



De La Salle College

Application for Enrolment

81 Gray Avenue Mangere East 2024

PO Box 86-001 Auckland New Zealand

Phone: 276 4319 ext 816 Email: enrolments@delasalle.school.nz

Please attach a recent passport photo here

Proposed Year of Entry: 20_____ Year 7 Year 8 Year 9 Year 10 Year 11 Year 12 Year 13 (PLEASE CIRCLE)

Student Information

Legal First Name		Legal Last Name	
Preferred First Name		Preferred Last Name	
Date of Birth		Country of Birth	
If born overseas			
Date of Arrival into NZ		Type of Visa	
Home Address			
Present School & Year Level			Year
Previous School If applicable			
Ethnic Group(s)		Language(s) spoken at home	
If Maori: Iwi/Hapu			
Religion		Parish (Catholic)	
Catholic Sacraments	(Please circle and provide certificates)		
Baptism	YES NO	Holy Communion	YES NO
Reconciliation	YES NO	Confirmation	YES NO

Applicants Profile

Interests and Activities at School: Please include any school responsibilities

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

Sports Involvement:

Sport	Name of Club	Special Representation or Achievements

General Information

Does your son have special learning needs? Please specify and/or attach documents. PLEASE CIRCLE

YES NO

Is your son receiving support from a specialist or teacher aide? If Yes, what are the details?
Eg ORS, RTLB, ACC etc **YES NO**

Has your son been stood down / suspended / excluded from any other school? If yes, please circle and state school and reason. **YES NO**

I give permission for the school to text me about my son's non-attendance at school. **YES NO**

I give permission for my son to use the internet at school. **YES NO**

I give permission for a photograph/video of my son to be included in the De La Salle College newsletter, College website, College facebook page or College app. **YES NO**

De La Salle College Affiliations

Brother(s) currently attending De La Salle College	Name(s):	Year Level: House:
Brother(s) previously attending De La Salle College	Name(s):	Last Year Attended: House:
Father who previously attended De La Salle College	Name:	Last Year Attended: House:
Other Affiliations (eg Uncle, Cousin):		

Please state two reasons why you want your son to come to De La Salle College

1.

2.

Family Information

Student Mainly Lives With: (Please Circle)	Both Parents	Mother Only	Father Only
	Other (Please specify & circle)	Aunty Brother Caregiver	Uncle Sister Grandfather Mothers' Cousin Grandmother Fathers' Cousin
Your Relationship to Student:		Your Relationship to Student:	
First Name:		First Name:	
Last Name:		Last Name:	
Address:		Address:	
Phone Home:		Phone Home:	
Mobile:		Mobile:	
Email:		Email:	
Ethnicity:		Ethnicity:	
Occupation:		Occupation:	
Work Name & Address:		Work Name & Address:	
Religion:		Religion:	
Parish:		Parish:	
Emergency Contact Name:		Phone Home: Mobile:	
Relationship to student			
Any extra relevant information			
Eg Custody order, living arrangements			

Conditions of Enrolment

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

Participation In School Programme: I/We the undersigned, undertake as a condition of enrolment that the above named student will participate in the general school programme that gives De La Salle College it's Catholic Special Character;

Attendance Dues: I/We the undersigned, undertake as a condition of enrolment and attendance to pay Attendance Dues as determined from time to time by the Proprietor and approved by the Minister of Education. Furthermore, I/We accept that the school can discontinue attendance of the above named student in default of this undertaking;

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;

School Trips: I/We agree that all costs associated with our son's education at De La Salle will be up to date before permission is granted by the College to attend any trip outside the College.

Privacy Act 1993: Our school undertakes to collect, use and store information you provide on this form according to the principles of the Privacy Act 1993. The information may be provided to the Proprietor or Proprietor's agent, the Minister of Education and the Education Review Office, and for administration purposes within the school.

I/We agree that this information can be used for the above purpose.

College rules: Our son will at all times abide by the College rules as stated in the Student Diary.

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.

Mother / Caregiver Name & Signature		Date:
Father / Caregiver Name & Signature		Date:
Student Name & Signature		Date:

PREFERENCE OF ENROLMENT (Signature of Principal / Senior Leadership)

I have sighted evidence that the Proprietor has stated the abovenamed student should be given preference of enrolment.

This enrolment is: Preference / Non Preference (circle one)

Signed: _____ **Principal / DP) Date:** _____

De La Salle College

Health Consent Form 20_____



Student Name		Date of Birth:	
		Year Level:	

Health Information

Current Doctor: _____ Medical Centre: _____

Medical Conditions/Allergies (Please circle and provide details)

Heart Condition	YES NO	Allergies (<i>If Yes, please give details</i>)	YES	NO
Rheumatic Fever	YES NO	Other	YES	NO
Diabetes	YES NO			
Asthma	YES NO	Any regular medication taken and/or has a medical condition that the school should be aware of? (<i>If Yes, please give details</i>)	YES	NO
Does your son wear glasses or hearing aids?	YES NO			

Health Consent

Has your son been fully immunized? Please attach a copy from his Well Child Plunket book of his immunization record or a printout from your Doctor	<u>PLEASE CIRCLE</u> YES NO
I give permission for the school nurse to provide healthcare and a full Year 9 health check - this will include measuring height, weight, hearing, vision and blood pressure, plus a discussion on health factors relating to home, school friends and adolescent health issues (Parents will be notified if necessary and you are welcome to contact the nurse with any questions)	YES NO
I give permission for my son to have access to the range of services provided by the staff of the Student Health Centre ie Nurse, Guidance Counsellor, Social worker	YES NO
I give permission for the College Nurse to give my son general sale medication eg Panadol, ibuprofen and eno if necessary	YES NO
I give permission for my son to be taken to an Emergency Medical Centre in the event of an accident or emergency when the school cannot contact me. I agree to meet the cost incurred for this.	YES NO
I give permission for my son to register with the mobile Mighty Mouth dental clinic that serves our school	YES NO

Name & Signature		Date	
Your Relationship to Student			