



# Hato Pāora College

APPLICATION FOR ENROLMENT

# Application Procedure

The primary intake level at Hato Pāora College is Year 9, with spaces in other year levels as vacancies occur in both the school and the hostel. Your Application Form may be submitted between one to three years ahead of the year your son would expect to start in Year 9. Other year levels are assessed on a case by case basis.

Note: Hato Pāora College is a Catholic integrated school therefore parents/caregivers must attest by signature that they are aware of and accept certain legal conditions of enrolment and continued attendance of their son/charge.

## STEP ONE: THE APPLICATION PROCESS

Please complete this application form. See the current Fees Sheet insert that explains the expected cost of boarding fees. Note that fees are subject to change.

**You are required to send the following items with the application:**

- Passport photograph of the Applicant
- Photocopy of the School Reports from the last two years
- Photocopy identifying the date of birth on a Birth Certificate or Passport
- References
- Baptismal Certificate
- Immunisation Certificate from your family GP and any necessary Health Records from your family GP
- Confirmation of any boarding or educational scholarships/grants
- Preference Form

## STEP TWO: INTERVIEWS

Following receipt of your application you and your son will be invited for an interview of around 45 to 60 minutes duration in a formal and friendly setting. It is usual that many of the questions will be directed to your son.

Interview times are arranged by the College and generally take place during Terms 2 and 3 of the year preceding entry. During this process, we may contact current and previous schools regarding the application.

## STEP THREE: ENROLMENT CONFIRMATION

In the event of a successful application, you will receive a written offer of place at Hato Pāora College.

**To secure a place, the following need to be completed:**

- The Enrolment Agreement needs to be signed and returned
- Payment of one term's boarding fees must be paid in advance
- Attendance Dues Agreement Form
- Consent Forms
- Internet Use Agreement form
- Dental Form
- Any necessary Health Records from your family GP

## STUDENT INFORMATION

Proposed year of entry		Proposed Academic Year Level at Entry			
		Yr 9	<input type="checkbox"/>	Yr 10	<input type="checkbox"/>
		Yr 11	<input type="checkbox"/>	Yr 12	<input type="checkbox"/>
		Yr 13	<input type="checkbox"/>		
Surname		First Name			
Preferred Name		DOB / /		Religion	
Present School		Te Reo Māori Immersion		Present Year Level	
		Yes No			
Ethnic Group(s)					
Tribal Details		Iwi	Hapu	Waka	
		Iwi	Hapu	Waka	
		Iwi	Hapu	Waka	
Custodial Parents		<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father Only	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Guardian
Student Address					

### CAREGIVER ONE

Title
Surname
First Name
Preferred Name
Iwi
Home Address
Suburb
Postcode
City
Country
Home Email
Postal Address (if different to above)
Home Phone ( )
Mobile Phone ( )
Occupation
Workplace Name
Work Phone ( )
Work Email
Religion
Church Attended
Relationship to Student

### CAREGIVER TWO

Title
Surname
First Name
Preferred Name
Iwi
Home Address
Suburb
Postcode
City
Country
Home Email
Postal Address (if different to above)
Home Phone ( )
Mobile Phone ( )
Occupation
Workplace Name
Work Phone ( )
Work Email
Religion
Church Attended
Relationship to Student

## PERSON RESPONSIBLE FOR PAYMENT OF FEES

Title	Surname	First Name
Home Email		
Relationship to Student	Home Phone ( )	Mobile Phone ( )
Company/Trust (if applicable)		
Postal Address		
City	Suburb	Postcode

## EMERGENCY CONTACT - OTHER THAN A PARENT/CAREGIVER

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

Title	Surname	First Name
Home Email		
Relationship to Student	Home Phone (    )	Mobile Phone (    )

### EMERGENCY CONTACT TWO

Title	Surname	First Name
Home Email		
Relationship to Student	Home Phone (    )	Mobile Phone (    )

## DIRECTIONS FOR CORRESPONDENCE

As family structures can vary, the following information is requested to ensure that correspondence is sent to the correct family members.

