

# 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)

### Mother / Stepmother (circle as appropriate)

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

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. We undertake to pay Attendance dues at a rate determined by the Proprietor and approved by the Minister of Education. Furthermore, I/we accept that the school can discontinue attendance of our daughter in default of this undertaking.
- 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/from 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 NZQA, Oranga Tamariki-Ministry for Children, 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 that Baradene College undertakes to collect, use and store information we provide on this form according to the principles of the Privacy Act 2020. The information may be provided to the Proprietor or Proprietor's agent, the Minister of Education and the Education Review office, and for administration purposes within the school.

I am aware of the rights of access to, and collection of this information. I/We agree to the above information: Please tick appropriate box  Yes  No

I/We give permission for Baradene College to use school information and images involving my daughter for promotional material for the school, Alumnae Association, Growing Heart Foundation or Society of the Sacred Heart (eg: School website, Facebook, Instagram, Youtube, Baradene Connect, School Magazines, 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:**

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**Hobbies and activities outside of school:**

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

Past involvement (indicate years)

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Current involvement:

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**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

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Other achievements (certificates, awards etc.)

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

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

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

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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](http://www.baradene.school.nz)