



BISHOP VIARD COLLEGE APPLICATION FOR ENROLMENT

STUDENT'S DETAILS

Surname: _____ First names: _____

Address: _____ Post Code: _____

Preferred Name: _____ Telephone: _____

Date of Birth: _____ Gender: Male/Female Student Cell phone: _____

Birth Certificate/Passport No: _____ Student email: _____

Applying to enter year level _____ in 20____ Desired starting date: _____

Present school: _____

Previous schools attended: _____

New Zealand Born: Yes (Please attach copy of New Zealand Birth Certificate)

Overseas Born: Yes (Please attach copy of Passport, permanent residency or citizenship)

FATHER'S DETAILS

Name: _____

Occupation: _____

Address: _____

Telephone: (Hm) _____ (Wk) _____

Cell phone: _____

Email: _____

MOTHER'S DETAILS

Name: Mrs/Ms/Miss _____

Occupation: _____

Address: _____

Telephone: (Hm) _____ (Wk) _____

Cellphone: _____

Email: _____

EMERGENCY CONTACT

Name: _____ Phone No: _____

Relationship to student: _____

If the parents are not living together, please provide the College with the following information:

❖ Who has custody of the student? Mother Father Shared Other _____

❖ To whom should the accounts for attendance dues, school fees, etc be sent?

❖ Is a duplicate set of reports required? Yes No If yes, to whom should they be sent?

MEDICAL DETAILS

Name of Doctor: _____ Telephone: _____

Please tick the boxes below if your son/daughter suffers any of the following medical conditions (*allergies, disabilities, special conditions*):

Asthma Back/neck problems Diabetes Epilepsy
Glandular Fever Heart Condition Hepatitis A or B Migraines
Bee/Wasp stings Food Allergies Rheumatic Fever Medicine reaction

Detail other medical conditions: _____

Does your son/daughter take regular medication? If yes, please specify

Does your son/daughter have a physical condition or learning disability that might affect classroom learning, e.g. hearing loss, need for glasses, motor skills loss, dyslexia, ADD etc. If yes, please explain: Yes No

Are you agreeable to your son/daughter receiving Panadol or other non-prescription medication if considered necessary? Yes No

ETHNIC GROUP/NATIONALITY

NZ/European Maori Asian Niuean Tokelauan Cook Island Samoan

Columbian Kiribati Other: _____

Country of Birth: _____ Date of student's arrival in NZ (if applicable) _____

If Maori please indicate Iwi Affiliation: _____

Languages spoken at home: _____

Please list any interests, sports or activities in which your son/daughter may be involved:

CATHOLICISM

If one or both parents are Catholic, their child has a right of **preference** to enrolment in a Catholic school.

Please answer the following questions:

Is the mother a Catholic? Yes No

Is the father a Catholic? Yes No

Is the student a Catholic? Yes No

Is a grandparent Catholic? Yes No

Please list the names and years of attendance of any other immediate family members who attend, or have attended Bishop Viard College:

Has your child received the following sacraments in the Catholic Church? (Please tick)

Baptism Reconciliation Holy Communication Confirmation

Parish attending: _____

Non-Preference Students, (ie, Non-Catholic Students)

Non-Preference students are welcome. However, by law Bishop Viard College is able to receive only a limited quota (5% of the school's maximum roll at integration) of children whose parents have no connection with a Catholic parish.

PARENTAL AGREEMENT TO CONDITION OF ENROLMENT:

- ❖ The student will participate as required in the Religious Education classroom programme and be actively supportive of the Special Character requirements of the College. Examples of active support include being positive towards reconciliation, taking part in class and school Masses, and attending and participating in class retreats.
- ❖ The parent/caregiver recognises the need to support as best they can, what their son/daughter will be taught at school concerning the faith and practices of the Catholic Church.
- ❖ The parent/caregiver shall undertake to support the school policies authorised by the school's Board of Trustees.
- ❖ We have read and accept the rules and regulations outlined in the College Prospectus.
- ❖ I give my consent for the information provided on this form to be used by the school (including the PTA) for school related purposes.
- ❖ I also agree that any photographs taken while participating in school activities can be used for school promotional purposes.

ATTENDANCE DUES

All students attending Catholic schools are required to pay Attendance Dues. These dues are for servicing of school debts, insurance of school buildings and other costs permitted by legislation. The billing of Attendance Dues is centralised through the Catholic Schools Board (CSB) at the Catholic Centre, Wellington.

Prior to enrolment the parents or other persons taking responsibility for the student must agree to pay Attendance Dues at a rate determined by the Proprietors and approved by the Minister of Education or at such other rate as may be agreed from time to time between the undersigned and the person delegated by the Proprietors to act on their behalf.

The Catholic Schools Board will send four invoices through the year, the first on or about 1 March for the total family attendance dues to be paid.

In the event of default in payment of dues, then any recovery costs will be an additional expense to the parent or caregiver.

I/we the undersigned agree as a condition of enrolment and attendance to pay attendance dues at the rate levied from time to time by the school proprietor.

The information given in this enrolment form may be disclosed to the Proprietor or his/her agents for the purposes of attendance dues and other purposes provided or envisaged by law. We hereby consent to this use.

Name _____
(Please print) (Please print)

Signed _____
Parent / Caregiver Parent / Caregiver

Student Signature Dated

All the information on this form is **CONFIDENTIAL** and is covered by the Privacy Act 1993. This information is held at Bishop Viard College, 20 Kenepuru Drive, Porirua and is available to staff and members of the Board of Trustees of the College. Address & phone number details are collected at the time of enrolment and during the student's time at school so that the school can contact the parent or student as necessary. When a student leaves school these contact details may also be passed onto the Ministry of Social Development (MSD) by the Ministry of Education via ENROL and roll returns. This is so young people who may have difficulty finding future employment, training or further education can be identified and offered support by organisations contracted by MSD to help re-engage young people in education or training when they leave school.

Office Use: Preference Student YES / NO

.....
(Principal's Signature)



Student Cybersafety Use Agreement

Student

I understand and will abide by the conditions and rules as set out in the school's Cybersafety Use Agreement. I further understand there may be consequences (including the possible loss of access and even disciplinary action) if I should commit any breach of these conditions.

I recognize that the college reserves the right to inspect my files, emails and record of sites visited on the internet including those files that may have been hidden or deleted.

Name (Printed)

Signature

Date

Parents/Guardians*

I have read this Cybersafety Use Agreement and understand that my child is responsible for using communications technologies and accessing the internet at school as outlined here. I also understand this agreement applies to communication technologies my child brings into the school environment.

I have gone through the Agreement with my child and explained its importance, and that there may be consequences for breaking the Agreement. I believe my child understands his/her obligations.

I understand while the school will do its best to restrict student access to offensive, dangerous, illegal or inappropriate material at school, through internet e-mail or text or ptxt messaging etc, it is the responsibility of my child to have no involvement in such material.

I hereby give my permission for _____ to be given access at school to global information systems such as the Internet or e-mail.

Name (Printed)

Signature

Date

* If you would like to discuss this document or need help with translation, please contact the school office.