

APPLICATION FOR ENROLMENT



Please affix a
Passport style photo
of the applicant here

Proposed year of entry:

Proposed academic year level at entry: Year 7 Year 8 Year 9 Year 10 Year 11 Year 12 Year 13

Student Information

Surname:	<input type="text"/>	Nationality:	<input type="text"/>
First names:	<input type="text"/>	Language at home:	<input type="text"/>
Preferred name:	<input type="text"/>	Country of birth:	<input type="text"/>
Date of birth:	<input type="text"/>	Birth Certificate No:	<input type="text"/>
Previous schools:	<input type="text"/>	NZ Residency:	<input type="text"/>
		NZ Permit No:	<input type="text"/>
Present school:	<input type="text"/>	Date of Arrival:	<input type="text"/>
Present year level:	<input type="text"/>	Ethnic Group:	<input type="text"/>
Religion:	<input type="text"/>	If Maori which 'iwi'	<input type="text"/>
Baptised (place/date) Attach copy of certificate:	<input type="text"/>		
Confirmed/1st Communion (place/date):	<input type="text"/>		

Family Information

Custodial Parent/s: Both parents Father only Mother only Other (specify name and relationship)

During the School week the Student lives with: Both parents Father only Mother only Guardian

Father / Stepfather (circle as appropriate)

Title:	<input type="text"/>
Surname:	<input type="text"/>
First names:	<input type="text"/>
Preferred name:	<input type="text"/>
Home address:	<input type="text"/>
Suburb:	<input type="text"/>
City:	<input type="text"/>
Postcode:	<input type="text"/>
Country:	<input type="text"/>
Phone home:	<input type="text"/>
Mobile:	<input type="text"/>
Phone business:	<input type="text"/>
Email personal:	<input type="text"/>
Email business:	<input type="text"/>
Occupation:	<input type="text"/>
Business name:	<input type="text"/>
Business address:	<input type="text"/>
Religion:	<input type="text"/>
Parish attending:	<input type="text"/>

Mother / Stepmother (circle as appropriate)

Title:	<input type="text"/>
Surname:	<input type="text"/>
First names:	<input type="text"/>
Preferred name:	<input type="text"/>
Home address:	<input type="text"/>
Suburb:	<input type="text"/>
City:	<input type="text"/>
Postcode:	<input type="text"/>
Country:	<input type="text"/>
Phone home:	<input type="text"/>
Mobile:	<input type="text"/>
Phone business:	<input type="text"/>
Email personal:	<input type="text"/>
Email business:	<input type="text"/>
Occupation:	<input type="text"/>
Business name:	<input type="text"/>
Business address:	<input type="text"/>
Religion:	<input type="text"/>
Parish attending:	<input type="text"/>

Emergency Contact (other than parent): The person nominated should be a person who is available to come and collect your child at short notice if the need should arise and a parent is not available.

Title: Surname: First name:
Home address:
Suburb: City: Postcode:
Phone (hm): Mobile:
Relationship to student:

Directions for correspondence: As family structure can vary, the following information is requested to ensure that correspondence is sent to the correct family members.

Send College Reports to: Both parents Father only Mother only Other (specify name and relationship)
Send Newsletters and other publications to: Both parents Father only Mother only Other (specify name and relationship)
Address for accounts to be sent:

Baradene College Affiliations:

Sisters currently attending Baradene College:	Name:	Year Level..... 20.....
Sisters who previously attended Baradene College:	Name:	Dates attended:
	Name:	Dates attended:
Mother who previously attended Baradene College:	Maiden Name:	Dates attended:

Other siblings (Please give names, ages and current schools of other brothers and sisters not mentioned above):

Other Affiliations with the School or College (e.g Relative is an Alumna, Parent is a current/former staff member):

Medical details Please give us relevant details regarding Medical History:

Condition:
Doctor: Phone: Address:

Dental Care: please note free dental care is available to all students under the age of 18 years. Please phone 0800 487 3733 for further information.

I give permission for the following non prescription medication to be given to my daughter for the relief of minor ailments and I have fully disclosed all relevant medical information. Please tick: Panadol Neurofen

Accident/Emergency Situations: If the school is unable to contact you or if the accident or emergency is serious, your daughter may require transfer to the hospital/medical centre.

I give permission for the Nurse to make such arrangements as believed necessary and I will meet the costs incurred.

Special Learning Requirements Please let us know about any Special Learning requirements your child may need:

Referee You may wish to support this application with a reference from a parish priest, a school principal or teacher, family friend or business associate.

