



St John's College

STUDENT ENROLMENT PROFILE

Please complete all sections of this form

STUDENT DETAILS

Family name _____

First name(s) _____

Name of Current School _____ School Location _____

Language predominantly spoken at home _____

Year of proposed entry into Saint John's College 20_____ Year Level 9 10 11 12 13

Date of Birth _____ Country of Birth _____ Residency Details _____

Ethnicity _____ Iwi _____

Student Email _____ Student Cellphone _____

PARENT/CAREGIVER DETAILS

PARENT/CAREGIVER 1

Title _____ First name(s) _____

Surname _____ Relationship to student _____

Physical address _____

Postal address (if different from physical address) _____

Home phone _____ Cellphone _____ Work phone _____

Email _____ Occupation _____

PARENT/CAREGIVER 2

Title _____ First name(s) _____

Surname _____ Relationship to student _____

Physical address _____

Postal address (if different from physical address) _____

Home phone _____ Cellphone _____ Work phone _____

Email _____ Occupation _____

ADDITIONAL FAMILY INFORMATION

Are there any special access/custody orders/financial arrangements that Saint John's College should be aware of? Yes No

If 'Yes' please explain and provide documentary proof for our records.

Is your son involved with any outside agencies e.g. CAMHS, CYF, Hospital? Yes No

If 'Yes' please indicate here

SPECIAL CHARACTER OF THE SCHOOL

The Parent(s)/Caregiver(s) undertake as a condition of enrolment and attendance that the above-named student will participate in the general school programme that gives the school its Special Character.

The Parent(s)/Caregiver(s) accept that any behaviour, whether by action, deemed by the Principal to jeopardise the Special Character of the school, might be considered reason for suspension under Part 1 Section 3(4) of the Private Schools conditional Integration Act.

Saint John's College promotes the full development of all pupils - academically, culturally, physically and spiritually. Faith development within the Catholic Church is reflected by participation in the sacraments and so we actively encourage students to complete these faith stages.

	YES	NO	PARISH
BAPTISM			
RECONCILIATION			
HOLY COMMUNION			
CONFIRMATION			

I would be interested in my son completing all/or some of the above sacraments Yes No NA

Non-preference Students at a Catholic/State School please complete the following:

I identify strongly with another faith community Yes No

I would be interested in my son participating in sacramental programmes Yes No

SAINT JOHN'S COLLEGE AFFILIATIONS

Brother(s) presently attending Saint John's College Yes No

Name(s) and Year Level(s) _____

Brother(s) who previously attended Saint John's College Yes No

Name(s) and Year(s) of attendance _____

Father attended Saint John's College Yes No

Name and approx. date of attendance if possible _____

Other affiliations with Saint John's College (e.g. Parent is a current employee of the Saint John's College Board of Trustees, or a Board of Trustees member or other family members are past or present students of Saint John's College).

Name(s) and Year(s) of affiliation _____

Contact details of the above (for Old Boy's network) _____

SPECIAL LEARNING REQUIREMENTS

It is important for us to know if there has been any history of learning assistance. This is particularly important if there is the likelihood of special assessment conditions (reader/writer assistance) for exams in the future. NZQA will only accept applications for Special Assessment conditions supported by a professional report obtained by parents and that is not more than two years old at the time of application.

Areas in which your son may need extra support _____

Does your son currently receive any special learning assistance
If yes please supply copies of current report that relate to this. Yes No

Does your son have any learning or behavioural difficulties (e.g. dyslexia, ADHD) Yes No

Is your son currently ORS funded? Yes No If yes, what is their ORS number? _____

Will your son require special assistance with the English Language Yes No

ACTIVITY AND RELATED COSTS

It is the Policy of Saint John's College that no student be prevented from attending College for reasons of financial hardship. We recognise the different circumstances of families and so we offer a range of options for the payment of College fees and related costs. Some families prefer one bill, while other families ask us to split their bill for payment by more than one caregiver. Please indicate how you would like to be billed.

All bills addressed to Parent/Caregiver 1

Split bill : _____% addressed to _____, _____% addressed to _____

Other: Please describe _____

Payment may be made online via the Kamar Parent Portal, by internet banking, direct debit, automatic payment, cheque cash or eftpos at the College Office.



MEDICAL AUTHORISATION FORM

IF YOU HAVE AN ONGOING MEDICAL CONDITION THAT MAY NEED ATTENTION, PLEASE ATTACH COPIES OF RELEVANT MEDICAL RECORDS TO THIS FORM.

