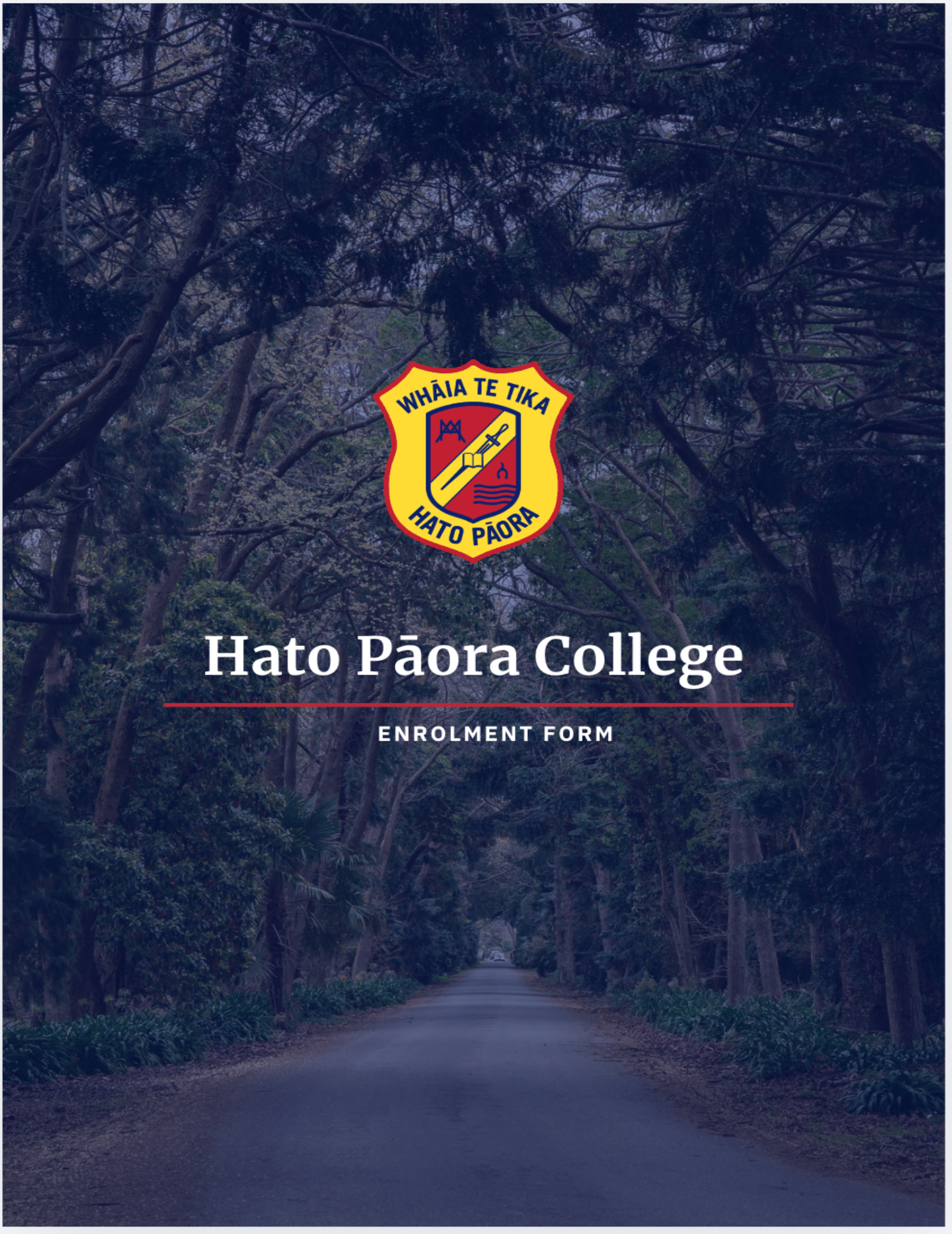

Hato Pāora College

ENROLMENT FORM

STUDENT INFORMATION

Proposed Year of entry:	Proposed Academic Year Level at entry:	Yr 9 Yr 10 Yr11 Yr12 Yr13
Surname:	First Name:	Preferred Name:
DOB:	Religion:	Are you baptized: Yes or No
Ethnicity Group(s):		Te Reo Māori Speaker: Yes or No
Tribal Details: Iwi:	Iwi:	Iwi:
Custodial Parents (please circle): Both Parents Mother Only Father Only Guardian Grandparent/s		
Students Address:		
Suburb:	Region:	Post Code:

