



APPLICATION FOR ENROLMENT

Applying to enter Year Level _____ in 20 _____ Start date: _____

STUDENT DETAILS

First Name: _____ Middle: _____

Surname: _____ Preferred Name: _____

Date of Birth: _____ Gender: Male / Female (please circle)

Country of Birth: _____ Country of Citizenship: _____

Are you born in New Zealand?

Attach Birth Certificate or Passport

Were you born Overseas?

Attach Passport, permanent residency, or Citizenship

If overseas born, Date of Arrival to New Zealand: _____

Ethnicity: _____

If Māori, please specify Iwi: _____

Languages spoken at home: _____

Current School: _____

RESIDENCE A PRIMARY CAREGIVER DETAILS

Primary Caregiver 1

Name: Mr/Mrs/Ms/Miss _____

Address: _____

Cell Ph: _____

Work Ph: _____

Email: _____

Relationship to student: _____

Occupation: _____

Primary Caregiver 2

Name: Mr/Mrs/Ms/Miss _____

Address: _____

Cell Ph: _____

Work Ph: _____

Email: _____

Relationship to student: _____

Occupation: _____

RESIDENCE B SECONDARY CAREGIVER DETAILS

Secondary Caregiver 1

Name: Mr/Mrs/Ms/Miss _____

Address: _____

Cell Ph: _____

Work Ph: _____

Email: _____

Relationship to student: _____

Occupation: _____

Secondary Caregiver 2

Name: Mr/Mrs/Ms/Miss _____

Address: _____

Cell Ph: _____

Work Ph: _____

Email: _____

Relationship to student: _____

Occupation: _____

EMERGENCY CONTACT DETAILS

Name: _____

Cell Ph: _____

Relationship to Student: _____

Name: _____

Cell Ph: _____

Relationship to Student: _____

MEDICAL DETAILS

Name of Doctor: _____ Phone: _____

Does your son/ daughter have any medical conditions that we should know about? If yes, please specify:

Does your son/ daughter take/carry any 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 skill loss, dyslexia, etc. If yes, please explain:

Can your son/ daughter receive Panadol? Yes No

Do you agree to your son / daughter receiving other non-prescription medication if necessary? Yes No

Do you want your child to under-take the free Health and Wellbeing assessment which includes medical treatment, medication, health promotion and education by the School Health Practitioner/ Nurse (it is confidential and will not be discussed with anyone else unless there are issues of safety or if there are medical concerns? Yes No

Does your child have a **Chromebook**? Yes No

If no, please fill in the Te Mana o Kupe form on page 5 & 6 if you need terms and conditions please email or see the office.

RELIGION AT THE COLLEGE

Student's religion:

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

Baptism Reconciliation Holy Communion Confirmation

Parish Attending:

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

Name: _____ Years Attended: _____

Name: _____ Years Attended: _____

Please list the names of any siblings that are likely to attend in the future, and their current year level:

Name: _____ Years Attended: _____

Name: _____ Years Attended: _____

AGREEMENTS

CAREGIVER AGREEMENT TO CONDITION OF ENROLMENT:

- ❖ The student will participate in the Religious Education program and actively support the Special Character of the College, including reconciliation, masses, and class retreats.
- ❖ I/We agree to support our son/ daughter in the Faith of the Catholic Church.
- ❖ I/We agree to help my child follow the school rules and expectations.
- ❖ I/We agree that any photographs taken while participating in school activities can be used for school promotional purposes.

CYBER SAFETY AGREEMENT (CAREGIVERS):

- ❖ I/ We have understood that my child is responsible for using communication devices and accessing the internet at school, I also understand that this applies to communication devices my child brings into the school environment.

CYBER SAFETY AGREEMENT (STUDENT):

- ❖ I understand and will follow the rules set out by the school, I will be responsible for using my device and accessing the internet.
- ❖ I will leave my phone in my bag, if I have been seen with it during class time it will be taken from me, and I will not get it back till the end of the day.

CAREGIVER/S

Name: _____

(Please Print)

Signature: _____

Name: _____

(Please Print)

Signature: _____

STUDENT

Name: _____

(Please Print)

Signature: _____

Date: _____

Student Name:

School:



CREDIT SALE AGREEMENT:

TAX INVOICE

This credit sale agreement between the Vendor and Purchaser records that the Vendor agrees to sell to the Purchaser the goods and the Purchaser agrees to pay the Vendor the total balance to be paid on the Terms and Conditions set out in this Agreement.

