



St Mary's College, Ponsonby
11 New Street, Ponsonby, Auckland 1011

Application for Enrolment

PLEASE ATTACH 1
PASSPORT SIZE
PHOTO HERE

Year Level:	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
Year of Entry	2018	2019	2020	2021	2022	2023	2024

LEGAL FIRST NAME:	LAST NAME:
PREFERRED NAME:	PRESENT SCHOOL:
MOTHER'S NAME:	FATHER'S NAME:

ENROLMENT CHECKLIST

St Mary's College Enrolment Form	
<input type="checkbox"/> Signed Conditions of Enrolment Mother/Guardian	<input type="checkbox"/> 2 Passport sized photos
<input type="checkbox"/> Signed Conditions of Enrolment Father/Guardian	
<input type="checkbox"/> Signed Conditions of Enrolment Student	
Preference students	Non-Preference students
<input type="checkbox"/> 5.1 Preference Certificate signed by Parish Priest	<input type="checkbox"/> A reference from your church community/close family friend/Principal
<input type="checkbox"/> 5.1 Copy of Catholic Baptismal Certificate and any Sacramental Certificates	
<input type="checkbox"/> 5.2-5.5 Preference Certificate signed by Parish Priest	
<input type="checkbox"/> 5.2-5.5 Copy of supporting parties Baptismal Certificate	
Uses of Devices and Internet agreement (BYOD)	<input type="checkbox"/> Copy of Birth Certificate
<input type="checkbox"/> Student has signed uses of devices form	<input type="checkbox"/> School Report (copy of most recent report available)
<input type="checkbox"/> Parent/Guardian has signed uses of devices form	
FOR NZ RESIDENTS NOT BORN IN NEW ZEALAND	FOR NON NEW ZEALAND RESIDENTS
<input type="checkbox"/> Copy of Passport with residence stamp/label	<input type="checkbox"/> Copy of Passport with Visa/Permit which states the student is a domestic student

OFFICE USE ONLY

PREFERENCE: 5.1 5.2 5.3 5.4 5.5	KAMAR NUMBER: <input type="text"/>
NON-PREFERENCE: YES/NO	
SISTER AT ST MARY'S COLLEGE: Yes/No	NAME & YEAR LEVEL:
SPORTS:	MUSIC:

THIS SECTION IS FOR OFFICE USE ONLY

Special Need Requirements

LEARNING NEEDS:

MEDICAL ALERT:

Notes

ACADEMIC PROFILE:

EXTRA CURRICULUM:

SPECIAL INFORMATION:

OTHER:

The enrolment is:

PREFERENCE / NON PREFERENCE

The application is:

ACCEPTED / DECLINED/ DEFERRED

Signed _____

Date _____



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STUDENT INFORMATION

Surname:		Ethnicity:	
First Names:		If Māori which 'iwi'?:	
Preferred Name:		Language at Home:	
Date of Birth:		Country of Birth:	
Present School:		NZ Residency:	
Present Year Level:		NZ Permit No:	
Religion:		Date of Arrival:	
Baptised (place/date):		Confirmed/1 st Holy Communion (place / date):	

STUDENT'S HOME ADDRESS

Street Name and No.		Suburb:	
Town:		Postcode:	
Home Phone:		Student Cell Phone:	

APPLICANT'S PROFILE

Interests and Activities at School: Please include any school responsibilities and leadership responsibilities			
Hobbies and Activities Outside of School: Please include any community or church groups			
Music/Drama			
What instrument/s do you play?			
Number of Years:			
What music exams have you passed?			
Do you sing in a Choir?		How many years?	
Any other Music / Drama involvement:			

Sports Involvement:			
Sport	Name of Club	Years	Special Representation or achievements

SACRAMENTAL INFORMATION			
Baptised	Yes/No	Confirmation	Yes/No
Eucharist (1 st Communion)	Yes/No	Reconciliation	Yes/No
Please provide copies of these Sacramental Certificates.			

FAMILY INFORMATION			
Custodial Parent/s:	<input type="checkbox"/>	Both Parents	<input type="checkbox"/>
	<input type="checkbox"/>	Mother Only	<input type="checkbox"/>
		Other (specify name and relationship)	
During the school week the student Lives with:	<input type="checkbox"/>	Both Parents	<input type="checkbox"/>
	<input type="checkbox"/>	Mother Only	<input type="checkbox"/>
		Guardian (relationship)	
Custody/access arrangements about which the school should be aware (please provide relevant documents):			

PRIMARY PARENTS/GUARDIANS – MAIN RESIDENCE			
Mother/Stepmother/Guardian (circle as appropriate)		Father/Stepfather/Guardian (circle as appropriate)	
Title:		Title:	
Surname:		Surname:	
First Names:		First Names:	
Date of Birth:		Date of Birth:	
Relationship:		Relationship:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	
Home Address:		Home Address:	
Suburb		Suburb	
City:		City:	
Postal Code:		Postal Code:	
Ethnic Group:		Ethnic Group:	
Occupation:		Occupation:	
Place of Work		Place of Work	
Work Phone		Work Phone	
Work Address		Work Address	
Language		Language	