CAREGIVER ONE:	**CAREGIVER TWO:**
Surname:	Surname:
First Name:	First Name:
Preferred Name:	Preferred Name:
Relationship to Student:	Relationship to Student:
Iwi:	Iwi:
Home Address:	Home Address:
Suburb: Post Code:	Suburb: Post Code:
Email:	Email:
Mobile:	Mobile:
Occupation:	Occupation:
Religion:	Religion:
Baptized: Yes or No Attending Church:	Baptized: Yes or No Attending Church:

PERSON RESPONSIBLE FOR PAYMENT OF FEES

Surname:	First Name:
Email:	Mobile Phone:
Relationship to Student:	
Company/Trust (if applicable):	
Postal Address: Suburb: Post Code:	

EMERGENCY CONTACT - OTHER THAN A PARENT/CARECIVER

These people nominated should be people who are available, or can come and collect your child, at short notice if the need should arise and a parent/caregiver is not available.

EMERGENCY CONTACT ONE	EMERGENCY CONTACT TWO
Surname: First Name:	Surname: First Name:
Email:	Email:
Mobile: Relationship to Student:	Mobile: Relationship to Student:

MEDICAL TREATMENT PERMISSION

I GIVE / DO NOT GIVE (please circle one) Permission for my son to be treated by the college doctor or nurse, dentist and health provider at the college/s discretion.	
I GIVE / DO NOT GIVE (please circle one) Permission for my son to be given emergency medical treatment (including surgery) under the recommendation of a registered medical practitioner and the authority of the college management.	
I GIVE / DO NOT GIVE (please circle one) Permission for the college doctor or nurse to access my son's medical records should it be necessary.	
I GIVE / DO NOT GIVE (please circle one) Permission to the college to administer pharmaceuticals prescribed by a medical practitioner as and when necessary	
I GIVE / DO NOT GIVE (please circle one) Permission to administer: Paracetamol Ibuprofen	
Signature:	Date:

SPECIAL LEARNING NEEDS

Does your child have any Special Learning Needs? Yes or No If yes, please provide details:
Has your child ever received learning assistance, or been part of a gifted & talented programme? Yes or No If yes, please provide details:
Has your child been referred to an RTLB or GSE service within the last two years? Yes or No If yes, please provide details:

SPECIAL CIRCUMSTANCES

Any special circumstances of which Hato Pāora College staff should be aware? eg: court orders, access arrangements etc. Yes or No If yes, please give details and provide a copy of any custody agreements/court orders.
Has your child been subject to Ministry of Vulnerable Children Oranga Tamariki (MVCOT) referral within the last two years? Yes or No If yes, please give details:
Has your child ever been removed (i.e. excluded or withdrawn) from a school for disciplinary reasons? Yes or No If yes, please give details:

REFEREE

List the name and address of one person (not relative) who will act as a referee for this application (e.g. Minister, employer, business associate, family friend, coach.). This should be a written reference supporting the student or whānau.
I consent to the College approaching the nominated referee: Yes or No

Name:	Connection with Whānau/Student:
Address: Suburb: Post Code:	Mobile:

DECLARATION

- I/we declare that the information provided in this Enrolment Application is true and correct.
- I/we understand that acceptance of this form does not constitute admission of the student.
- I/we will be required to agree to the conditions of entry at the time an offer is made.

