



# ROSMINI HOUSE

St Peter's College • Gore High School

## APPLICATION FOR BOARDING ENROLMENT

### Part A

STUDENT'S SURNAME \_\_\_\_\_ FIRST NAMES \_\_\_\_\_

PREFERRED FIRST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ Male  Female

ADDRESS (INCLUDING HOUSE/RAPID NUMBER AND STREET/ROAD NAMES AND POSTAL CODE) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

ETHNICITY \_\_\_\_\_ IWI \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ FAX \_\_\_\_\_ STUDENT MOBILE PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ PRESENT YEAR LEVEL \_\_\_\_\_

SCHOOL CURRENTLY ATTENDING \_\_\_\_\_

INTENDED SCHOOL: St Peter's College or Gore High School (please circle)

HOSTEL HOUSE: \_\_\_\_\_

### Part B

#### CAREGIVER 1

NAME \_\_\_\_\_  
TITLE INITIALS FIRST NAME SURNAME

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

LIVING WITH STUDENT YES  NO

#### CAREGIVER 2

NAME \_\_\_\_\_  
TITLE INITIALS FIRST NAME SURNAME

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

LIVING WITH STUDENT YES  NO

## Part C

### EMERGENCY CONTACT DETAILS

EMERGENCY CONTACT PERSON \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_ PHONE/S \_\_\_\_\_

ADDRESS \_\_\_\_\_

## Part D

Please provide names and phone numbers of those people who by law cannot have access, or contact with the student, or who has conditions imposed on access or contact.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Part E

### MEDICAL DETAILS

DOCTORS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DENTISTS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

FULLY IMMUNISED YES  NO  Provide details if not immunised \_\_\_\_\_

GENERAL MEDICAL HISTORY - please circle if your child has had any of the following:

German Measles      Measles      Mumps      Hepatitis      Whooping Cough

Pneumonia      Chicken Pox      Rheumatic Fever      Glandular Fever      Scarlet Fever

Relevant details: \_\_\_\_\_

REGULAR PRESCRIBED MEDICATIONS:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Notes: \_\_\_\_\_

PLEASE SPECIFY RELEVANT HEALTH PROBLEMS OR SPECIAL CIRCUMSTANCES: eg Asthma, Eczema, Hayfever etc

Medical Condition: \_\_\_\_\_ Treatment: \_\_\_\_\_

Notes: \_\_\_\_\_

Please provide any special dietary requirements:

OTHER MEDICAL INFORMATION .....

Has your child received a referral or assistance from any Supporting Agency or Mental Health Provider YES  NO

If yes please provide specific details including Agency/Dates, reasons for referral and contact person.

\_\_\_\_\_

\_\_\_\_\_

## Part F

### LEAVE AND ACTIVITIES

I give permission to have day outings to the following places and travel in a vehicle with the following people:  
(please circle your choice/s)

TEACHING STAFF      SPORT COACHES      TEAM MANAGERS      HOSTEL STAFF      HOSTEL PARENTS  
RESTAURANTS      MOVIE THEATRE      MUTLISPORT COMPLEX

Other Adults:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission to have DAY leave and social outings with the following people: *(Overnight leave will have to approved by the Supervisor)*

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Part G

### Your child (parents to complete)

Please write a short paragraph summarising your child. This could include their interests, personality, gifts and/or academic ability.

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.....  
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.....

Please give a brief outline of your desired outcomes from boarding your child at Rosmini House.

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.....  
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.....  
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IS THERE ANY OTHER INFORMATION RELEVANT TO THIS APPLICATION?

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.....  
.....

# Part H

## Student to complete

Circle the traits that best describe you.

- |            |          |          |           |          |           |
|------------|----------|----------|-----------|----------|-----------|
| Sporty     | Cultural | Diligent | Energetic | Reader   | Worrier   |
| Anxious    | Shy      | Outgoing | Leader    | Follower | Kind      |
| Supportive | Patient  | Reliable | Neat/Tidy | Listener | Sensitive |

My three favourite things are: (could be activities or possessions)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The things I am looking forward to most about boarding are.....

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# Part I

## DECLARATION

- I agree to accept and adhere to the Policy, Procedure, Conditions and Charges determined by St Peter's College Hostel Limited. Such documentation is available on the College website, or via the Hostel office.
- I give permission for my child's school to send a copy to the Director of Boarding of any correspondence sent to parent's regarding student concerns or discipline where appropriate.
- I agree to pay fees in advance and adhere to the fees policy and accept that any collection costs incurred by the Hostel are my responsibility.
- I understand that failure to disclose relevant information may result in your child's place being removed.
- I understand that House Management reserve the right to refuse leave based on reasonable grounds where safety, resources or behaviour does not warrant such leave.
- I understand that submitting this form does not confirm enrolment. All applicants will be interviewed with their families, acceptance letters will be sent after such interviews.
- I give permission for my child to attend day activities outside of the boarding house with a staff member/s whilst staying at the boarding house
- I agree the Boarding House may disclose information about my child's medical history/conditions to appropriate health providers should this be necessary for the care of my child.
- I acknowledge that it is our responsibility to inform the House of any community services cards, pharmacy exemption cards and other such documents that pertain to our child.
- I understand that costs relating to personal medical appointments are invoiced to me directly by the provider.

**SIGNED:**

Caregiver 1: \_\_\_\_\_

Caregiver 2: \_\_\_\_\_

Student: \_\_\_\_\_

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