



Family Information

■ **Student's Full Name:** (Block capitals)

Name: Mother Stepmother Caregiver (Please tick/circle)

Name of Employer:

Business Address:

Occupation: Position:

Religious Denomination: Parish/Church:

Name: Father Stepfather Caregiver (Please tick/circle)

Name of Employer:

Business Address:

Occupation: Position:

Religious Denomination: Parish/Church:

■ Sacred Heart College Affiliations

Brother(s) presently attending Sacred Heart College: Yes No

Name(s) and Year Level(s):

Brother(s) who previously attended Sacred Heart College: Yes No

Name(s) and year(s) of attendance:

Number of boys in the family:

Number of children in the family: Place in family:

Father's family connection with the College (Name and approx date of attendance if possible):

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..... House affiliation (if known):

Mother's family connection with the College (Name and approx date of attendance if possible):

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..... House affiliation (if known):

Other affiliations with the College (e.g. Parent is a current employee of the Sacred Heart College Board of Trustees or a Board of Trustees member)

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■ Directions for Accounts and Correspondence

Accounts should be addressed to (name):

Postal Address:

Email:

Correspondence and Reports should be addressed to (name):

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Special Learning Requirements

Any learning or behavioural difficulties which enable us to better meet the needs of individual students must be disclosed with this application:

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Does your son currently receive any special learning assistance? Yes No

If Yes, please indicate and supply current reports that relate to learning and behavioural difficulties:

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Have you arrived in New Zealand in the last 5 years? Yes No

If Yes, what date did you arrive in New Zealand?

Will your son require special assistance with the English language? Yes No

Languages spoken at home

First language

Note: Second Language Learners of English are eligible for ESOL funding and extra support.

Conditions of Enrolment

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

1. The herein named student will participate in the general school programme that gives Sacred Heart College its Special Character.
2. We will pay the College Financial Contributions and Attendance Dues. Attendance Dues are approved by the Minister of Education under the terms of the Education and Training Act 2020. Special Character Contributions and Proprietor Contributions collected on behalf of the Proprietor are permitted under the terms of the Education and Training Act 2020. These contributions are eligible for taxation rebate.
3. We will ensure that the policies and rules as laid down by the Board of Trustees and the College are observed.
4. Enrolment is subject to the College's Ministry of Education Enrolment Scheme.

Note: Must be signed by BOTH Parents/Guardians.

Signed (Parent/Guardian 1): **Date:**

Signed (Parent/Guardian 2): **Date:**

Signed (Student): **Date:**

Preference Enrolment

Parents or guardians of Preference students must supply a completed Preference of Enrolment Certificate. This certificate is included in your Enrolment Application pack or available on our website. Please also provide the following information (tick one only):

- I/We attend Mass weekly and take an active part in the life of the Parish.
- I/We attend Mass weekly as part of our family value system.
- I/We attend Mass quite infrequently.
- I/We do not attend Mass at all.



Student Health Record

PLEASE COMPLETE THE ENTIRE FORM IN BLOCK CAPITALS.

(Completion of this form is a requirement of the Application Process but does not guarantee a confirmed place)

Student Year Level (at start): Day-Student: Boarder:

Family Information

Student's Surname: Date of Birth:

Christian Name(s): (In full, underline preferred name)

Medical Information

Doctor's Name: Practice Phone No:

Practice Name:

Medical Conditions

Has the student been diagnosed with any of the following medical conditions? If Yes, please provide the nature of the condition(s) and a current management plan as necessary (tick/circle).

Heart Conditions Yes No Medication:

Diabetes (Type 1 or 2) Yes No Medication:

Epilepsy Yes No Medication:

Rheumatic Fever Yes No Medication:

Depression/Anxiety/Mental Health Concerns: Yes No Medication:

ADHD/ADD Yes No Medication:

Asthma Yes No

If Yes, is it Mild Moderate Severe

Asthma Medication Daily: As required:

Please ensure student has his spacer and inhaler at school to treat any acute asthma symptoms.

Does the student have any medical conditions not listed above (e.g. Cancer, Bleeding Disorders)?
 Yes No Medication:

Please provide nature of condition:

Allergies and Reactions

Hayfever Yes No Medication:

If Yes, is it Mild Moderate Severe

Significant Allergic Reactions Yes No Medication:

If Yes, to which Stings Medication Food

If Yes, please list Allergen(s)

Reaction: Rash Anaphylaxis Other:

Does the student carry an EPIPEN for Anaphylaxis? Yes No

Students with Anaphylaxis require a current action plan and Health Centre staff must know EPIPEN location at school.



Does the student suffer from any disability or condition not already outlined above? (eg migraines, arthritis, hearing, vision etc). Yes No

If Yes, please provide details:

Has the student ever been unwell with any of the following:

Chicken pox Yes No Hepatitis B Yes No

HIV Yes No Tuberculosis (TB) Yes No

Mumps Yes No Glandular Fever Yes No

Please state any surgery the student has undergone (eg appendectomy, tonsillectomy etc):

Has the student previously suffered from a **serious concussion**? Yes No

If yes please provide details:

Treatment

Do you agree to the student receiving any of the following medications/treatments if considered necessary by the Health Centre staff?

If 'Yes' is not indicated, the Health Centre staff are not permitted to administer medication or refer to physio.

Paracetamol Yes No Antihistamine Yes No

Ibuprofen (anti-inflammatory) Yes No Cough mixture Yes No

Natural anti-nausea (ginger tablets).... Yes No Professional on-site physiotherapy... Yes No

Vaccinations *Please supply a copy of the student's Immunisation Certificate. This is available from his GP/Doctor.*

Has the student been fully immunised against:

Diphtheria Yes No Meningococcal B Yes No

Hepatitis B Yes No Meningococcal ACWY Yes No

Pneumococcal Yes No Haemophilus Influenza (Hib) Yes No

Rotavirus Yes No Measles/Mumps/Rubella (MMR) ... Yes No

Tuberculosis (BCG) Yes No Polio Yes No

Whooping Cough (Pertussis)..... Yes No Chicken Pox (Varicella)..... Yes No

Tetanus Yes No Date of last Tetanus Injection

Medication required at school must be left with the Nurse or Matron at the Health Centre.

The above medical or health information is requested in order to provide the Health Centre Staff and College with appropriate medical knowledge relating to the student. It will not be used for any other purpose. If the College is unable to make contact with those named as caregivers or as Emergency Contacts in an emergency, the College will seek appropriate medical assistance.

You are requested to sign this form giving permission, in case of an emergency, for this information to be passed on to a Doctor, Hospital or Emergency Staff. It also indicates your acceptance of the responsibility to reimburse the College for reasonable costs incurred. If, in a medical emergency, the Health Centre or attending staff deem it necessary to call an ambulance to transfer the student to a medical facility, you will be responsible for the cost of the ambulance.

Signed (Parent/Guardian 1): **Date:**

Signed (Parent/Guardian 2): **Date:**

Please return this form with your Application Form

Office use only:

Form checked by R/N Yes Date:

Vaccine Certificate received Yes Date:



Student Profile

Student's Full Name: (Block capitals)

■ **To be completed by the student either in this space or on a separate sheet and attached.**

Academic achievements/Cultural interests/Sports/Hobbies:

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Why does Sacred Heart College appeal to you?

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