

ENROLMENT FORM



STUDENT INFORMATION

Year of Proposed Entry into Marcellin College 20 ____

Year 7 / 8 / 9 / 10 / 11 / 12 / 13

Student's Surname _____
(Block capitals please)

Christian Names _____
(Underline preferred name)

Gender M / F Date of Birth _____ NZ Citizen Yes / No

Country of Birth _____ Date arrived in NZ _____

NZ Residency Permit Yes / No (Please attach verification papers)

Home Phone Number _____

Student's Physical Address _____

Students Postal Address _____

Ethnicity 1 _____ Ethnicity 2 _____ Ethnicity 3 _____

If Maori, name of Iwi _____

School presently attending _____ Year Level _____

Religion of Student _____ Parish _____

Date of Baptism _____ First Communion _____ Confirmation _____

Number of Children in the Family _____ Place in Family _____

Siblings presently at Marcellin College? Yes / No

Sibling's Name _____ Year _____ House Affiliation: _____

Sibling's Name _____ Year _____ House Affiliation: _____

Sibling's Name _____ Year _____ House Affiliation: _____

Is there a Court Order regarding this student? Yes / No (If Yes, please attach a copy of the Court Order)

To whom should correspondence and reports to be addressed? _____

THIS IS A LEGAL DOCUMENT, PLEASE READ VERY CAREFULLY

PARENT / GUARDIAN INFORMATION

Legal Guardian/Parent 1

Title Mr / Mrs / Miss / Ms

Full Name _____

Relationship to Student _____

Home Address _____

Email _____

Home Phone _____

Cellphone _____

Name of Employer/Occupation _____

Business Phone _____

Religion _____

Parish/Church _____

Legal Guardian/Parent 2

Title Mr / Mrs / Miss / Ms

Full Name _____

Relationship to Student _____

Home Address _____

Email _____

Home Phone _____

Cellphone _____

Name of Employer/Occupation _____

Business Phone _____

Religion _____

Parish/Church _____

Alternative Contact

Title Mr / Mrs / Miss / Ms

Full Name _____

Relationship to Student _____

Home Address _____

Email _____

Home Phone _____

Cellphone _____

LANGUAGES: STRENGTHS AND ACHIEVEMENTS

Language spoken at home _____

Is English your child's first language? Yes / No If No, please state what language is? _____

Can your child speak any other language(s)? Yes / No If Yes, what language(s)? _____

What was the language of instruction at your previous school? (e.g. bilingual – English/Maori; total immersion – Maori)

Please state level of proficiency your child has reached in understanding, speaking, reading and writing English as a formal language of instruction (you may need prior records of achievement to assist you).

	Very Well	Only a Little	Not at All
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STUDENT LEARNING PROFILE

Student Name: _____

Please indicate any learning difficulties to enable us to better meet the needs of your child.

Has your child been assisted by any of the following agencies?

- Group Special Education (GSE)
- Child & Adolescent Mental Health Services (CAMHS)
- Child, Youth & Families (CYF)
- Te Puna Hauora
- Resource Teacher of Learning & Behaviour (RTLB)
- Teacher Aide
- Iwi Services
- Other _____

Date and reason if known _____

Has your child been involved at previous schools in any of the following?

	School	Year
Reading Recovery	_____	_____
Remedial Reading	_____	_____
Remedial Maths	_____	_____
Extension Literacy	_____	_____
Extension Maths	_____	_____

Other Programmes, e.g. Future Problem Solving, GATE, One Day School

Will your child require special assistance in learning English? Yes / No

STUDENT PROFILE

Student Name: _____

Please comment on the following:

Academic strengths and achievements:

Sporting strengths and achievements:

Cultural interests and achievements:

Hobbies, Clubs and Community involvement:



Student Health Information Sheet

Please answer the following questions to assist us in providing your son/daughter with the best possible care in any illness/emergency situation. This information will be entered on the staff computer database and for the safety of your child it may be necessary to inform some staff and health professionals of any conditions that they would need to be aware of.

Student Name: _____

Date of Birth: _____

Family Doctor: _____ **Phone No:** _____

1. **Please attach up to date record of your child's immunisations**

2. **Does your child have any allergies? YES/NO**

If yes, what are they? _____

3. **Does your child suffer from any of these medical conditions?**

Epilepsy: **Yes / No**

Asthma: **Yes / No**

Migraines: **Yes / No**

Heart Problems: **Yes / No**

Hearing Problems: **Yes / No**

Diabetes: **Yes / No**

Rheumatic Fever: **Yes / No**

Visual Problems: **Yes / No**

Past Head Injuries **Yes / No**

Disability **Yes / No**

Emotional /Behavioural Problems **Yes / No**

Past Hospitalisation / Operation **Yes / No**

4. **Is your child on any medication? Yes / No**

If yes, please explain: _____

Please send labelled medications to the school nurse if they are required for regular use or for emergencies e.g. antihistamines, epipens, or insulin or glucagen for Diabetes.

Please provide any Doctors or clinic letters you have if your child has a significant medical condition.

5. **Would you like to speak to the nurse about your child's medical condition?**

Yes / No

6. **Health services offered at Marcellin College:**

I have read and understood the brochure that explains services offered by the Health Clinic at Marcellin College. I give permission for my child to receive health care and treatment as required at the school based health clinic along with participation in the health assessment programme.

