"/>	
Teacher Aide	<input type="checkbox"/>	<input type="checkbox"/>	
RTLB Involvement	<input type="checkbox"/>	<input type="checkbox"/>	
Counselling (Depression/Anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	
Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	
Learning Support	<input type="checkbox"/>	<input type="checkbox"/>	Maths <input type="checkbox"/> / Writing <input type="checkbox"/> / Reading <input type="checkbox"/> / Hearing <input type="checkbox"/> / English <input type="checkbox"/>
Other: (Please list below)	<input type="checkbox"/>	<input type="checkbox"/>	

*(*If your child has special learning needs and has had his enrolment accepted for the year, kindly request your current school SENCO to coordinate a Student Transition visit early in Term 4. Supplying reports that relate to his situation will also ensure a smooth transition)*

FOR THE SCHOOL NURSE	<i>Name</i>	<i>Name of Practice</i>	<i>Phone</i>
<i>Student's Doctor</i>			
<i>Student's Dentist</i>			



Has your son been diagnosed with any of the following? (Please tick)

Please indicate health condition	YES	NO	If YES, please explain and indicate any medication requirements
Allergic reaction (<i>food / medicine / animal etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	
ADHD / ADD	<input type="checkbox"/>	<input type="checkbox"/>	
Migraines/ Headaches	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	

May the school have your consent to administer the following medication which includes but is not limited to the following? (Please tick)	Yes	No
PANADOL		
NUROFEN		
PHYSIOTHERAPY		
ANTI HISTAMINES		
ANTIBIOTICS		

VACCINATIONS (Please tick as appropriate)	Yes	No
Is your son currently up to date with the National Immunisation Schedule New Zealand appropriate for his age? <i>(*Please attach documents you may have confirming immunization you can obtain this from your GP)</i>		

YEAR 9 - 13 HEALTH CHECK (Please tick as appropriate)	Yes	No
I consent to my son participating in the Health Assessment by the School Nurse which will include vision & hearing screening, and a discussion about their physical and emotional well-being.		



INFORMATION TECHNOLOGY – ACCEPTABLE USE AGREEMENT

While the Internet is a wonderful resource from which staff and students are able to access information from around the world, its vast nature means that it is not possible to control all available material and a user may discover controversial or undesirable information whilst browsing the World Wide Web.

St Paul's College firmly believes that obtaining valuable information available on the internet far outweighs the possibility that users may come across material that is not consistent with the desired learning outcomes sought at St Paul's and to this end, the College has in place security filters to minimise the likelihood of happening upon inappropriate material.

ACCESS TO THE INTERNET IS A PRIVILEGE — NOT A RIGHT.

It is made available only so long as the users abide by this. St Paul's College will ensure that adequate supervision is provided when students are accessing the Internet at school. However, inappropriate use will lead to suspension of user privileges.

By signing this Acceptable Use Agreement form, St Paul's College Internet users agree to abide by the terms and conditions of use set down by the College as outlined below.

TERMS AND CONDITIONS OF USE

- The Internet at St Paul's College is to be used for educational and/or research purposes only.
- Illegal activities are strictly forbidden, including messages relating to, or in support of illegal activities. Swearing, vulgar language and other inappropriate language are not permitted.
- Hate mail, harassment, discriminatory remarks and other anti-social behaviour are prohibited on the network. Therefore, any messages should not contain profanity, obscene comments, sexually explicit material and expressions of bigotry or hate.
- Students may not reveal personal addresses, phone numbers or passwords of students, teachers, administrators or other staff of St Paul's College, including their own.
- Student subscriptions to electronic mailing lists are not allowed. Note that electronic mail and Internet use are not guaranteed to be private. All Internet use can be monitored and automatically logged.
- Vandalism will result in cancellation of privileges as well as warrant other sanctions cited in the College rules. Vandalism is defined as any malicious attempt to harm, modify or destroy computer hardware, data of another user, the Internet, or any associated networks. This includes, but is not limited to, the uploading or creation of computer viruses.
- Students may not download files or attachments or install any unauthorised software except by prior arrangement with the College's ICT Manager.
- Information (including text, graphics, video, audio etc.) from Internet sources used in student assignments and reports should be cited in the same way as references to printed materials.



CELLPHONE USE

- St Paul's College students are allowed to bring cell phones to the school. However students are not permitted to use cell phones during class or between classes. Failure to comply with this could result in confiscation of the phone until the end of the day. There are device-free times during the day.
- Students are not to use cell phones in an irresponsible manner.

STUDENT

- I understand and will abide by the above Acceptable Use Agreement.
- I further understand that any violation of the regulations above is unethical and may constitute a criminal offence.
- Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken and/or appropriate legal action may be instituted.