Principal Terms: Details of Parties and Financial Terms

VENDOR ("us" or "we" or "our")	TE MANA O KUPE TRUST incorporated in New Zealand as a charitable trust board (Incorporation Number 2597762) GST Number:113-430-613																																																												
PURCHASER ("you" or "your")	Name: _____ Ethnicity: _____ (optional) Address: _____ Phone/Email: _____ Have you purchased a device from us before: Yes/ No																																																												
DESCRIPTION OF GOODS	FINANCIAL DETAILS (GST INCLUSIVE)																																																												
THE GOODS <ul style="list-style-type: none"> • 1 x Chromebook with a 3 year Warranty • Chromebook bag • 36 months insurance (no excess) SNID or S/N _____	Contract PRICE:\$475.00 LESS DEPOSIT: \$45 AMOUNT OF CREDIT: \$430.00																																																												
BALANCE TO BE PAID (INCL GST)	Balance of \$423.00 id on the following basis. please tick the appropriate option [] (the "Payment Schedule"): Weekly payments. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 10%;">6 Months</td> <td style="width: 10%;">26 payments</td> <td style="width: 15%;">\$16.53</td> <td style="width: 50%;">[]</td> </tr> <tr> <td></td> <td>12 Months</td> <td>52 Payments</td> <td>\$8.26</td> <td>[]</td> </tr> <tr> <td></td> <td>18 Months</td> <td>78 Payments</td> <td>\$5.51</td> <td>[]</td> </tr> <tr> <td></td> <td>24 Months</td> <td>104 Payments</td> <td>\$4.13</td> <td>[]</td> </tr> </table> Fortnightly payments. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 10%;">6 Months</td> <td style="width: 10%;">13 Payments</td> <td style="width: 15%;">\$33.07</td> <td style="width: 50%;">[]</td> </tr> <tr> <td></td> <td>12 Months</td> <td>26 Payments</td> <td>\$16.53</td> <td>[]</td> </tr> <tr> <td></td> <td>18 Months</td> <td>39 Payments</td> <td>\$11.02</td> <td>[]</td> </tr> <tr> <td></td> <td>24 Months</td> <td>52 Payments</td> <td>\$8.26</td> <td>[]</td> </tr> </table> Monthly payments <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 10%;">6 Months</td> <td style="width: 10%;">6 payments</td> <td style="width: 15%;">\$71.66</td> <td style="width: 50%;">[]</td> </tr> <tr> <td></td> <td>12 Months</td> <td>12 Payments</td> <td>\$35.83</td> <td>[]</td> </tr> <tr> <td></td> <td>18 Months</td> <td>18 Payments</td> <td>\$23.88</td> <td>[]</td> </tr> <tr> <td></td> <td>24 Months</td> <td>24 Payments</td> <td>\$17.91</td> <td>[]</td> </tr> </table>		6 Months	26 payments	\$16.53	[]		12 Months	52 Payments	\$8.26	[]		18 Months	78 Payments	\$5.51	[]		24 Months	104 Payments	\$4.13	[]		6 Months	13 Payments	\$33.07	[]		12 Months	26 Payments	\$16.53	[]		18 Months	39 Payments	\$11.02	[]		24 Months	52 Payments	\$8.26	[]		6 Months	6 payments	\$71.66	[]		12 Months	12 Payments	\$35.83	[]		18 Months	18 Payments	\$23.88	[]		24 Months	24 Payments	\$17.91	[]
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DATE OF FIRST PAYMENT																																																													

PLACE OF PAYMENT	All payments due under this Agreement must be made by automatic bank payment authority, as requested by us. If an automatic bank payment authority is not established, then until it is payment will be made to our bank account (account number 12-3254-0134205-50) at the ASB Bank, or to any other place or account notified to you by us.
VERIFICATION STATEMENT WAIVER	You waive the need for us to forward to you a copy of any verification statement in respect of any financing statement or financing change statement registered under the Personal Property Securities Act 1999 (" PPSA ") by us in connection with this Agreement, or prior arrangements with us. Unless otherwise advised, the first signatory below will be your contact person for the purposes of PPSA.
NOTICE OF QUALITY	You acknowledge that before this Agreement was entered into, the following defects in the goods were specifically drawn to your attention and accepted by you:
SIGNING DATE	Dated:
EXECUTION	<p>EXECUTED by you:</p> <p>_____</p> <p>Your Signature</p> <p>_____</p> <p>Your Name</p> <p>EXECUTED for and on behalf of the Trust (us) by:</p> <p>_____</p> <p>Trustee's Signature</p> <p>_____</p> <p>Trustee's Name</p>

