



**INFORMATION DESIGNATED CAREGIVERS:**

a) Name:..... Date of Birth.....

b) How arranged – Through International Co-ordinator / Private

c) Relationship.....

d) Contact phone: ..... Fax: .....

e) Special instructions: .....  
 .....  
 .....

Do you have any friends or relatives in New Zealand? Yes / No

If yes, what is their name and telephone number? .....  
 .....

Do you have any pre-existing medical conditions: Yes/No

Please specify:.....  
 .....

Do you require any specialist help in regards to your condition: Yes/No

Please specify:.....  
 .....

Your religion:.....

Do you want to go to Church on a Sunday? Yes / No

Have you ever been deported or refused a visa from a country? Yes / No

**FAMILY STRUCTURE**

Name	Age	Relationship	Occupation	Living with
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No

Do you wish to attend a University or Polytechnic in New Zealand? Yes / No

Is your family considering applying for permanent residency in New Zealand? Yes / No

You intend to stay for ..... years.

What is your planned career:.....

Your favorite sports & hobbies are.....

.....  
*Please remember to enclose:*

- *One (1) recent passport photographs*
- *Copies of your two (2) most recent school reports*
- *Bank draft for the Application Fee payable*
- *A reference letter from your school*
- *Any English Examination results*



**ENROLMENT CONTRACT**

Student Name: .....

Board of Trustees

The Board of Trustees has overall responsibility for the Catholic Character of the College. This responsibility will be exercised in terms of:

- Staff appointments
- Approval of curriculum
- Authorisation of special activities
- Formulation and upholding of College rules
- Promotion of high standards

The signing of an enrolment form by parents/guardians and students acknowledges that the foregoing points constitute a contract between the Board of Trustees and parents/guardians, which is binding. A serious breach of this contract could result in the canceling of the right of the student to attend John Paul College Rotorua.

The Board of Trustees recognise that ‘parents/guardians’ are the first educators of their children in Church practices and faith.

John Paul College is a Catholic College existing for the purpose of assisting parents/guardians to educate their children in the life and practice of the Catholic faith.

Students

Attendance at John Paul College Rotorua is the right of Catholic children provided they accept the following specific responsibilities:

- That the students attend Religious Education classes with the intent to learn, and participate fully in religious exercises at the College.
- On enrolment students accept the College rules on behavior and standard of dress and therefore at no time will they bring the College into disrepute.
- Students will approach their studies with an intent to learn and to achieve to the best of their ability.
- All students undertake to uphold the rights of others to learn.

**CONTRACT TO STUDENTS**

Students will accept all of the conditions above as part of their contract upon enrolment.

Parents/Guardians

- Parents/Guardians accept their responsibilities as first educators of their children in matters of faith and practices.
- Parents/Guardians take a genuine interest in the activities of the College through support of the special Catholic Character, the Parent – Teacher Association, sporting and cultural events.
- Parents/Guardians will encourage students to approach their studies with an intent to learn and to achieve to the best of their ability.
- On enrolment Parents/Guardians accept the College rules on behavior and standard of dress and support the staff in their implementation.
- As Parents/Guardians all Attendance Dues and schedule of fees as stated in the Prospectus will be paid promptly.

**CONTRACT TO PARENTS/GUARDIANS**

Parents/Guardians will accept each and all of the conditions above as part of their contract on the enrolment of their child.

If the above named student is granted enrolment to John Paul College Rotorua, I/we agree to abide by the above.

Parent Caregiver Signature:..... Name in print:.....

Date: .....

Parent Caregiver Signature:..... Name in print:.....

Date: .....

Student Signature:..... Name in print:.....

Date: .....

**PERMISSION SLIP/PRIVACY ACT**

StudentsName.....

I/We (Parent/Caregiver) of the above mentioned child give permission for relevant information regarding his/her personal behavior and academic abilities, held by John Paul College, or shared by this College with other recognised educational services/organisations.