If I do not wish for my child to partake in the health assessments I understand that **I need to contact the school nurse about this.**

7. **Medication:**

After an assessment it may be advisable to give medications to your child; e.g. Paracetamol, Ibruprofen, Mylanta. I understand this and give permission for Marcellin College to administer the required medications. **Yes /No**

Ventolin only if Asthmatic **Yes / No**

8. **Dental Care:** Dental care is free to any student under the age of 18 years who is enrolled with a contracting dentist. At Marcellin College students have the option of using **Mighty Mouth Dental's free Onsite Dental Service** or **Dental Today** who transport students for free in school time to their surgery in Onehunga.

Please indicate your preference below:

A) I wish to enrol my child in the onsite **School Dental Programme** with **Mighty Mouth Dental** **(tick box)**

B) **Dental Today in Onehunga** and I give permission for my child to be transported from school by Dental Today **(tick box)**

Signature _____

Or

C) My child has their own dentist that they are seen by **(tick box)**

9. **Note: In case of an emergency**

In the case of an accident or emergency or when deemed necessary, school staff may arrange for my child to be taken to an accident and emergency department or medical centre. This may involve calling an ambulance or transporting the student in a staff member's car.

Any costs incurred are to be paid by the parent/guardian.

Parents/Guardian Name: _____

Signed: _____ **Date:** _____

*Any questions or concerns or to give additional information please contact the School Nurse; **Clare Corbett***

Ph: 09 625 6509 ext 707

PRIVACY OF INFORMATION

I agree to Marcellin College collecting personal information on:

(Full name of individual student applying to enrol)

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

- Student records (and, if necessary, transfer to another school)
- Marcellin College PTFA and Sports personnel, e.g. parent name, address, but not student health 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 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 re-engage young people in education or training when they leave school.

I/We agree the images of my child may be used on the school website, magazine and for publicity, understanding that these are used with sensitivity.

I/We accept the fact that this information may later be disclosed to a Government Agency such as NZQA, CYF, Police, Special Education Service, or a medial service, where it will assist the student, or be used for statistical and/or research purposes and agree to its use for the purpose, provided that if the information is published in any way it will not identify me or the individual concerned.

I/We understand under principle 3(1)(d) of the Privacy Act 1993, the information I provide will be held at the offices of Marcellin College whose address is 617 Mount Albert Road, Royal Oak, Auckland 1023. I am aware of the rights of access to, and collection of, this information.

THE SPECIAL CHARACTER OF THE SCHOOL IS DEFINED AS:

"The school is a Roman Catholic school in which the whole school community through the general school programme and in its Religious Instruction and observances, exercises the right to live and teach the values of Jesus Christ. These values are as expressed in the scriptures and in the practices, worship and doctrine of the Roman Catholic Bishop of the Diocese of Auckland.

I/We have read, understood and agree to comply with all terms and conditions contained within this Enrolment Contract.

Signature of both parents / caregivers is required.

Signature _____

Print Name _____

Date _____

CONDITION OF ENROLMENT

As a condition of the herein named pupil's attendance at Marcellin College, I will pay Attendance Dues, General Purpose Fee, Activities, Special Character and PTFA levies as determined from time to time by the Proprietor.

Signed: Date:

CHECKLIST

For Parents / Guardians: Have you enclosed the following:

- Copy of Birth Certificate
- Copy of New Zealand Residency, Citizenship Papers or Passport (if applicable)
- Student Technology User Access Agreement
- Copy of the most recent full school report and the most recent Australian English / Maths / Science Competition results, if available
- Preference Card for Preference Enrolment
- Baptismal Certificate
- Attendance Dues Agreement Form

Have you:

- Completed all sections of the Enrolment Form?
- Included loose pages inside the enrolment application, copies only – please **DO NOT SEND ORIGINALS**, nor material in clear files or bound documents – **DO NOT STAPLE**

YOUR APPLICATION WILL NOT BE PROCESSED UNLESS ALL INFORMATION IS SUPPLIED

CYBER SAFETY AGREEMENT

I understand that while using the school network or while at school using my own internet connection

- I am not permitted to access material through the Internet which is offensive (e.g. pornographic), dangerous, inappropriate at school, or illegal.
- I am forbidden to pass on such material by copying, storing, emailing, messaging or printing it
- I must remove immediately from the screen any material that would not be allowed at the school, which I accidentally come across, and tell the teacher right away.
- If I use a school computer at school, I am not permitted to send or post any messages or material which are offensive, dangerous, inappropriate at school, or which contain illegal material or will bring the school into disrepute.
- All files will be scanned periodically for offensive material by searching key names or file types
- Should I have such material at school on the school system or use the school system to access the above, strong disciplinary action will follow. This may affect my continuing position at the school.
- While on the school's computer network, my activity is monitored – **IT IS NOT PRIVATE.**

I understand how important it is to:

- Be careful with equipment and furniture.
- Respect the copyright on software that prohibits copying.
- Acknowledge the source of material gained from the Internet in any assignment work, in the references for that assignment.
- Share available equipment.
- Not give anyone on the Internet information about myself or anyone else – this includes address, phone number, photography or credit card information.
- Tell the teacher if I come across a virus, security problem or inappropriate use.

Student Signature - _____

Parents Signature - _____