



# De La Salle College

## Application for Enrolment

81 Gray Ave, Mangere East  
 Manukau 2024, Auckland, NZ  
 P.O.Box 86001, Mangere East 2158  
 Telephone: 64-9-276 4319  
 Facsimile: 64-9-276-7992  
 Email: admin@delasalle.co.nz

Proposed Year of Entry : <b>20</b>	(e.g. 2010)
Proposed Academic Year Level at Entry (please circle):	Year 7 Year 8 Year 9 Year 10 Year 11 Year 12 Year 13

### Student Information

Surname:	Nationality:		
First Names:	Language at Home:		
Preferred Name:	Country of Birth:		
Date of Birth:	NZ Residency:		
Present School:	NZ Permit No:		
Previous School:	Date of Arrival:		
Present Year Level:	Ethnic Group:		
Religion:	Parish:	If Maori which 'iwi':	
Baptised	Yes / No	Communion	Yes / No
Reconciliation	Yes / No	Confirmation	Yes / No

### Students Home Address

Street Name and No.	Postal Code:
Suburb:	Home Phone:
Town:	Cell Phone:

### Family Information

Custodial Parent/s:	Both Parents	Mother Only	Father Only
Student Mainly lives with?	Other (specify name and relationship)		

### Primary Caregivers – 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:	
Work Phone		Work Phone	
Language		Language	
Religion		Religion	

## Non Custodial Parents or Secondary Residence

<b>Mother / Stepmother/ Guardian</b> <small>(circle as appropriate)</small>		<b>Father / Stepfather/ Guardian</b> <small>(circle as appropriate)</small>	
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:	
Work Phone:		Work Phone:	

**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:	

### Health Information

Current Doctor:		Medical Centre:	
<b>Immunisations Up to Date:</b>	<b>Yes / No / Don't Know</b>		
<b>Immunisations for Meningococcal B (3 injections)</b>	<b>Yes / No / Don't Know</b>		
Does your son have any medical conditions? E.g. heart problems, rheumatic fever, migraines, epilepsy, diabetes, asthma, weight problems, hepatitis, other?			
Is he on any medication? If yes, please state / explain			
Is he allergic to anything? If yes, please state / explain			
Does your son wear glasses or hearing aids at any time? Yes / No			

### Health Consent

I give permission for the school nurse to provide healthcare and a full Year 9 health check- this will include measuring height and weight, checking hearing, vision and blood pressure, plus a discussion on nutrition, exercise, hygiene and other adolescent health issues.

(Parents will be notified if necessary and are welcome to contact the nurse with any questions). **Yes / No**

I give permission for the School Nurse to give my son Panadol if necessary.	<b>Yes / No</b>
I give permission for my son to register with the Mighty Mouth Mobile Dental Clinic.	<b>Yes / No</b>

### General Information

Does your son have special learning needs?	<b>Yes / No</b>
Is your son receiving support from a specialist or teacher aide?	<b>Yes / No</b>
Has your son been stood down or suspended from any other school? If yes, please state the school and reason.	<b>Yes / No</b>
I give permission for the school to text my son's non-attendance at school.	<b>Yes / No</b>
I give permission for my son to use the Internet at school.	<b>Yes / No</b>
I give permission for a photograph of my son to be included in the De La Salle College newsletter or website.	<b>Yes / No</b>

<b>Please state two reasons why you want your son to come to De La Salle College:</b>
<b>1.</b>
<b>2.</b>

**Directions for Correspondence:** As family structures can vary, the following information is requested to ensure that correspondence is sent to the correct family members:

<b>Send Copy of Reports to:</b>	<b>Both Parents</b>	<input type="checkbox"/>	<b>Father only</b>	<input type="checkbox"/>	<b>Mother only:</b>	<input type="checkbox"/>	<b>Other (please specify)</b>	<input type="checkbox"/>
<b>Send Copy of Fees to:</b>	<b>Both Parents</b>	<input type="checkbox"/>	<b>Father only</b>	<input type="checkbox"/>	<b>Mother only:</b>	<input type="checkbox"/>	<b>Other (please specify)</b>	<input type="checkbox"/>
<b>Do you want to receive newsletters by email?</b>	<b>Mother:</b>	<input type="checkbox"/>	<b>Yes / No</b>	<input type="checkbox"/>	<b>Father:</b>	<input type="checkbox"/>	<b>Yes / No</b>	<input type="checkbox"/>

### De La Salle College Affiliations

<b>Brothers currently attending De La Salle College</b>	<b>Name:</b>	<input type="text"/>	<b>Year Level:</b>	<input type="text"/>
<b>Brother previously attended De La Salle College</b>	<b>Name:</b>	<input type="text"/>	<b>Last Year Attended:</b>	<input type="text"/>
	<b>Name:</b>	<input type="text"/>	<b>Last Year Attended:</b>	<input type="text"/>
<b>Father who previously attended De La Salle College</b>	<b>Name:</b>	<input type="text"/>	<b>Last Year Attended:</b>	<input type="text"/>
<b>Other Affiliations</b>	<input type="text"/>			

### Applicants Profile

**Interests and Activities at School: Please include any school responsibilities**

<input type="text"/>
<input type="text"/>

**Hobbies and Activities Outside of School: Please include any community or church groups**

<input type="text"/>
<input type="text"/>

### Sports Involvement:

<b>Sport</b>	<b>Name of Club</b>	<b>Years</b>	<b>Special Representation or Achievements</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Please Check this Application Form includes:

<b>Signed Conditions of Entry Mother / Guardian</b>	<input type="checkbox"/>	<b>Signed Conditions of Entry Father / Guardian</b>	<input type="checkbox"/>
<b>\$20 Non-Refundable Administration Fee</b>	<input type="checkbox"/>	<b>School Report (copy of most recent report available)</b>	<input type="checkbox"/>
<b>White Preference Card signed by Parish Priest or evidence of Catholicity in family e.g. Baptismal Certificate</b>			
<b>For Non Preference Enrolments</b>		<b>For NZ Residents not born in New Zealand</b>	
<b>A reference from your Church Community</b>	<input type="checkbox"/>	<b>Copy of Passport with residence stamp / label</b>	<input type="checkbox"/>
<b>For New Zealand Born Applicants</b>		<b>For Non New Zealand Residents</b>	
<b>Birth Certificate ( Copy of Full Birth Certificate)</b>	<input type="checkbox"/>	<b>Copy of Passport with Visa / Permit which states the student is a domestic student</b>	<input type="checkbox"/>

### THIS SECTION IS FOR OFFICE USE ONLY

**Special Need Requirements**

<input type="text"/>
<input type="text"/>
<input type="text"/>

### NOTES

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

# Conditions of Enrolment

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

- ❖ The student will participate in the general school programme that gives De La Salle College it's Catholic Character;
- ❖ **Dues:** As a condition of attendance, I / We will pay the Attendance Dues as determined by the Proprietor and approved by the Ministry of Education;
- ❖ **Fees:** I / We agree to pay De La Salle College fees, 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;
- ❖ **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**

- ❖ 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 De La Salle College rests with the Principal;
- ❖ We accept a **non-refundable** fee of \$20 to cover administration is payable on lodgement of the Enrolment Application.

Mother or Guardian Signature..... Date .....

Father or Guardian Signature..... Date.....

Student Signature..... Date.....

**The application is accepted / declined**

**The enrolment is preference / non preference**

**Office Use Only**

Registration No. \_\_\_\_\_

Date Received \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_