



# CAMPION COLLEGE



## ENROLMENT CONTRACT

**THE ROMAN CATHOLIC BISHOP OF HAMILTON**  
as Proprietor

AND

**Name:** (Parent/Guardian) Title \_\_\_\_\_ Christian: \_\_\_\_\_ Surname: \_\_\_\_\_  
Please print

Title \_\_\_\_\_ Christian: \_\_\_\_\_ Surname: \_\_\_\_\_  
Please print

### APPLICATION FOR ENROLMENT

**Student's Name:** Christian Names: \_\_\_\_\_ Surname: \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Country of Birth:** \_\_\_\_\_

at  
**CAMPION COLLEGE, CAMPION ROAD, GISBORNE**

for entry into Year level \_\_\_\_\_

in the Year \_\_\_\_\_

**THIS IS A LEGAL DOCUMENT, PLEASE READ VERY CAREFULLY**

**Information in this contract will be held by the school Proprietor or his agent for the purposes of attendance and administration and other related matters provided or envisaged by law.**

**NAMES OF PARENT(S) OR GUARDIAN(S):**

Mother's Name: (Title) \_\_\_\_\_ (Christian Names) \_\_\_\_\_ (Surname) \_\_\_\_\_  
(in full)  
Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Father's Name: (Title) \_\_\_\_\_ (Christian Names) \_\_\_\_\_ (Surname) \_\_\_\_\_  
(in full)  
Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Guardian's Name (Title) \_\_\_\_\_ (Christian Names) \_\_\_\_\_ (Surname) \_\_\_\_\_  
(if different to above)  
Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Alternative Emergency Contact: (Name) \_\_\_\_\_  
(Relationship to Student) \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

If Applicant is boarding away from home, name, address and phone number of person with whom applicant will board:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**STUDENT DETAILS:**

Gender: Male  Female   
Ethnic Origin: NZ European  Maori  Pacific Island  Other  \_\_\_\_\_

For students of Maori descent please state iwi affiliation: \_\_\_\_\_

School currently attending: \_\_\_\_\_

Please state any particular health concerns or home circumstances that may affect the student's school life:

\_\_\_\_\_

# CONDITIONS OF ENROLMENT

## PART 1 - PARTICIPATION IN SCHOOL PROGRAMME

The applicant(s) undertake as a condition of enrolment and attendance that the above named student will participate in the general school programme that gives the school its Special Character.

The applicant(s) accept that any behaviour whether by action, deemed by the proprietor to jeopardise the Special Character of the school, might be considered reason for suspension under Part 1 Section 3(4) of the Private Schools Conditional Integration Act.

The Special Character of the school is defined as:

"The School is a Roman Catholic School in which the whole School community through the general School programme and in its Religious instruction and observances exercises the right to live and teach the values of Jesus Christ.

These values are as expressed in the Scriptures and in the practices, worship and doctrine of the Roman Catholic Bishop of the Diocese of Hamilton."

---

## PART 2 - ATTENDANCE DUES

Having applied for enrolment at Campion College for (Student's Name) \_\_\_\_\_  
I/We will pay Attendance dues as determined from time to time by the proprietor and approved by the Minister of Education.

I/We understand that payment of dues will be invoiced at the commencement of each school year and is payable before the end of Term One of that year or before completion of one full term in attendance unless alternative payment arrangements have been made with the proprietor or his agent.

I/We authorise the Proprietor to collect, retain and use any information for the purpose of assessing my/our credit worthiness and enforcing any rights under this contract.

I/we understand that the above named student may be suspended if there is any default in payment of invoiced dues.

I/we understand that I/We will be liable for any costs, disbursements and legal fees in the event that we default on payment of dues.

I/we declare that I/we have **no** outstanding debt at any other Catholic integrated school.

### NAME AND ADDRESS OF PERSON(S) TO BE INVOICED: (if different from Page 1)

**Name:** (Title) \_\_\_\_\_ (Christian Names) \_\_\_\_\_ (Surname) \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**PART 3 – GENERAL**

I authorise Campion College to make legitimate use, for educational purposes of the information contained on this Enrolment Form.

My child will abide by the school rules as set out in the Prospectus and as advertised from time to time during the school year.

Signature of both parents/caregivers and student is required:

	Signature	Print Name
Mother or Guardian		
Father or Guardian		
Student		
Witness		

**Note**

The accepted form of payment is by one single payment when invoiced at the beginning of each school year, or before the completion of the term in which attendance commenced. Alternative forms of payment can be arranged by contacting:

*Catholic Integrated Schools Office  
 PO Box 4353, Hamilton East  
 Ph. (07) 856 6989, Fax (07) 856 7035  
 E-mail: sandrab@cdh.org.nz*

If, at any time, financial hardship is being experienced in the payment of Dues you should contact the Principal, the Parish Priest or the Catholic Schools Office immediately.

**STUDENT DETAILS: (SCHOOL TO COMPLETE THIS SECTION)**

Student Name: 

(Christian Names)	(Surname)
-------------------	-----------

Student Identification Number: 

M.O.E. School Profile No.					Year of Entry		Enrolment No.		
0	2	1	1	-					

Name and address of previous School / Pre-School attended: 


Commencement Date: 

--

 Year Level: 

--

Principal's Signature: 

	Date:
--	-------