Examples being:

- 1. To facilitate enrolment at this school or at another school
- 2. To apply for assistance, e.g Special Education Services
- 3. To request/pass on to New Zealand Qualifications Authority relevant information
- 4. To seek/share information regarding eligibility for Preferential enrolment
- 5. To seek/share information with organisations or agencies with a statutory right to that information

Please tick the box if you DO NOT wish your name and details forwarded to the John Paul College Past Pupils Association.

Principles 10 and 11, *Privacy Act 1993*

Parent Caregiver Signature:.....

Name in print:.....

Student Signature:.....

Name in print:.....

Date:.....

**Please Note:**

- a) In the case of students who have never been enrolled before, an Enrolment Record will be begun for the student, and in the case of other students their Enrolment Record will be requested from the student’s previous school.
- b) When the student leaves the school to go to another school, the Enrolment Record will be updated and passed on to the student’s next school.
- c) The school the student is attending will hold the Enrolment Record, and the student and parent can request a copy from the school, and
- d) The Enrolment Record will be made available to the Ministry of Education or its agents if requested for a specific purpose.

**ADDITIONAL CONDITIONS REQUIRED BY THE PROPRIETOR**

a) **PARTICIPATION IN SCHOOL PROGRAMME**

The undersigned undertake as a condition of enrolment and attendance that the above named student will participate in the general school programme that gives the school its Special Character and it is accepted that any behavior, whether by word or action, deemed by the Proprietor to jeopardize the Special Character of the school, might be considered reason for suspension under Part 1 Section 3 (4) of the Private Schools Conditional Integration Act 1975.

Parent Caregiver Signature:..... Name in print:.....

Date: .....

Parent Caregiver Signature:..... Name in print:.....

Date: .....

b) **ATTENDANCE DUES**

As a condition of attendance at John Paul College Rotorua I/we will pay Attendance Dues as determined from time to time by the Proprietor and approved by the Minister of Education and accept that the Principal can suspend the above named pupil at the request of the Proprietor if there is any default in payment.

Parent Caregiver Signature:..... Name in print:.....

Date: .....

Parent Caregiver Signature:..... Name in print:.....

Date: .....

**Indemnity Document for International Students living with designated caregivers.**

I/We acknowledge that I/we have decided to place my/our child within the care of a caregiver vetted and monitored by myself/ourselves in order for them to attend John Paul College as an International Fee paying student. Accordingly, I/we take full responsibility and accept the decisions made by me/our designated caregiver about the day-to-day requirements of my/our child.

He/She will attend John Paul College for .....terms from..... to.....

Student' Name (as appears on passport) .....

Caregiver's Name .....

Caregiver's Address.....

.....

Phone ..... Relationship to the Student: .....

Should this arrangement change I/we undertake to inform John Paul College immediately. Further, I/we understand that should John Paul College have any concerns regarding the welfare of my/our child they may refer for further action or refer that matter to the relevant child welfare authorities, or any other appropriate agency in New Zealand.

I/We take full responsibility for the placing my/our child with the designated caregiver named above and I/we understand that John Paul College will make every endeavour to provide for the care and welfare of my/our child while in their school.

I/We have placed my/our child in the care of their caregiver.

Parents Names .....

Signed (Parents) .....

Contact address in Home Country .....

.....

Contact Phone number in Home country .....

Relationship to the Caregiver: (circle one) Family Member/ Close Family Friend/Other

Please specify.....

John Paul College has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students published by the Ministry of Education. Copies of the Code are available upon request from this institution or from the New Zealand Ministry of Education website <http://minedu.govt.nz.goto/international>

Dear Parent, Caregiver or Guardian,

Re Out of School Trips

From time to time we take students out of school and for this we need your permission, this form allows us to do this.

The trips may vary from orientation visits to the city, environmental trip to the lakes, education trips outside of the classroom, for sports, music and recreation activities, and also for doctors appointments and emergencies should they arise.

I give consent to the John Paul College International Department to allow my son/daughter to attend any Outdoor Education Trips that may be organized through the school.

Students Name: .....

Parents Signature: .....

Date: .....

