



# CATHOLIC INTEGRATED SCHOOLS

## HAMILTON DIOCESE



Chapel Centre, 51 Grey Street, Hamilton  
PO Box 4353, Hamilton 3247, New Zealand  
Phone: (07) 858-3710  
Fax: (07) 856-7035

# ENROLMENT CONTRACT

between

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

**A N D**

**Name:** (Parents/Guardians)  
*Please print*

Title:	Christian:	Surname:
Title:	Christian:	Surname:

**Address:** (Physical)

Street:	
Suburb:	
Town/City:	Postcode:

**Student's Name:**

Christian Names:	Surname:
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**Dated of Birth:**

Student's DOB:	<b>Gender:</b> (M or F)
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**Year Level:**

(at commencement date)

(7, 8, 9, 10, 11, 12, 13)	<b>at:</b>	Campion College, Gisborne
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**Currently Attending:**

School your child is currently attending:
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**THIS IS A LEGAL DOCUMENT, PLEASE READ VERY CAREFULLY**

# APPLICATION FOR ENROLMENT

FOR

<b>STUDENT'S NAME:</b> (in full)	(Christian Names)	(Surname)
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<b>ADDRESS:</b> (if different from page 1)		<b>Student living with:</b>

<b>New Zealand Citizen</b>	Yes/No	If <b>No</b> Please state)	Ethnicity:
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<b>Iwi:</b>	1.	2.
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<b>Religion of Student:</b>	<b>Date of Baptism</b>
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Please state any particular health concerns your child may have:

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

<b>MOTHER'S NAME:</b> (in full)	(Title)	(Christian Names)	(Surname)
<b>ADDRESS:</b>			Postcode:
<b>RELIGION:</b>			<b>OCCUPATION:</b>
<b>EMAIL:</b>			
<b>TELEPHONE:</b>	(Home)	(Work)	(Mobile)

<b>FATHER'S NAME:</b> (in full)	(Title)	(Christian Names)	(Surname)
<b>ADDRESS:</b>			Postcode:
<b>RELIGION:</b>			<b>OCCUPATION:</b>
<b>EMAIL:</b>			
<b>TELEPHONE:</b>	(Home)	(Work)	(Mobile)

<b>GUARDIAN'S NAME:</b>	(Title)	(Christian Names)	(Surname)
<b>RELIGION:</b>			<b>OCCUPATION:</b>
<b>TELEPHONE:</b>	(Home)	(Work)	(Mobile)

<b>EMERGENCY CONTACT:</b>	(Name)	(Relationship to student)
<b>TELEPHONE:</b>	(Home)	(Mobile)

# CONDITIONS OF ENROLMENT

## PART 1 - ATTENDENCE DUES

Having applied for enrolment at **Campion College, Gisborne** 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)

<b>Name:</b> (Parent/Caregiver)	(Title)	(Christian)	(Surname)
<b>Mailing Address:</b>			Postcode:

The accepted form of payment is by one single payment when invoiced at the beginning of each school year. Payment is due by 20<sup>th</sup> April of that year. Alternative forms of payment can be arranged by contacting: *Catholic Integrated Schools Office, telephone (07) 858-3710.*

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

**NOTE:** Attendance dues are approved by the Minister of Education under Section 36 of the Private Schools Conditional Integration Act 1975 and are a compulsory charge for attendance. Dues are not tax deductible.

## PART 2 - 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 3 - GENERAL

I/we have read, understood and agreed to comply with all terms and conditions contained within this Enrolment Contract.

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 is required:**

Signature of Mother or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature of Father or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Print Name: \_\_\_\_\_



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

Student Name: 

(Christian Names)	(Surname)
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Student Identification Number: 

M.O.E. School Profile No.				Year of Entry	Enrolment No.				

Name and address of previous school attended: 


Commencement Date: 

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 Year Level: 

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The applicant is enrolled with preference status  OR Non-preference status

Principal's Signature: 

	Date:
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