PREFERENCE CERTIFICATE – 2018



Archdiocese
OF Wellington

New Zealand Catholic Bishops Conference Preference of Enrolment Certificate For the Archdiocese of Wellington

This is to certify that

In accordance with Private Schools' Conditional Integration Act, Section 29 (1), and Catholic School Integration Agreements, through a general or particular religious connection as stated in the Preference Criteria Numbers: 5.1, 5.2, 5.3, 5.4, 5.5.

(Please refer to Criteria details on back of form)

MR/MRS/MS.....

Address.....

Is/ are eligible to have preference of enrolment for their child at

.....School/ College

inTown/City

Name of ChildDate of Birth

I/We undertake to support our child in the formation of their faith and the practices of the Catholic church. I/We further agree that my/ our contact details will be shared with the school and parish for the purpose of faith formation.

Parent(s)/ Caregivers Signature..... Date.....

Under which Criterion (see reverse) is the child eligible for preference?.....

If Criterion 5.1 applies please complete:

Baptised in at on

If Criterion 5.4 applies please complete the section on the back of this form.

Certified by (Name): as authorized agent of the Roman Catholic Bishop of the Diocese of

Position:

(see: Administration of the Criteria, 6.1.1-6.1.6, Agents who may sign, listed over page)

Address.....

Signature..... Date.....

This form must be completed by the Parent(s)/ Caregiver(s), and the Parish Priest or other designated authorities *prior* to the enrolment of a student in a Catholic Integrated School.

NEW ZEALAND CATHOLIC BISHOPS CONFERENCE

Criteria for Preference of Enrolment in Integrated Catholic Schools

- 5.1 The child has been baptized or is being prepared for baptism in the Catholic Church.
- 5.2 The child's parents/ guardians have already allowed one or more of its siblings to be baptised in the Catholic faith.
- 5.3 At least one parent/ guardian is a Catholic, and although their child has not yet been baptised, the child's participation in the life of the school could lead to the parents having the child baptised.
- 5.4 With the agreement of the child's parent/ guardian, a significant familial adult, such as a grandparent, aunt, or uncle who is actively involved in the child's upbringing undertakes to support the child's formation in the faith and practices of the Catholic Church.
- 5.5 One or both of a child's non-Catholic parents/ guardians is preparing to become Catholic

Agents of the Bishop, Who May Sign the Certificate on his Behalf

- 6.1.1 Parish Priest of their Parish of Residence
- 6.1.2 Assistant Priest of their Parish of Residence
- 6.1.3 Priests appointed under c. 517/1
- 6.1.4 Deacons and lay persons appointed to pastoral care under c. 517/2
- 6.1.5 Ethnic chaplains who liaise with Parish Priests or their delegate
- 6.1.6 Local committees appointed by the Bishop or by any of the above agents of the Bishop.

Process of Appeal

Handbook for Boards of Trustees of New Zealand Catholic Integrated Schools (section 5.14)

If a preference certificate has been refused and the parents, either directly or through the Principal, wish to appeal the matter, the application can be referred to the Proprietors' Office (diocesan Education Office). The Director of the Office, or whoever is the appointed appeal authority in the diocese, after making whatever investigation is necessary, including consulting the Parish Priest if appropriate, will make a ruling, or seek a ruling from the Bishop. The Parish Priest or delegated person who refused the certificate in the first instance is normally informed whenever a preference certificate is issued in virtue of this paragraph.

Please note that in the Archdiocese of Wellington the appointed appeal authority is the Vicar for Education, contact phone: (04) 4961735.

If Criterion 5.4 (above) applies the parents/ caregivers and significant familial adult completes the following:

Significant familial adult:

I agree to support.....(child's name)

Formation in the faith and practices of the Catholic Church and agree to my contact details being available to the school and parish for this purpose.

Mr/Mrs/Ms.....

Address.....

Relationship to child..... Email address..... Phone no.....

Parish.....

Signature..... Date.....