### Send College Reports to

- Both Caregivers     Caregiver One     Caregiver Two     Other (specify name & relationship)

### Send Newsletters and other publications to

- Both Caregivers     Caregiver One     Caregiver Two     Other (specify name & relationship)

### Please nominate one mobile phone number and one email address to receive important College communication

Home Email	Mobile Phone (    )
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## HATO PĀORA AFFILIATIONS

### Siblings currently attending Hato Pāora College

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### Siblings who formerly attended Hato Pāora College

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### Other siblings (Please give names, ages and current school)

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### Other affiliations with the College (e.g. Relative is an Old Boy, Parent is a current/former staff member)

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### Why does Hato Pāora appeal to your family? (To be completed by the Parent/Guardian)

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## APPLICANT'S PROFILE

Interests and Activities at School

Hobbies and Leisure Activities (Outside school time)

Community Involvement (Church, Scouts, Guides, Clubs etc)

## MUSIC/DRAMA

Do you sing in a choir?

Yes

No

Do you play an instrument?

Yes

No

Instrument and level/years

Other music/drama involvement

## SPORTS CLUB BACKGROUND

Sport Club

Years

Special Representation

Sport Club

Years

Special Representation

Sport Club

Years

Special Representation

Other Achievements (Certificates, Awards etc)

## SCHOOL OR CLUB RESPONSIBILITIES

(School Council, Librarian, Captain etc. Please indicate school/club and year)

## TO BE COMPLETED BY THE STUDENT

Why does Hato Pāora College appeal to you? (Write 2 or 3 sentences)

## MEDICAL DETAILS

Family Doctor

Phone Number ( )

Address

Community Card Number (if applicable)

Is your son currently taking any prescribed medication?

Yes  No

If yes, please specify - Name of drug, dosage, frequency of medication.

Is your son under a Specialist or Doctor for any condition?

Yes  No

If yes, please specify.

Has your son used counselling services?

Yes  No

If yes, please specify - Name of Counsellor, contact details and reason for counselling e.g. Anger Management etc.

Does your son have any allergies or other life threatening conditions?

Yes  No

If yes, please specify.

Has your son had any other medical, psychological or sexual issues that may affect his full participation in school life?

Yes  No

If yes, please specify.

Has your son taken/used/been involved with illegal drugs or substances?

Yes  No

If yes, please specify.

Is your son fit for sport?

Yes  No

If no, please specify.

**Does your son wear:**

<b>Prescription Glasses</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Contact Lenses</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Hearing Aid</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Has your son been immunised against:**

<b>Diphtheria</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Hepatitis B/BCG</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Measles/Mumps/Rubella</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Meningococcal B</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Polio</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Tetanus</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Whooping Cough</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Other (If yes, please specify)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Does your son have reoccurring problems with:**

<b>Ears</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Nose</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Eyes</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Throat</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please specify

**Has your son have/had:**

<b>ADHD</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Appendicitis</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Asthma</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Chicken Pox</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Measles</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Mumps</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Rheumatic Fever</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Tonsillitis</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Whooping Cough</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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:

**Panadol**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Ibuprofen**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Signature**

**Date**

## SPECIAL LEARNING NEEDS

Does your child have any Special Learning Needs?

Yes  No

If yes, please give details.

Has your child ever received learning assistance, or been part of a gifted & talented programme?

Yes  No

If yes, please give details.

Has your child been referred to an RTLB or GSE service within the last two years?

Yes  No

If yes, please give details.

## SPECIAL CIRCUMSTANCES

Are there any special circumstances of which Hato Pāora College staff should be aware? (E.g. court orders, access arrangements etc.)

If yes, please give details and provide a copy of any custody agreements/court orders.

Yes  No

If yes, please give details.

Has your child been subject to Ministry of Vulnerable Children Oranga Tamariki (MVCOT) referral or interest within the last two years?

Yes  No

If yes, please give details.

Has your child ever been removed (i.e. excluded or withdrawn) from a school for disciplinary reasons?