DOCTOR'S DETAILS

Name _____ Phone No _____

Surgery _____ Surgery Address _____

1. PLEASE TICK IF YOUR SON HAS ANY OF THE FOLLOWING:

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Fits/seizures of any type | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Heart condition | |
| <input type="checkbox"/> Other _____ | | |

2. IS YOUR SON ALLERGIC TO ANY OF THE FOLLOWING:

	Yes	No	Please specify
Prescription Medicine (Penicillin, etc)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food (peanuts, oatmeal, eggs, etc)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insect bites / stings (Bees, wasps, sandflies etc)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other allergies (Pollen, grass, etc)	<input type="checkbox"/>	<input type="checkbox"/>	_____

What treatment is required? _____

3. IMMUNISATION REGISTER

Is your son fully immunised to age 11?

Yes

No

Please provide copies of immunisation certificates with this form.

4. MEDICATION

Does your son take regular medication?

 Yes No

IF YES, PLEASE STATE:

Health condition(s) _____

Dosage and time(s) to be taken: _____

Name of medication(s): _____

Other treatment: _____

Does your son carry the medication with him at all times?

 Yes No

Do you require the school to hold and administer any medication?

 Yes No

IS PERMISSION GRANTED FOR YOUR SON TO BE GIVEN THE FOLLOWING MEDICATION WHILST IN SCHOOL / ON SCHOOL TRIPS?

Paracetamol/Panadol

 Yes No

Ibuprofen

 Yes No

24 HOUR EMERGENCY CONTACT DETAILS

EMERGENCY CONTACT 1 (Must Be Different To Parent/Caregiver)

EMERGENCY CONTACT 2 (Must Be Different To Parent/Caregiver)

Name _____

Name _____

Relationship _____

Relationship _____

Email _____

Email _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Mobile Phone _____

Mobile Phone _____

It is compulsory to nominate a person who must speak English and who can be contacted in an emergency.

PARENT DECLARATION & MEDICAL AUTHORISATION

MUST BE SIGNED BY PARENT(S)/CAREGIVER(S)

- I/We have disclosed any medical needs, difficulties or conditions that may affect my/our son's learning, education outside the classroom or their homestay placement.
- I/We have completed this form as accurately as possible and understand that we are bound to inform the College of any changes that could affect my/our son's welfare.
- I/We authorise staff at Saint John's College to obtain information from hospitals or medical practitioners regarding the medical condition of our son.
- I/We expect that, in the event of any serious condition or accident, we will be advised immediately so that we can give permission for treatment and/or surgery.
- If, in the event of an emergency or accident we cannot be contacted, I/We give permission to hospitals or medical practitioners to take whatever action they find appropriate after consultation with the school staff concerned.
- I/we give permission for authorised Saint John's College staff or a designated first aider to administer routine first aid if required.

ENROLMENT AGREEMENT

- I/We support the College's stance against Drugs & Alcohol and Violence and that no items shall be brought to school that may be harmful to others.
- I/We support the College Uniform Policy and agree that my son will wear the correct uniform at all times. There are clear guidelines in the Parent Student Handbook for Uniform, Property and Hair and I/We agree to support these.
- I/We agree that the College is not liable for any items lost at school as stated in the College Policy.
- I/We agree that the cost of repairing reckless damage will be charged to the student(s) responsible.
- I/We agree that Saint John's College may provide or publish material about our son, including images in print, social media or websites, for the purposes of marketing or sharing information about student activities and achievement.
- I/We acknowledge that I/we have read the Parent and Student Handbook and understand and accept its content.
- I/We agree to support all of the College's policies and rules.
- I/we give permission for my son to travel in the designated Saint John's school vehicle for school related purposes as and when required.
- I/we have read the Schedule of Fees and Voluntary Donations and agree to make payment of required charges throughout each year and ensure payment in full by end of November each year.

DATA PRIVACY STATEMENT

We collect personal information from you, including information about your: name and contact details; billing details; medical and education information about your son; education information about your son; and emergency contact details for your son.

We collect this personal information in order to: manage the student enrolment process; manage your son's education and activities at St John's College; and communicate with parents/caregivers.

Besides our staff, we may share this information with: the Roman Catholic Diocese of Hamilton in order to manage their Enrolment Contract with you; organisations and/or supervisors of educational, sporting, cultural or off-site activities to manage your son's health and safety; and other organisations where we are legally obligated to do so.

St John's College keeps all personal information in a secure IT environment with appropriate system back-ups. We do not on-sell any personal information.