Parent(s)/ Caregiver(s):

I agree that my child will be supported by..... in the formation of the faith and practices of the Catholic Church. I/We further agree that my/ our contact details will be shared with the school and parish for the purpose of faith formation.

Signature:..... Date:.....



ATTENDANCE DUES AGREEMENT

BETWEEN: The Roman Catholic Archbishop of the Archdiocese of Wellington as proprietor of **Bishop Viard College**

AND: The following Parents/Caregivers

Complete all sections of this form – print clearly in capital letters

Existing Attendance Dues A/C No:								
---	--	--	--	--	--	--	--	--

(Leave this number blank if this is your first student to be enrolled in a Catholic school in the Wellington Archdiocese)

Details	Parent/Caregiver 1	Parent/Caregiver 2
Title		
Surname		
First Names		
Relationship to student		
Residential Address		
Post code		
Phone (day)		
Phone (mobile)		
Email address		

Enrol the following student(s) at the school:

First and middle names of student(s)	Surname of student(s)	Gender M/F	Pref Y/N	Year level	Start Date

Acknowledgement: I acknowledge that I have read and understand this **Attendance Dues Agreement** and agree to comply with its terms and conditions.

1. I also agree to advise the Archdiocese of Wellington Dues team in writing if my/our circumstances change.
2. I accept responsibility for the payment of the Attendance Dues charged by the proprietor.
3. I agree to payment in one lump sum by the due date 31 May (the "due date") or through regular weekly/fortnightly/monthly (circle) instalments of \$ _____ so that payment is completed by 30th November.

----- /-----/20-----
 Signature of parent/caregiver 1 Name (please print) Date

----- /-----/20-----
 Signature of parent/caregiver 2 Name (please print) Date

1.0 Introduction

- 1.1 The Proprietor has entered into an Integration Agreement with the Minister of Education in respect of the school. The Integration Agreement provides that the Proprietor may enter into an agreement with the Parents or other persons accepting responsibility for the education of a child providing that, as a condition of the enrolment or attendance of the child at the school, the Parents or other persons shall pay attendance dues in accordance with this agreement.
- 1.2 Attendance dues are used by the Proprietor to service school debt, ensure school buildings and other costs as specified in the Education and Training Act 2020.

2.0 Attendance Dues Payment

- 2.1 I/we agree to pay Attendance Dues to the Proprietor as approved by the Minister of Education in terms of the Education and Training Act 2020 and as a condition of enrolment of the students at the school.
- 2.2 I/we understand that each year, the Proprietor will issue me/us with an invoice for all attendance dues payable in respect of the student(s) and I/we agree to pay the invoice in full by the date stipulated in it.
- 2.3 I/we understand that if I/we default in paying my/our attendance dues by the due date, then any recovery costs incurred by the Proprietor will be an additional expense to be paid by me/us (and will be added to the total attendance dues owing and payable by me/us).
- 2.4 I/we acknowledge that the Proprietor: (a) may increase attendance dues from time to time provided such increases are within the maximum attendance dues permitted to be charged by the Ministry of Education; and (b) is likely to review and, if necessary, increase the level of attendance dues payable at least annually.

3.0 STUDENT ENROLMENT INFORMATION AND THE PRIVACY ACT 2020

- 3.1 The Proprietor is committed to respecting your privacy by protecting the information you voluntarily provide. The information will be held and stored securely by the Archdiocese of Wellington (ADW), which administers attendance dues on behalf of the Proprietor.
- 3.2 Information entered into the ADW database is protected using industry standard technology such as encryption and password protection. Information is only accessible to personnel and their agents who need access to do their work and will be used primarily for collection and administration of attendance dues.
- 3.3 Information about outstanding attendance dues may be shared by ADW with the Proprietors and personnel of other Catholic Schools attended by members of your family, and with their attendance dues collection agents.
- 3.4 Information voluntarily provided by you to the Proprietor may also be shared with your Parish for the purpose of supporting the student(s) formation of the faith and practices of the Catholic Church.
- 3.5 The information will not be shared with any other party without your permission.
- 3.6 You can ask for a copy of any personal information the proprietor holds about you and ask for it to be corrected if you think it's wrong. If you would like a copy of your information, or want to have it corrected, please contact ADW.

Once completed, this form, and all other enrolment information required by the Proprietor for the purposes set out in clause 3.0 of this Attendance Dues Agreement must be returned to the school.