**PARENTS' DECLARATION**

I/we have read, understood and accept the terms of enrolment at John Paul College.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**STUDENT'S DECLARATION**

Signature \_\_\_\_\_

Name \_\_\_\_\_

# Application for Homestay / Hostel Accommodation

**I wish to apply for homestay / hostel accommodation (circle one)**

Family Name:.....

First Names:.....

Date of Birth:..... Age:.....

Religion:..... Gender: .....

Nationality:..... Telephone: .....

Home Address:..... Fax Number: .....

..... Email:.....

Consulting Company:..... Telephone:.....

..... Fax Number: .....

..... Email:.....

NZ Contact/Caregiver:..... Telephone:.....

..... Fax: .....

Medical Insurance Co:..... Telephone:.....

..... Fax number:.....

Allergies:.....

Do you have any pre-existing medical conditions: Yes/No

Please specify:.....

.....

Do you require any specialist help in regards to your condition: Yes/No

Please specify:.....

.....

Do you like young children? Yes / No

Do you like animals? Yes / No

What kind of animals do you like? Dogs / cats / birds / others (please state)

.....

Are you allergic to any animals? Yes / No If yes, what kind? .....

.....

What kind of food do you dislike? .....

.....  
Are you allergic to any food? Yes / No                      If so, what kind? .....

.....  
Are you a vegetarian?                      Yes / No

Do you like to cook?                      Yes / No

Do you mind living with a family who smokes?                      Yes / No

What are your hobbies / interests? .....

.....

What kind of sport do you like? .....

.....

Please describe your personality: .....

.....

Have you ever lived away from home?                      Yes / No

Have you ever participated in a homestay programme?                      Yes / No

If yes, where, when and for how long? .....

.....

Have you ever travelled to a foreign country?                      Yes / No

If yes, where, when and for how long? .....

.....

Is there any other relevant information you would like us to know?.....

.....

.....

.....

.....

Applicant's Signature:..... Date: .....

Parent's Signature: ..... Date: .....

**CONTRACT**  
**FOR**  
**HOSTEL STUDENTS ONLY**

I/We hereby agree:

1. To abide by the rules of the Mary MacKillop House as set down by the Management of Mary MacKillop House.
2. That the Manager is authorised on our behalf to consent to emergency surgical operation/emergency medical care on the advice of Medical Practitioners.
3. That where the Mary MacKillop House Management Committee is satisfied that my son/daughter/care child is guilty of misconduct, the Committee may require his/her removal from Mary MacKillop House, and in such cases the Boarding Fees for the term will still be payable, and if unpaid at such time will constitute a debt owing to the Committee.
4. That if a student is withdrawn without a satisfactory reason (to Management Committee) a penalty of up to four weeks is payable. The Management Committee will decide on a case by case basis as to whether a refund/part refund of Hostel fees will be made.

**Signed**

Mother: .....

Father:.....

Guardian:.....

Manager:.....

Date:.....

# ENROLMENT CHECKLIST

Thank you for the enrolment of your son/daughter. To help you, we have provided a check list for you to complete on completion of all documents. This will help us to process your request of enrolment as quickly as possible.

- Application for Enrolment (3 pages)
- 1 recent passport photo
- A copy of the passport
- Homestay or Mary Mac Killop Hostel application (if required)
- Indemnity Document for International students living with a designated caregiver
- Proof of legal guardianship (if required)
- Parents Declaration
- Outdoor Education Approval

## Additional requirements after Principal Acceptance of Enrolment

- Copy of passport and visa of student, parent/guardian/caregiver
- A copy of the insurance policy in English (if required)
- Hostel contract (if required)

Should you have any problems with completing these forms please contact the John Paul College International Department as soon as possible. Thank you.

**PRINCIPAL ACCEPTANCE/NON-ACCEPTANCE OF ENROLMENT**

Students Name.....

I have sighted that the applicant has established Preferential status for enrolment at a Catholic Integrated School.

OR

The applicant has not produced evidence of Preferential status for enrolment at a Catholic Integrated School.

*(TICK ONE)*

*ACTION (Delete as required)*

- a) Date application received
- b) Preference/non preference
- c) Accepted/not accepted
- d) Commencement Date
- e) International

Signed by Principal:.....

Date:.....