

# LISTON COLLEGE Application For Enrolment (New Zealand Residents)

## ATTACHED \*

- School Report
- Birth Certificate or
- Passport
- Preference Certificate
- Baptism Certificate

## INFORMATION SECTION - Please tick who is to receive information

	Both	Mother	Father	Email
Accounts				
Reports				
Newsletter				
Other Info				

\* Original documents must be sighted by the school

ID. (Office Use)

Form Class	Core Class

## Enrolment Form

- PLEASE COMPLETE ALL SECTIONS IN THE BOXES – Print clearly

<b>Entry Information</b>	Application for: Preference / Non Preference <i>(Please attached preference certificate if applicable)</i>
■ Year of entry 2018 / 2019 / 2020 / 2021	at year level 7 8 9 10 11 12 13

## STUDENT DETAILS

Last Name:	First Name(s):
	Preferred Name:
Address:	
Post Code:	
Home Phone:	Date of Birth:
Current School:	
Current Year Level:	Country of Birth:

Place in Family: \_\_\_\_\_ out of \_\_\_\_\_ children      **Eldest at Liston** Yes  No

## Siblings at Liston (Name)

1.	Year Level:
2.	Year Level:
3.	Year Level:

Student Lives with: Both parents  Mother  Father  Other  \_\_\_\_\_

## MOTHER – Caregiver 1

*If not mother, state relationship:*

Name: Mrs, Ms, Miss

Address: (if different from student)

Post Code:

Phone: (Home)

Phone: (Work)

Phone: (Mobile)

Occupation:

Work Place:

Shared Custody / Access Details:

**FATHER – Caregiver 2***If not father, state relationship:*

Name:

Address: *(if different from student)*

Post Code:

Phone: *(Home)*Phone: *(Work)*Phone: *(Mobile)*

Occupation:

Work Place:

Shared Custody / Access Details:

**EMERGENCY CONTACT: *(Other than home)***

State relationship:

Name:

Phone: *(Home)*Phone: *(Work)*Phone: *(Mobile)***CITIZENSHIP: *Original documents must be sighted by the school and relevant photocopies attached.***

Country of birth:

Date of arrival in NZ *(if not NZ born)*

Permit Type:

First Language:

Expiry Date:

**ETHNICITY:**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> African           | <input type="checkbox"/> Fijian         | <input type="checkbox"/> NZ Maori        | <input type="checkbox"/> South Slav           |
| <input type="checkbox"/> Australian        | <input type="checkbox"/> Filipino       | <input type="checkbox"/> Middle Eastern  | <input type="checkbox"/> Tokelauan            |
| <input type="checkbox"/> British / Irish   | <input type="checkbox"/> German         | <input type="checkbox"/> Niue            | <input type="checkbox"/> Tongan               |
| <input type="checkbox"/> Cambodian         | <input type="checkbox"/> Indian         | <input type="checkbox"/> Polish          | <input type="checkbox"/> Vietnamese           |
| <input type="checkbox"/> Chinese           | <input type="checkbox"/> Italian        | <input type="checkbox"/> Pacific Islands | <input type="checkbox"/> Other Asian          |
| <input type="checkbox"/> Cook Island Maori | <input type="checkbox"/> Japanese       | <input type="checkbox"/> Samoan          | <input type="checkbox"/> Other European       |
| <input type="checkbox"/> Dutch             | <input type="checkbox"/> Korean         | <input type="checkbox"/> SE Asian        | <input type="checkbox"/> Other Pacific People |
| <input type="checkbox"/> NZ European       | <input type="checkbox"/> Latin American | <input type="checkbox"/> Sri Lankan      | <input type="checkbox"/>                      |

Other: \_\_\_\_\_

  Refugee**RELIGION:**

Parish:

Catholic Baptism Yes  No  Date of Baptism \_\_\_\_\_

Catholic Sacraments (circle) First Holy Communion Reconciliation Confirmation

**GENERAL INFORMATION: Please make a brief comment under each heading****SPECIAL STRENGTHS / INTERESTS**

Academic: (eg: Speech/Debating/Computing/Science/ Curriculum strengths)

Sport / Hobbies / Cultural Interests:

Personal Qualities:

Significant Awards Received:

**SPECIFIC LEARNING NEEDS:**

Academic Weaknesses

Learning and Behavioural Issues: (please outline any learning and behavioural issues your son may have)

 ORS Funded       Psychological report available (Please attach)**MEDICAL INFORMATION:**

Overall health:

Medical conditions:

Degree: *Mild / Moderate / Severe*

Other details:

Permission to give paracetamol:    Yes     No                       If yes: **1 tablet or 2 tablets**

Doctor / Medical Practice:

Phone:

Please tick if your son has any of the following:

Asthma	<input type="checkbox"/>	Inhaler required	<input type="checkbox"/>	In case of an accident or emergency when the school cannot contact the parent or caregiver, or if the accident is serious the school may decide to send your son to an accident and emergency department or take him to the doctor. <b><i>I /we give permission for the school to treat or refer my son in an emergency and agree to meet any costs incurred.</i></b>
Anaphylactic	<input type="checkbox"/>	Epi-Pen required	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	Insulin required	<input type="checkbox"/>	
Bee sting allergy	<input type="checkbox"/>	Anti-histamines required	<input type="checkbox"/>	
ADHD / ADD	<input type="checkbox"/>	Ritalin required	<input type="checkbox"/>	
Other allergies <i>please specify</i>	<input type="checkbox"/>		<input type="checkbox"/>	

Signature:

**CONNECTIONS TO LISTON COLLEGE: (Parent, son of Old Boy etc)**

Any family connection (past or present) with other Catholic schools – please give details.

**PERMISSIONS**

- I / We agree to Liston College using photos / work of the above named student for marketing purposes.
- I / We understand that the personal information supplied on this enrolment form is being collected to assist us in understanding and educating your son. We may pass this information on to his educational professionals but only for these same purposes. Under the Privacy Act 1993 you have right of access to any personal information we hold about you or your son. Should we wish to release details held for other than the purposes stated, we will consult you under the provisions of the Act. The Record of Schools Attended (ENROL) will be accessed, as required by the Ministry of Education.

**CONDITIONS OF ENROLMENT**

- I / We agree to pay all Dues, Contributions, Sports and Subject Fees as determined from time to time by the Board of Trustees.
- I / We undertake as a condition of enrolment and attendance, to pay Attendance Dues as determined from time to time by the Proprietor and approved by the Minister of Education. Furthermore, I / We accept that the school can discontinue attendance of the above named student in default of this undertaking.
- I / We have disclosed all information concerning the above named student's behaviour and learning needs.
- I / We agree that above named student will participate in the general school programme that gives Liston College its Special Character.
- I / We will ensure that above named student will wear the correct uniform and adhere to the Code of Conduct.
- I / We understand that enrolment is subject to the availability of places within the prescribed allocation.
- Upon receipt of enrolment acceptance I / We agree to pay **\$250.00 deposit**, of which \$200.00 will be credited against the **First Term Dues**. The \$50.00 balance is a non-refundable administration fee.

Mother / Caregiver 1: \_\_\_\_\_ (PLEASE PRINT)      Father / Caregiver 2: \_\_\_\_\_ (PLEASE PRINT)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

Preference : 5.1 / 5.2 / 5.3 / 5.4 / 5.5

Date enrolled:

Start date: