

Rosmini House

129 Kakapo Street, Gore

Phone: 03 208 8241

Email: boarding@stpetersgore.school.nz

Website: www.stpetersgore.school.nz



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) _____

PHONE (HOME) _____ FAX _____ STUDENT MOBILE PHONE _____

EMAIL _____ PRESENT YEAR LEVEL _____

SCHOOL CURRENTLY ATTENDING _____

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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Please give a brief outline of your desired outcomes from boarding your child at St Peter's College.

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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 the school to send a copy to the Director of Boarding of any correspondence sent to parent's regarding student concerns or discipline.
- 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 Hostel 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 Hostel 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: _____