Signature of Caregiver: Date:

CHECKLIST FOR WHĀNAU

- Passport photograph of the Applicant
- Reference Letter
- Baptismal Certificate
- Immunisation certificate and any necessary Health Records from your family GP
- Confirmation of any boarding or educational grants/scholarships
- Photocopy of the School Reports from the last two years
- Photocopy of Birth Certificate or Passport

PRIVACY ACT

The information collected by the Hato Pāora College during the Enrolment Process and during the period in which the student is enrolled at the College is intended for use in connection with assessing the suitability of the applicant and the subsequent education and well-being of the student during their time at the College. Hato Pāora College has, as its primary purpose, the academic and general education, and pastoral duty of care of students and shall obtain such information as necessary to achieve this purpose. The information may be retained to enable the College to contact former students. Applicants have the right to access and request correction of any personal information collected by the College.

ADMISSION AGREEMENT

I acknowledge that, if my son is offered a place at Halo Pāora College, I will be required at the time accept such an offer to enter into an Admission Agreement with the College governing:

- I agree to pay all boarding, tuition, and other fees and expenses by the due dates set by Hato Pāora College and the Hato Pāora Trust Board.
- If I am unable to make a payment, I will contact the College as soon as possible to discuss a suitable payment arrangement.
- I understand that if fees remain unpaid and no payment arrangement is in place, the matter will be managed in accordance with the Hostel Fee Payment Policy. This may include reminders, payment plan discussions, referral to the Trust Board, restriction of hostel access, and referral to a debt collection agency where appropriate. I also understand that I may be responsible for any reasonable debt collection costs incurred.
- I acknowledge that any restriction of hostel access does not affect my son's enrolment at Hato Pāora College, and I will be responsible for making alternative boarding or transport arrangements if required.
- The observance by my son of the code of conduct and required behavioral and other standards of the College:
- Full participation by my son in religious observance and instruction at the College, and other outdoor education activities;
- Such matters as the College's Admission Agreement shall contain at the time I accept the College's offer of a place for my son.
- I irrevocably authorise the College or any staff member, Trustee, Board member, consultant or professional advisor of the College to furnish to any further party, including but not by way of limitation, the persons named herein as being willing to support this application, details of this application and the information contained herein or to make enquiry of any third party in connection with this application and I irrevocably authorise any third party to provide you with such information as you may require concerning me and my child in connection with this application. I agree to notify the College of any change in the information contained in this application soon as is reasonably practical.
- This application is to be signed by the applicable primary caregiver.

Signed: Date:

RIGHTS AND RESPONSIBILITIES

Further Contractual Consent to terms and conditions of Enrolment at Hato Pāora College:

Upon this application being successful, this document becomes a contract between the parties, as contained within and signed below.

One term's prior notice in writing must be given (exceptional circumstances aside) before a student is withdrawn from the Hostel. Inadequate notice will lead to that term's fees being forfeited.

Parents/Legal Guardians are required to ensure that payment of fees is current.

Hato Pāora College reserves the right to deny a place in the hostels to any student whose parents have an overdue account.

Jointly and severally, you are responsible for boarding fees and attendance dues (as determined by the Proprietors).

Parents/Legal Guardians accept that students will participate in the general College programme that gives the College its Special Character.

Parents/Legal Guardians are encouraged to ensure that their son has an EFTPOS bank account and to lodge sufficient funds in that bank account to cover any personal requirements like toiletries, stationary and tuckshop.

The Principal may authorise a search of my son's personal property when there is concern about theft or about the possible use and/or possession of alcohol. drugs, solvents and other harmful substances in the college.

Under the college's Integration Agreement with the Crown, We/l note and acknowledge that the Proprietor 'has the right to require Parents.
or other persons accepting responsibility of any child to remove that child from the boarding establishment.

Well give permission for Hostel Management to see our son's school report to help them assist with his learning needs while at study.

We/l understand what is required of us financially to support our son as a student at Hato Pāora.

We understand that if information supplied in this contract is false, misleading or omitted it may result in the contract being cancelled and our son's placement in the college being forfeited.

We/l consent that in the event of our son being excluded from Hato Pāora College for breach of its Code of Conduct or rules, no part of the fees already due and paid for in respect of the term in which the exclusion occurs, shall be refunded or compensated for in any way.