Conditions of Enrolment: I/We, the undersigned, accept as conditions of enrolment that;

- The herein named student will participate in the general school programme that gives Baradene College its special character.
- We will pay the Parent's Financial Contribution which supports the Special Character of the College and includes Attendance Dues. Attendance Dues are approved by the Minister of Education under section 36 of the private schools Conditional Integration Act 1975.
- We will ensure that the policies and rules as laid down by the Board of Trustees and the College are observed.
- Enrolment is subject to the College's Ministry of Education Enrolment Scheme. The College delegates to the Principal, the responsibility to administer the enrolment scheme. The Principal makes the final decision on whether a student meets the enrolment criteria and is able to be offered a place at the College subject to the availability of places within the prescribed allocation.
- NOTE: The enrolment application must be signed by BOTH parent/guardians and student.

Father's signature:

Date:

Mother's signature:

Date:

Student's signature:

Date:

Information Privacy: I agree to Baradene College of the Sacred Heart collecting personal information on

Full name of individual student applying to enrol

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

- Student records (and, if necessary, transfer to another school)
- Accounting purposes of the Baradene College Board of Trustees and
- Baradene College Limited (Proprietors)
- The Baradene College PTA
- The Alumnae Association
- Baradene College Foundation (known as Growing Heart Foundation)

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

I understand under Principle 3(1)(d) of the Privacy Act 1993 the information I provide will be held at the offices of Baradene College of the Sacred Heart whose address is 237 Victoria Avenue Remuera, Auckland.

I am aware of the rights of access to, and the correction of this information

I/We give permission, to Baradene College, that any promotional material for the school or the Society of the Sacred Heart involving my daughter is available for College use e.g. school website, Facebook, Instagram, Youtube, School magazine and other promotional material.

(Please tick appropriate box) Yes No

Signed:.....

Individual/Parent/Legal Guardian - Please delete those not applicable.

Please check this application form includes:

- | | |
|--|---|
| <input type="checkbox"/> Passport style photograph affixed to the first page | <input type="checkbox"/> Photocopy of Passport/Visa entry or work permit or residency/citizenship for non-New Zealand born students. |
| <input type="checkbox"/> Photocopy of Birth Certificate of Passport identifying date of birth in New Zealand. | <input type="checkbox"/> White card, known as Certificate of Eligibility for Preference Enrolment. |
| <input type="checkbox"/> Photocopy of most recent School Reports, and most recent Australian English/Maths/Science Competition certificates. | <input type="checkbox"/> Completed all sections of the enrolment form. COPIES only. (Please DO NOT send originals, nor material in clear files, nor bound folios) |
| <input type="checkbox"/> Photocopy of Baptismal Certificate | <input type="checkbox"/> Acknowledgment of your application will be by email from the Enrolment Office |

Please post to: The Enrolment Officer, Baradene College of the Sacred Heart, Private Bag, 28 906, Auckland 1541, New Zealand.

Applicant's Profile Please use this page to tell us about your interests and achievements.

Interest and activities at school:

Hobbies and activities outside of school:

Community Involvement (church, scouts, guides, clubs, etc):

Past involvement (indicate years)

Current involvement:

Music/Drama

Do you play an instrument? Instrument and level/years Do you sing in a choir?

Other Music / drama involvement:

Sports Club Background

Sport	Club you belong to	Years	Special Representation or achievement
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other achievements (certificates, awards etc.)

National Representation. List any activities where you have represented your activity at a National level:

School or Club Responsibilities (Prefect, Librarian, Monitor, Captain etc. Please indicate school/club and year)

To be completed by the student: Write 2 or 3 sentences on why the 5 Goals of Sacred Heart Education are important to you?

Statement of Parents

As a part of the application process, we ask that parents respond to the following question. Please feel free to complete and submit your response on a separate sheet of paper.

Based on the Goals and Criteria of a Sacred Heart education, why do you feel that Baradene College of the Sacred Heart is the right school for your daughter?*

Lined area for writing the statement.

(*A booklet describing the Goals and Criteria of a Sacred Heart education has been enclosed in your admission application folder)

Name of applicant:

Applying for: Year Level: Start Date:

Signature of Parent/Guardian:

Signature of Parent/Guardian:

Date:



PRIVATE BAG 28-906, REMUERA, AUCKLAND 1541
237 VICTORIA AVENUE, REMUERA, AUCKLAND 1050
TELEPHONE 09 524 6019 FACSIMILE 09 522 4077
www.baradene.school.nz