Student name (please print):

Student signature: Date:

PARENT OR GUARDIAN

- As the parent or guardian of this student, I have read the Acceptable Use Agreement.
- I understand that this access is designed for educational purposes and that students working on the Internet will be supervised by College staff.
- I recognise it is impossible for St Paul's College to restrict access to all controversial materials and I will not hold the school or any of its staff responsible for materials acquired on the network.
- I hereby give my permission to allow Internet access for this student at St Paul's College.

Parent/Guardian name (please print):

Parent/Guardian signature: Date:



Student Profile Sheet (to be completed by student in own handwriting)

Your first and last name:

Current School:

Current Class: Teacher's Name:

Please answer all 3 questions fully.

1. Why do you want to come to St Paul's College?

.....

.....

.....

2. What are the things you are good at/like doing? (Include academic achievement, sports, music, hobbies, cultural)

.....

.....

.....

3. What areas do you think you need to improve upon at school?

.....

.....

.....

.....

Signed: _____ Date: _____



CONDITIONS OF ENROLMENT

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

1. Our son will participate in the general school programme that gives St Paul's College its Special Catholic Character.
2. I/We agree to pay the Attendance Dues, payable to the Proprietor of St Paul's College Ltd. as determined from time to time by the Proprietor and approved by the Minister of Education, under Section 36 of the Private Schools Conditional Integration Act 1975. Furthermore, I/We accept that the school can discontinue attendance of the above named student in default of this undertaking. The Proprietor or Proprietor agent may legally recover any unpaid attendance Dues.
3. I/We agree to pay College Contributions and Levies as determined from time to time by the Board of Trustees.
4. Our son will wear the prescribed St Paul's College uniform and will accept the College Rules and Respect Code Regulations as determined by the Headmaster and Board of Trustees.
5. We are committed to our son remaining at ST PAUL'S COLLEGE through to Year 13.

Signed (Parent/ Guardian 1): Date:

Signed (Parent/Guardian 2): Date:

Privacy Act

Application information is used to assess admission requirements to St Paul's College. This information becomes part of the student's personal file if he is accepted. It will BE DESTROYED at the end of the application year if the application is unsuccessful. In accordance with the Privacy Act 2020, information may be provided to education authorities under the Education Act 1989

Photographs

Photographs of boys at St Paul's College may be used by the College.

Sharing of Information

Address and phone number details are collected at the time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary. These contact details may also be passed on to the Ministry of Education, the Proprietor and the Ministry of Social Development (MSD). This is so young people who may have difficulty finding future employment, training or further education can be identified and offered support by organisations contracted by MSD to help reengage young people in education or training when they leave school.



CHECKLIST: Please check off the items on the list to reduce delays.

THE FOLLOWING ITEMS MUST BE SUBMITTED:

- ☐ APPLICATION FORM – with SIGNED CONDITIONS OF ENROLMENT (signed by both parents on Page 9)
- ☐ PASSPORT SIZE PHOTO attached to top of Page 1
- ☐ SIGNED ATTENDANCE DUES FORM (signed by both parents/guardians)
- ☐ ENDORSED (STAMPED) PREFERENCE OF ENROLMENT CERTIFICATE: **Requirement for **All** applicants*
- ☐ BAPTISMAL CERTIFICATE (CATHOLICS ONLY)

IF YOUR SON IS A NEW ZEALAND CITIZEN:

- ☐ COPY OF YOUR SON'S BIRTH CERTIFICATE **OR** PASSPORT

IF YOUR SON IS **NOT** A NEW ZEALAND CITIZEN: please submit the following documents:

- ☐ COPY OF YOUR SON'S PASSPORT
- ☐ COPY OF VALID RESIDENCY VISA/PERMIT or STUDENT VISA/PERMIT
- ☐ COPY OF PASSPORT PAGE WITH DATE OF FIRST ENTRY INTO NEW ZEALAND
- ☐ COPY OF LATEST SCHOOL REPORT
- ☐ YEAR 10—13 CHARACTER REFERENCE
(This is only applicable to students applying for Years 10—13, **NOT** students applying for Years 7, 8 or 9)
- ☐ LUMINO DENTAL FORM

Do not submit original documents like Birth certificates or passports in the mail.
St Paul's College will ***not*** accept responsibility for loss, damage or return of these documents.

Reception hours are Monday to Friday 8am to 4pm (Term time)

To prevent delays in your application being processed – Submit a completed pack



ST PAUL'S COLLEGE

CONFORTARE ESTO VIR

Send your application to:
The Enrolment Manager
St Paul's College
183 Richmond Road
Ponsonby
Auckland 1021
E: enrol@stpaulscollege.co.nz