We/l have read, understood and consent to all the terms and conditions set out in the Hato Pāora College Application for enrolment and Contract.

Students signature: Date:

Caregiver signature: Date:

RIGHTS AND RESPONSIBILITIES

School outings and extra-curricular activities

- Your son may be involved in sporting activities and outings such as trips to the local pools or traveling with a representative sports team. In these instances, your son may not always be supervised by college staff but for example by lifeguards or sports coaches.
- Other off-site activities are fully supervised by college staff. As a boarding institute our staff carry a high level of responsibility and accountability for the safety of boarders to an extent that exceeds that of ordinary parents. We must therefore accord to the level 'reasonable parents' and not 'ordinary parents'. This naturally leads us to feel cautious in what we can permit boarders to do.
- This form is an endeavor to strike a balance between yours and our responsibilities thus preventing excessive restrictions on what your son can or cannot do.
- Please take time to consider these issues and contact the Director of Living or Principal should you have any questions or concerns.

◯	My son understands that permission must be sought and granted to any off-site excursions and that conditions may apply in addition to parental consent. He understands that he must act within the rules of the college at all times and that he should not act in such a way as to endanger either himself or others.
◯	I also understand that Hato Päora College Senior Leadership team have the final decision in allowing my son to participate in any activities.
◯	I give/do not give (please circle one) permission for my son to participate in college outings, college activities and extra-curricular activities whether they are supervised by college staff or not.
◯	I give/do not give (please circle one) permission for my son's image to be used in school pänui, Twitter, Facebook or Instagram for school updates or promotion.
◯	I give permission for my son to participate in college outings, college activities and extra-curricular activities.
◯	I accept that any activity carries a degree of risk either bodily or emotional injury or property loss.
◯	I accept full responsibility for my son when he is participating in activities not supervised by the college staff, including financial cost.
◯	I accept full responsibility for my son when he is participating in activities not supervised by the college staff, including financial cost.

Caregiver signature: Date:

DIOCESE OF PALMERSTON NORTH

Te Huinga o ngā Pīhopa Katorika o Aotearoa
New Zealand Catholic Bishops Conference

Preference of Enrolment Certificate
for the Diocese of Palmerston North
Te Rohe Pīhopa o Te Papaioea

Hato Pāora College Only

This is to certify that in accordance with the Education and Training Act 2020, Schedule 6, Cl 26 and Catholic School Integration Agreements, through a general or particular religious connection as stated in the Preference Criteria numbers: 5.1, 5.2, 5.3, 5.4, 5.5. (*Please refer to Criteria details on back of form*)

This form must be completed by the parent(s)/guardian(s), and the Parish Priest or other designated authority prior to the enrolment of a student in a Catholic State-Integrated School. This certificate, for the purposes of enrolment at the school specified, is valid for two years.

Completed by Parent/Guardian:

Full name (parent(s)/guardian(s)): ……

Address: ……

Phone: …… Email: ……

Is/are eligible to have preference of enrolment for their child at: ……

…… (School/College)

In: …… (Town/City)

Full name of child: ……

I/We undertake to support our child in the formation of their faith and the practices of the Catholic church. I/we further agree that my/our contact details will be shared with the school and parish for the purpose of faith formation.

Parent(s)/guardian(s) Signature: …… Date: ……

Completed by the authorised agent:

Under which Criterion (see reverse) is the child eligible for preference? ……

If Criterion 5.1 applies please complete:

Baptised in: …… at: …… on: ……

If Criterion 5.4 applies, please complete the section on the back of this form

Certified by (full name): …… as an authorised agent

of the Roman Catholic [Arch]Bishop of the (Arch)Diocese of: ……

Position: ……

(see Administration of the Criteria, 6.1.1 - 6.1.6, Agents who may sign, listed over page)

