



Sacred Heart College

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APPLICATION FOR ENROLMENT 2020

Entry Year Level (please circle): 9 10 11 12 13

STUDENT DETAILS (please print clearly)

Family Name: _____ Date of Birth: ____/____/____

First Names: _____

Preferred Name: _____

Home Address: _____

Suburb: _____ City: _____

Postcode: _____ Home Phone: _____ Intended start date: _____

Email: (to be used for all school communication) _____

Current or last school attended: _____

Do you have other daughters attending the College? YES / NO

If YES Please write name and year level: _____

Did you have other daughters attend the College in the past? YES / NO

If YES Please write name, years attended and house: _____

Usual Language Spoken at home: _____

Other languages spoken: _____

ETHNICITY

What ethnic group(s) does your daughter belong to? (NZ European, Maori, Samoan, Indian etc)

Students of Maori Ethnic Origin: Please state your iwi

1: _____ 2: _____

IF NOT BORN IN NEW ZEALAND: Please state the date that your daughter arrived in New Zealand

Date _____ Month _____ Year _____

Country of Birth: _____ Nationality: _____

Please provide your daughter's passport to be copied

Copy of Residency Permit YES / NO
Copy of Student Visa YES / NO

MOTHER/CAREGIVER – Are you a PAST PUPIL of Sacred Heart College, Lower Hutt YES / NO

If YES please fill in the following:

Name before married: _____ Years attended Sacred Heart College: 19 ____ to ____

House: _____

PARENTS/GUARDIANS AT STUDENT'S MAIN RESIDENCE: Who student lives with

Mr / Mrs / Miss / Ms / Dr / Rev		Mr / Mrs / Miss / Ms / Dr / Rev	
Surname:		Surname:	
First Name:		First Name:	
Relationship:		Relationship:	
Occupation:		Occupation:	
Address:			
Suburb:			
Town:			Postcode:
Home Phone:	Work Phone:	Home Phone:	Work Phone:
Mobile Phone:		Mobile Phone:	
Email:		Email:	

PARENTS/GUARDIANS AT STUDENT'S SECONDARY RESIDENCE: (if applicable)

Other residence the student lives at (can be 50/50 shared care or part time) Please advise the school of the arrangement at secondary residence

Mr / Mrs / Miss / Ms / Dr / Rev		Mr / Mrs / Miss / Ms / Dr / Rev	
Surname:		Surname:	
First Name:		First Name:	
Relationship:		Relationship:	
Occupation:		Occupation:	
Address:			
Suburb:			
Town:			Postcode:
Home Phone:	Work Phone:	Home Phone:	Work Phone:
Mobile Phone:		Mobile Phone:	
Email:		Email:	
To Receive Reports: YES / NO		To Receive Accounts: YES / NO	

EMERGENCY CONTACT: If the school cannot contact parents/guardians, who would you like us to contact?

Mr / Mrs / Miss / Ms / Dr / Rev			Mr / Mrs / Miss / Ms / Dr / Rev		
Surname:			Surname:		
First Name:			First Name:		
Relationship (Grandparent, Uncle, Aunt, Friend, etc):			Relationship (Grandparent, Uncle, Aunt, Friend, etc):		
Home Phone:	Work Phone:	Mobile Phone:	Home Phone:	Work Phone:	Mobile Phone:

MEDICAL INFORMATION:

Family Doctor's Name: _____ **Phone No:** _____

Does your daughter have a medical condition we should know about? _____
Does your daughter have to take any regular medication? _____

Does your daughter suffer from:
Asthma YES / NO Mild / Severe Does she carry an inhaler? YES / NO If yes, please name _____
Allergies/Hayfever: Reacts to: _____ Carries Medication? YES / NO

Poor Eyesight YES / NO : Wears Glasses YES / NO
Poor Hearing YES / NO : Hearing Aid YES / NO

Panadol: Do you give permission for panadol to be given to your daughter should she require it? YES / NO

RELIGIOUS AFFILIATION Are you a Catholic family? YES / NO

Religion:
Mother/Caregiver: _____ Father/Caregiver: _____ Daughter: _____

Has your daughter received the following sacraments?
Baptism: YES / NO Reconciliation: YES / NO Eucharist: YES / NO

The name of the usual parish church you attend: _____

Documents Required:

- 1. **PREFERENCE CERTIFICATE from your Parish Priest** YES / NO
- 2. **COPY OF YOUR DAUGHTER'S BAPTISMAL CERTIFICATE** YES / NO
(Baptismal Certificate required for Catholic Students only)
- 3. **COPY OF YOUR DAUGHTER'S BIRTH CERTIFICATE** YES / NO

LEARNING SUPPORT

- Does your daughter have any specific learning needs? ASD ADHD Dyslexia Dyscalculia
 Other (please specify) _____
- Has your daughter received any form of additional support in school? Teacher Aide RTLB
 Other (please specify) _____
- Has there been any external agencies involved both in and out of school for your daughter? ORS ICS
 Oranga Tamariki Truancy Other (please specify) _____
- Has your daughter received any specific English Language Learning Support (ESOL)? **YES / NO**

MUSIC/SPORT/HOBBIES:

Does your daughter play a musical instrument/s? **YES / NO** Instrument _____

What sport does your daughter play? _____

Club/s your daughter belongs to: _____

Representative/Outstanding Achievements: _____

Hobbies/Interests/Other special achievements: _____

Name/s of students in your Year Level at SHC you already know: _____

Are you able to assist at Sacred Heart College with our Parent, Friends and Supporters group, coaching/managing sports teams, Duke of Edinburgh tramps? If Yes please state how: _____

(Parents/Caregivers to Sign this Section)

DECLARATION

The Undersigned has read the College's current Prospectus and agrees as a condition of Enrolment and attendance to accept its provisions and to abide by the College's policies and rules and subsequent changes. This Agreement also applies to the above-named pupil, whose acceptance of a place at the College indicates her commitment to uphold the Code of Conduct for students.

Signed Parent/Caregiver _____

PRIVACY REQUIREMENT

I/We understand that the information I/we have given will be used by staff for educational purposes. This information may be disclosed to the Proprietor or his/her Agent for the purposes of Attendance Dues.

Signed Parent/Caregiver _____

PARTICIPATION IN THE SCHOOL PROGRAMME

The undersigned accepts as a condition of enrolment that this student will take part in the general school programme that gives the school its Special Character.

Signed Parent/Caregiver _____

ATTENDANCE DUES

The undersigned agrees, as a Condition of Enrolment and Attendance at this school, to pay Attendance Dues as determined by the Proprietor from time to time and approved by the Ministry of Education.

Signed Parent/Caregiver _____ Date: _____

(Principal to Sign this section)

PREFERENCE OF ENROLMENT

I have sighted evidence that the applicant has established a religious connection with the Catholic character of this school and this student is, therefore, given a preferential place on the list of students enrolled.

Signed Principal: _____

NON-PREFERENCE ENROLMENT

The applicant has not shown evidence of a religious connection with the Catholic character of Sacred Heart College. This student is, therefore, placed on the list of those to be enrolled, if a place is available, after all Preferential Enrolments have been assigned a place in the school. It is understood that notification of enrolment might unavoidably be very late.

Signed Principal: _____

For Office Use Only

Birth Certificate Received	Preference Card Received	Baptismal Certificate Received	Passport Copied	Visa Copied	Entered into KAMAR
					Entered into ENROL