ADW Contact Information:

1. The ADW office: Catholic Centre, Level 2, 204 Thorndon Quay, Wellington
2. Postal address: Attendance Dues, P.O. Box 1937, Thorndon, Wellington 6140
3. Telephone: 0800 462 725
4. Email: dues@wn.catholic.org.nz

Please complete this section:

School Number:

Enrolment number:

NSN Number:

ACCOUNT number:



Attendance Dues 2024

Attendance Dues for 2024 (inclusive of GST)

Primary Students: \$545.00 per child

Secondary Students: \$1,092.00 per child

Invoices will be sent in mid-February with payment in full due by **31st May in the year of enrolment.**

Alternatively, you can set up an automatic payment to pay in regular and consistent instalments – either weekly, fortnightly, or monthly over the course of the year, to **pay the balance in full by 30th November 2024.**

How do I pay my Attendance Dues?

All payments are to be made directly to the Archdiocese of Wellington, as outlined in the table below. *

By credit/debit card:	www.wn.catholic.org.nz/attendance-dues
Automatic Payments:	Through your internet banking or directly at your bank
Bank details:	Account name: Attendance Dues Collection Fund Westpac Account number: 03 0518 0000400 00 Particulars: Student surname Reference: Family account number

**Please note from 2024, if you have a child attending either, St Mary's College or St Catherine's College, those colleges are now collecting their dues separately and different charges may apply. However, any amounts overdue in respect of enrolments prior to 2024 at either of these colleges are still to continue and be made to the Archdiocese of Wellington.*

What are Attendance Dues?

- Paying Attendance Dues is a condition of enrolment for all students attending New Zealand Catholic Schools.
- Attendance Dues are **compulsory** – there is a legal requirement for parents and caregivers to pay Attendance Dues under the Education and Training Act 2020.
- Attendance Dues are used to pay for building related costs at Catholic Schools in the Wellington Archdiocese, including the costs of new school classrooms, and other buildings, pay off existing mortgages and pay for the insurance on all school properties.

For further information on Attendance Dues, please see our website:

<https://www.wn.catholic.org.nz/about/schools-in-the-archdiocese/attendance-dues/>

If you would like to talk to us, please use the contact details at the top of the page.



*"Please help us make Catholic education viable by paying your dues and even sharing the load for other parents who cannot manage by donating a little extra."
Archbishop Paul Martin SM.*

We look forward to supporting you on your Catholic education journey.



Bishop Viard College

Uniform Pricelist 2024

UNIFORM	PRICE
Girls White Short Sleeve Blouse Sizes: 6 – 30	\$45.00
Girls White Long Sleeve Blouse Sizes: 6 – 30	\$50.00
Girls Green Tartan Skirt Sizes: 6 – 30	\$115.00
Boys Grey Short Sleeve Shirt Sizes: 4XS – 5XL	\$45.00
Boys Grey Long Sleeve Shirt Sizes: 4XS – 5XL	\$50.00
Boys White Long Sleeve Shirt *(must be worn with black pants and tie) Sizes: 2XS – 7XL	\$50.00
Boys Grey Shorts Sizes: 57 – 122	\$50.00
Boys Black Trousers *(must be worn with white shirt and tie) Sizes: 57 – 122	\$70.00
Boys Black le Faitaga Size: 57 – 122	\$70.00
Red Jersey w Logo Sizes: Kids 10 – 16, S – 3XL	\$100.00
Red Blazer w Logo *Formal (Yr 11-13) Sizes: 6 – 30, Sizes S-5XL	\$180.00
Tie – Red *Formal (Yr 9-13)	\$30.00
UNIFORM	PRICE
Girls White Ankle Socks (3 pack) Size 4-6, 7-9	\$22.00
Girls Tights – Black Size Small, Average, Large, XL	\$27.99
Grey Socks worn with Shorts (Hooped) Size 2-5, 6-10, 11-13	\$15.00
Black Socks worn with Trousers (3 pack) Size 2-5, 6-10, 11-13	\$22.00
Black Leather Shoes	Frm \$100.00
School Bag	Frm \$45.00
Hair Accessories	Frm \$4.50
Name Labelling – Per Garment	\$4.00

STORE: 5B/16 Parumoana Street, Porirua

EMAIL: porirua@nzuniforms.com

PHONE: (04) 282 1533

STORES HOURS: Monday – Friday 9am-5:30pm

Saturday 9am-4pm

Sunday - Closed.