Address: ……

Signature: …… Date: ……

Privacy Statement*: The information on this form (pages 1 and 2) will be used solely for confirming eligibility to enrol a student in a Catholic Integrated Schools or as otherwise describes on the form. The information in this form will only be shared as required with the School Board and management of the school and/or a Parish office and/or the Proprietor of the school and/or the Proprietors diocesan education office. This information will be stored in accordance with each entities document retention policies or schedules in accordance with the Privacy Act 2020. You have a right to access and change your information at any time. Please contact the Proprietor, parish office and/or school management to do so.*

Te Huinga o ngā Pīhopa Katorika o Aotearoa
New Zealand Catholic Bishops Conference

When parent(s)/guardians(s) apply to enrol a child in a Catholic school, the principal must inform them that if they wish to claim preference and have not yet done so, they need to obtain a preference certificate. To do this they visit their parish priest, or other person designated by the Bishop (diocesan offices will let schools know who is eligible to sign this certificate). This is in accordance with the Education and Training Act 2020, Schedule 6, Clause 26.

Criteria for Preference of Enrolment in State-Integrated Catholic Schools

5.1 The child has been baptised or is being prepared for baptism in the Catholic Church.
5.2 The child's parents/guardians have already allowed one or more of its siblings to be baptised in the Catholic faith.
5.3 At least one parent/guardian is a Catholic, and although their child has not yet been baptised, the child's participation in the life of the school could lead to the parents having the child baptised.
5.4 With the agreement of the child's parent/guardian, a significant familial adult undertakes to support the child's formation in the faith and practices of the Catholic Church. The significant familial adult is expected to be practising their faith in their own local parish. They may be a grandparent, aunt, or uncle, who is actively involved in the child's upbringing.
5.5 One or both of a child's non-Catholic parents/guardians is preparing to become a Catholic.
5.6 The child's immediate whānau has an established connection to Hato Pāora College or St Joseph's Māori Girls' College.

Agents of the Bishop, Who May Sign the Certificate on his Behalf

6.1.1 Parish Priest of their Parish of Residence
6.1.2 Assistant Priest of their Parish of Residence
6.1.3 Priests appointed under c. 517/1
6.1.4 Deacons and lay persons appointed to pastoral care under c. 517/2
6.1.5 Ethnic chaplains who liaise with Parish Priests or their delegate
6.1.6 Local committees appointed by the Bishop or by any of the above agents of the Bishop.

Process of Appeal: If a preference certificate has been refused and the parent(s)/guardian(s), either directly or through the Principal, wish to appeal the matter, the application can be referred to the Proprietors' Office (Diocesan Education Office). The Director of the Office, or whoever is the appointed appeal authority in the diocese, after making whatever investigation is necessary, including consulting the Parish Priest if appropriate, will make a ruling, or seek a ruling from the Bishop. The Parish Priest or delegated person who refused the certificate in the first instance is normally informed whenever a preference certificate is issued in virtue of this paragraph.

If Criterion 5.4 (above) applies, the parent(s)/guardian(s) and significant familial adult completes the following:

Significant familial adult:

I, an active member of the parish of ……, agree to support:

……'s (child's full name) formation in the faith and practices of the Catholic Church and agree to my contact details being available to the school and parish for this purpose.

Full name (familial adult): ……

Address: ……

Phone: …… Email: ……

Relationship to child: ……

Parish: ……

Signature: …… Date: ……

Parent(s)/Guardian(s):

I agree that my child will be supported by: …… in the formation of the faith and practices of the Catholic Church. I/we further agree that my/our contact details will be shared with the school and parish for the purpose of faith formation.