Religion		Religion	
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SECONDARY PARENTS/CAREGIVERS - SECONDARY RESIDENCE

Mother/Stepmother/Guardian (circle as appropriate)		Father/Stepfather/Guardian (circle as appropriate)	
Title:		Title:	
Surname:		Surname:	
First Names:		First Names:	
Date of Birth:		Date of Birth:	
Relationship:		Relationship:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	
Home Address:		Home Address:	
Suburb		Suburb	
City:		City:	
Postal Code:		Postal Code:	
Country:		Country:	
Occupation:		Occupation:	
Place of Work		Place of Work	
Work Phone		Work Phone	
Work Address		Work Address	

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.			
First Name:		Surname:	
Relationship to student:			
Home Phone		Cell Phone	

DIRECTIONS FOR CORRESPONDENCE

As family structures can vary, the following information is requested to ensure that correspondence is sent to the correct family members:								
Send Copy of Reports to:	<input type="checkbox"/>	Both Parents	<input type="checkbox"/>	Father only	<input type="checkbox"/>	Mother only	<input type="checkbox"/>	Other (please specify)
Send Copy of Accounts to:	<input type="checkbox"/>	Both Parents	<input type="checkbox"/>	Father only	<input type="checkbox"/>	Mother only	<input type="checkbox"/>	Other (please specify)
Send Copy of newsletters by email?	<input type="checkbox"/>	Both Parents	<input type="checkbox"/>	Father only	<input type="checkbox"/>	Mother only	<input type="checkbox"/>	Other (please specify)

HEALTH DETAILS

Has your daughter ever suffered from?							
Asthma	Yes / No	Diabetes	Yes / No	Epilepsy	Yes / No	Rheumatic Fever	Yes / No
Permission to take Panadol			Yes / No				
Doctor's Name:							
Doctor's Contact Details:							
Does she suffer from any allergies, notifiable disease, medical condition or disability?					Vaccination History		
					Yes/No	Hepatitis B	
					Yes/No	Measles	
					Yes/No	Mumps	
					Yes/No	Rubella	
					Yes/No	Tetanus	

ACADEMIC/PASTORAL DETAILS

Has your daughter been referred for assistance with behaviour/learning/mental health/health matters? If yes please provide details	

ST MARY'S COLLEGE AFFILIATIONS

Sisters attending St Mary's College	Name:	Year Level:	
Sisters previously attended St Mary's College	Name:	Last Year Attended:	
	Name:	Last Year Attended:	
Mother who previously attended St Mary's College	Maiden Name:	Last Year Attended:	
Other Affiliations			

WEBSITE PHOTO PERMISSION

I _____ (full name) DO/DO NOT give permission for a photograph including my daughter _____ to be included in the St Mary's College newsletter, website or other promotional material.	
Signed _____	Date _____

CONDITIONS OF ENROLMENT

NOTE: The enrolment application must be signed by BOTH parents/guardians and student

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

Please tick the boxes to acknowledge you have read and accept the statements below

- ❖ The student will participate in the general school programme that gives St Mary's College its Catholic Character.
- ❖ **Attendance Dues:** As a condition of attendance, I/We will pay the Attendance Dues as determined by the Proprietor and approved by the Minister of Education under Section 36 of the Private Schools Conditional Integration Act 1975. I/We accept that the school can discontinue attendance of the above named pupil in default of this undertaking.
- ❖ **Subject Fees and Contributions:** I/We agree to pay St Mary's College subject fees and contributions, as determined from time to time by the Board of Trustees and Board of Proprietors.
- ❖ **Uniform:** I/We will ensure that the student will at all times abide by the uniform requirements of the College.
- ❖ **Conduct:** I/We have sighted the Code of Conduct of St Mary's College and will ensure the student abides by the rules provided therein.
- ❖ **Privacy Act:** We acknowledge that the personal information we have supplied on the enrolment form is being collected to assist the College in assessing this application for enrolment, and if successful, providing pastoral care and education for our child. The College is authorised to pass this information to other schools, educational or government authorities when required for the legitimate use of those authorities. Similarly, the College is authorised to obtain whatever personal information it legitimately requires regarding the student from the student's present or previous school/s.
- ❖ It is the responsibility of the parents to keep the school advised of any change in circumstances including contact details, custodial arrangements and matters pertaining to the health and safety of the child.

Decision on Enrolment: Please tick the boxes to acknowledge you have read and accept the statements below

- ❖ I/We acknowledge that enrolment at the College is subject to availability of places within the prescribed allocation and that the final decision on whether a student meets the enrolment criteria and is therefore able to be accepted as a student of St Mary's College rests with the Principal.
- ❖ I/We acknowledge that the information provided in this application is true and correct. I/We understand that if it is found that information provided is false this enrolment will be voided.

Mother or Guardian Name _____ Mother or Guardian Signature _____

Date _____

Father or Guardian Name _____ Father or Guardian Signature _____

Date _____

Student Name _____ Student Signature _____

Date _____