



PO Box 3241  
NEW PLYMOUTH  
NEW ZEALAND

# SACRED HEART GIRLS' COLLEGE

MANAWA TAPU

Phone 06 758 5023  
Hostel 06 757 7513  
Email: admin@shgcnp.school.nz

## ENROLMENT FORM

### STUDENT INFORMATION:

SURNAME ..... CHRISTIAN NAMES .....

NAME USED ..... DATE OF BIRTH .....

CURRENT SCHOOL ..... SISTERS ATTENDING SHGC .....

STUDENT'S ADDRESS ..... PREVIOUS FAMILY ATTENDEES .....

..... POSTCODE (NZ Post requirement) .....

ETHNICITY OF CHILD -  NZ European  NZ Māori Iwi .....

Pacific Islander  Other .....

CITIZENSHIP ..... (If not NZ Citizenship, Residency or Student Visa: .....) )

ENTRY LEVEL (e.g. Year 7) ..... CALENDAR YEAR OF ENTRY: .....

PLEASE CIRCLE: DAY STUDENT OR BOARDER (see over)

RELIGION BY BAPTISM: Mother ..... Father .....

Student ..... PRESENT PARISH: .....

### MEDICAL INFORMATION:

DOCTOR: ..... PH. .... DENTIST: ..... PH: .....

Are there any issues relating to your daughter's health and well-being that you believe the College/Elizabeth House needs to be aware of? (e.g. allergies, asthma etc) Please provide appropriate documents if applicable.

Has any formal learning / cognitive assessments taken place for your daughter? Yes  No   
If so, could we have access to that report please?

### PARENTS/GUARDIANS NAMES:

MOTHER ..... FATHER .....

HOME ADDRESS: ..... HOME ADDRESS: ..... PTO

HOME PH: ..... HOME PH: .....

MOBILE PH: ..... MOBILE PH: .....

EMAIL: ..... EMAIL: .....

OCCUPATION: ..... OCCUPATION: .....

WORK PHONE NO: ..... WORK PHONE NO: .....

EMERGENCY 1)..... PHONE NO: ..... Relationship to student .....

CONTACTS  
(other than 2)..... PHONE NO: ..... Relationship to student .....

ARE THERE ANY CUSTODIAL ARRANGEMENTS CONCERNING YOUR CHILD? .....

IF YES, PLEASE GIVE DETAILS OF ANY CUSTODIAL ARRANGEMENTS OR COURT ORDERS (a copy of any court order is required)

**RESPONSIBILITY OF PARENTS OR GUARDIAN:**

Sacred Heart College is specifically a Catholic school and expresses its freedom to live and teach the primacy of the values of Jesus Christ as expressed in the gospels and in the teachings and traditions of the Roman Catholic Church. To ensure that the special character is upheld, we require from parents of prospective pupils the commitment that their daughter will support and participate in religious instruction and liturgies and celebrations relating to the Catholic Character of the College.

I/We accept as a condition of enrolment that my daughter will participate in a full programme of study (as determined by the College) including participating in programmes specifically relating to the Special Character of the College.

I/We accept as a condition of enrolment that my daughter will abide by the College Behaviour Guidelines as set out in the Student Information Handbook and College Diary.

I/We give authority for school records to be passed to another school, educational institution or relevant government agency when my daughter transfers and enrolls there.

I/We undertake as a condition of enrolment and attendance at the school to pay all College charges.

I/We have read the above guidelines and agree to fulfill these commitments in support of the College.

<b>PARENTS/GUARDIANS:</b>	
SIGNED : .....	DATE: .....
..... Parent/Guardian	DATE: .....
..... Parent/Guardian	
<b><i>Please provide original of student's Birth Certificate to copy – this is a condition of enrolment.</i></b>	

**ELIZABETH HOUSE**

**(For Residential/Hostel Accommodation only – complete this section if applicable)**

Please confirm the following:

- The contact details listed above are to be used in all correspondence between our family and Elizabeth House. YES / NO (please circle)
- I agree that my daughter's enrolment at Elizabeth House is conditional upon our agreement that our daughter will abide by Elizabeth House policies and rules at all times. YES / NO (please circle)
- As a condition of enrolment, I undertake to pay all fees as determined by the Hostel Management Board. I agree to pay the capital levy on acceptance of application, or during the term prior to the commencement of boarding. YES / NO (please circle)
- Is there a relative or family friend in/near New Plymouth acting as special guardian? YES / NO (please circle)

Name: ..... Phone No: .....

<b>OFFICE USE ONLY</b>			
Date Received: .....	Elizabeth House <input type="checkbox"/>	On Enrol: .....	Copy Attn'd Dues to CSB: <input type="checkbox"/>