SIGNED

Parent/Caregiver Name _____ Date _____

Parent/Caregiver signature _____



STUDENT CYBER SAFETY / IT ACCEPTABLE USE AGREEMENT

As a safe and responsible user of ICT I will help keep myself and other people safe by following these rules.

1. I cannot use school ICT equipment until my parent and I have read and signed my use agreement form and returned it to school.
2. If I have my own user name, I will log on only with that user name. I will not allow anyone else to use my user name.
3. I will not tell anyone else my password.
4. I will not use electronic media to threaten, bully, harass or compromise the privacy of others. This includes the taking of inappropriate camera or audio recordings of others.
5. I understand that I must not at any time use ICT to upset, offend, harass, threaten or in any way harm anyone connected to the school or the school itself, even if it is meant as a joke. I understand that the school may audit any of my own personal devices if this behaviour is suspected.
6. I understand that the rules in this use agreement also apply to mobile phones. I will only use my mobile phone(s) at the times that I am permitted to during the school day.
7. I understand that I can only use the Internet at school when a teacher gives permission and there is staff supervision.
8. While at school, I will not:
 - a. **Access, or attempt to access, inappropriate, age restricted, pornographic, objectionable material or otherwise contrary to the school's Catholic values.**
 - b. **Download, save or distribute such material by copying, storing, printing or showing it to other people.**
 - c. **Make any attempt to get around or bypass security, monitoring and filtering that is in place at school.**
9. If I accidentally access inappropriate material, I will:
 - a. **Not show others.**
 - b. **Turn off the screen or minimise the window and**
 - c. **Report the incident to a teacher immediately.**
10. I understand that I must not download any files such as music, videos, games or programs without the permission of a teacher. This makes sure the school complies with the Copyright Act 1994. I also understand that anyone who infringes copyright may be personally liable under this law.
11. I understand that these rules apply to any privately owned ICT equipment/device (such as a laptop, mobile phone, USB drive) I bring to school or a school-related activity. Any images or material on such equipment/devices must be appropriate to the school environment.
12. I will not connect any device (such as a USB drive, camera or phone) to, or attempt to run any software on, school ICT without a teacher's permission. This includes all wireless technologies.
13. I will ask a teacher's permission before giving out any personal information (including photos) online about myself or any other person. I will also get permission from any other person involved. Personal information includes name, address, email address, phone numbers, and photos.
14. I will respect all ICT systems in use at school and treat all ICT equipment/devices with care. This includes:
 - a. **Not intentionally disrupting the smooth running of any school ICT systems**
 - b. **Not attempting to hack or gain unauthorised access to any system**
 - c. **Following all school cybersafety rules, and not joining in if other students choose to be irresponsible with ICT**
 - d. **Reporting any breakages/damage to a staff member.**

15. I understand that the school may monitor traffic and material sent and received using the school's ICT network, including wireless. The school may use filtering and/or monitoring software to restrict access to certain sites and data, including email. All inappropriate use of the school Internet access and/or email system is directed to the ICT Manager. Inappropriate use of the school Internet access and/or email system will result in the loss of my privileges to use these systems. Severe misuse may result in the loss of my privileges to use any ICT equipment and/or systems for the remainder of my time as a student of Saint John's College and/or disciplinary measures.
16. I understand that the school may audit its computer network, Internet access facilities, computers and other school ICT equipment/ devices or commission an independent forensic audit. Auditing of the above items may include any stored content, and all aspects of their use, including email and cloud storage via my school Google account.
17. I understand that if I break these rules, the school may inform my parent(s). In serious cases the school may take disciplinary action against me. I also understand that my family may be charged for repair costs. If illegal material or activities are involved, it may be necessary for the school to inform the police.
18. I fully understand that if I break these rules it may have a negative impact on my achievement in courses requiring the use of the school's ICT equipment and/or systems. In the case of Digital Technologies courses breaking these rules may result in my removal from the course.

Student full name _____

Year Level _____

Student signature _____

Date dd / mm / yyyy

PARENT/CAREGIVER ACKNOWLEDGEMENT

I give permission for my son to use the school's computer and Internet facilities and agree to support the school's Student ICT Acceptable Use Agreement.

Parent/Caregiver signature _____

Date dd / mm / yyyy

Physical Address

85 Hillcrest Road
Hillcrest, Hamilton 3216

Postal Address

PO Box 11086
Hillcrest Hamilton 3251

Contact No.

P 07 856 7091