Yes  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. (Please tick)

Name

Connection with Family/Student

Address

Home Number ( )

Mobile Number ( )



## 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.
- 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 identifying date of birth on a 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 Hato Pāora College, I will be required at the time I accept such an offer to enter into an Admission Agreement with the College governing:

- The prompt payment of all tuition, boarding and other **fees and expenses** payable from time to time (and in default thereof the payment of interest and/or withdrawal of my child from the College);
- The observance by my son of the **code of conduct** and required behavioural 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 as soon as is reasonably practical.

**This Application is to be signed by the applicable primary caregiver.**

Signature

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/I 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.

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

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

**Signature of Caregiver**

**Date**

**Signature of Student**

**Date**

**Signature of Principal**

**Date**

**Signed this day**

**of**

**at Hato Pāora College**

## 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 of '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 endeavour 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.

- 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.
- 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 Pāora 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 pānui, Twitter, Facebook or Instagram for school updates or promotion.

Signature of Caregiver

Date

## PRIVACY ACT 1993

The information supplied in this contract is subject to the Privacy Act 1992. We wish to advise the following:

- The information is being collected to determine eligibility to Hato Pāora College.
- It will be stored in the college office. Only duly authorised staff will have access to it.
- You will have a right to access this information and ask for a correction if it is factually incorrect.
- In order to protect your son's health and safety and to enhance his learning opportunities, we seek your consent for the information in this contract and any supplementary information to be made available to health providers, the Ministry of Education, NZ Qualifications Authority, and other state agencies at Hato Pāora College senior management staff/s discretion.

Signature of Student

Date

## RIGHTS AND RESPONSIBILITIES

### Student computer and Internet use agreement

Internet access is available to students, and staff of Hato Pāora College. We believe the Internet offers vast and diverse-resources to students and staff. This service will help to promote educational excellence in our school and hostel by facilitating resource sharing, communication and skills in finding and using information and innovative programmes.

The internet is an electronic highway connecting millions of people and their computers world wide. Students and staff at Hato Pāora College have access to:

1. Electronic communication with people all over the world.
2. Information from government sources, research institutions and many other sources.

Access to people and computers all over the world also allows for the availability of material that may not be considered of educational value in the context of the college setting. On a global network, it is impossible to control all materials and an industrious user may discover controversial information. We firmly believe that the valuable information and interaction available on the Internet far outweighs the possibility that users may access material that is not consistent with the Learning Outcomes of the Curriculum. Life is a series of choices and consequences. Hato Pāora College has chosen to make Internet resources available to students, the consequence being that they can readily access enormous amounts of information.

**If a student chooses to access resources that are objectionable, adult-oriented, or restricted, the consequences will be suspension or termination of continuing access. The signatures at the end of this document indicate that the signatories have read the terms and conditions and agree to abide by those terms.**

# COMPUTER AND INTERNET TERMS AND CONDITIONS

## Acceptable Use

The original purpose of the Internet was and largely still is, to support research and education in and among academic institutions all over the world by providing access to unique resources. The use of Hato Pāora computers must support education and outcomes that are consistent with the learning opportunities of the Curriculum.

Use of another organisations' network or computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of any NZ regulation is strictly prohibited. This includes but is not limited to material protected by trade secret.

## Inappropriate Use

Hato Pāora College staff and the Principal will determine what constitutes inappropriate use. The Principal may request the suspension or termination of computer access and use of any user who violates these acceptable practices.

## Student

I have read this agreement and understand the importance of the school rules for the use of computers, the Internet and will abide by the above agreement.

I further understand that any violation of the regulations above is unethical and may constitute a criminal offence. Should I commit any violation, my access privileges may be revoked, and college disciplinary action may be taken and/or appropriate legal action may be instituted.

**Students Name** (Please print)

**Signature of Student**

**Date**

## Parent/Legal Guardian

As the caregiver of this student, We/I have read this agreement and understand that my son is responsible for using college equipment and the Internet as outlined.

We/I recognise that it is impossible for Hato Pāora College to restrict access to all controversial materials and will not hold the college personnel responsible for material acquired on the Internet.

I hereby give permission to allow internet access for my son.

**Caregivers Name** (Please print)

**Signature of Caregiver**

**Date**