Signature: …… Date: ……

If Criterion 5.6 (above) applies, please state:

Hato Pāora College | St Joseph's Māori Girls' College Connection

Name of connection: ……

Relationship to the student: ……

School Administrator Name: …… Signature: ……

Attendance Dues Agreement

Between:

("the Proprietor") as owner of

("the School")

And: the following parents or caregivers:

Parent /Caregiver 1

Title:		First names:		Surname:	
Residential address:					
Postal Address (if different):					
Daytime Phone:				Cell:	
Email					

Parent /Caregiver 2

Title:		First names:		Surname:	
Residential address:					
Postal Address (if different):					
Daytime Phone:				Cell:	
Email					

WHO have enrolled the following student(s) at the school:

First and middle names of Student(s)	**Surname of Student(s)**	**Start Date**	**Year Level**	**Enrolment #** (School to complete)
				/
				/
				/
				/
School to Complete				
School Number:		Existing Family Number:		

PTO for agreement fine print and to sign

INTRODUCTION

1.1 The Proprietor has entered into an Integration Agreement with the Minister of Education in respect of the school. The Integration Agreement provides that the Proprietor may enter into an agreement with the Parents or other persons accepting responsibility for the education of a child providing that, as a condition of the enrolment or attendance of the child at the school, the Parents or other persons shall pay attendance dues.

1.2 Attendance dues are used by the Proprietor to service school debt, insure school buildings and other costs as specified in the Education and Training Act 2020.

ATTENDANCE DUES PAYMENT

2.1 I/we agree to pay attendance dues to the Proprietor as approved by the Minister of Education from time to time in terms of the Education and Training Act 2020 and as a condition of enrolment of the student(s) at the School.

2.2 I/we acknowledge that the Proprietor: (a) May increase attendance dues from time to time provided such increases are within the maximum attendance dues permitted to be charged by the Ministry of Education; and (b) Is likely to review and, if necessary, increase the level of attendance dues payable at least annually.

2.3 I/we understand that if I/we default in paying my/our attendance dues then any recovery costs incurred by the Proprietor will be an additional expense to be paid by me/us (and will be added to the total attendance dues owing and payable by me/us).

2.4 I/we understand that, each year, the Proprietor will issue me/us an invoice for all attendance dues payable in respect of the student(s) and I/we agree to pay the total attendance dues payable in full by the date stipulated in the invoice unless I/we have previously made alternative payment arrangements with the Proprietor.

STUDENT ENROLMENT INFORMATION AND THE PRIVACY ACT 2020

3.1 The Proprietor is committed to respecting your privacy by protecting the information you voluntarily provide. The information will be held and stored securely by the Diocese of Palmerston North (DPN), which administers attendance dues on behalf of the Proprietor.

3.2 Information entered into the DPN database is protected using industry standard technology. Information is only accessible to personnel who need access to do their work and will be used primarily for administration of attendance dues.

3.3 Information about outstanding attendance dues may be shared by the DPN with the Proprietors and personnel of other Catholic Schools attended by members of your family, and with their attendance dues collection agents.

3.4 Information voluntarily provided by you to the Proprietor may also be shared with your Parish for the purpose of supporting the student(s) formation of the faith and practices of the Catholic Church.

3.5 The information will not be shared with any other party without your permission.

3.6 You can ask for a copy of any personal information the proprietor holds about you, and ask for it to be corrected if you think it's wrong. If you would like a copy of your information, or want to have it corrected, please contact DPN.

The DPN ATTENDANCE DUES TEAM

4.1 The Proprietor has appointed the Diocese of Palmerston North Attendance Dues Team (the DPN Attendance Dues team) to administer the invoicing and collection of attendance dues in respect of the school.

4.2 The DPN Attendance Dues office is at the Diocesan Centre, 33 Amesbury Street, Palmerston North.

ACKNOWLEDGEMENT

5.1 I/we acknowledge that we have read and understand this agreement and agree to comply with the terms and conditions.

5.2 I/we agree to advise the Proprietor and/or the DPN Attendance Dues team in writing if our circumstances change.

Signature of parent/caregiver	Print Name	Date
Signature of parent/caregiver	Print Name	Date

Once completed, this form and all other enrolment information required by the Proprietor for the purposes of charging and collecting attendance dues, are to be forwarded, by the principal, to **DPN Attendance Dues team, PO Box 5279, Terrace End, Palmerston North, 4441.**

Contact for all enquiries: 06 350 3825 or 0800 200 208; dues@pndiocese.org.nz