

Liston College



Application For Enrolment at Liston College (New Zealand Residents)

A Year 7 to 13 College for Boys, offering
a high quality education based on
Catholic Values

Instructions:

Please complete all parts of this enrolment form and return to Liston College.

All of the information collected in this Enrolment Form is **CONFIDENTIAL** and is covered by the Privacy Act 1993 and the Education Act 1989. This information is held at Liston College, 16 Edwards Ave, Henderson, and is available to the Staff, Members of the Board of Trustees, PTFA, and the Old Boys Association.

Personal Information

Full name: _____
Family name First name Middle name

Preferred Name: _____ Date of Birth: ____ / ____ / ____

Present School: _____ Present Level: _____

Year of Entry to Liston College (Circle): 2010 2011 2012 2013 2014

Level of entry to Liston College (Circle): Year 7 Year 8 Year 9 Year 10 Year 11 Year 12 Year 13

Religion: _____ Parish: _____

Catholic Baptism (Circle): Yes No Date of Baptism: _____

Catholic Sacraments (Circle): First Holy Communion Reconciliation Confirmation

School Use:

Catholic Connection (Circle): White Card Mother Father Other

Preference: Yes No

General Information (please make a brief comment under each heading):

Academic Progress (Strengths / Weaknesses)

Health

Sports / Hobbies / Cultural Interests

Personal Qualities

Learning Disabilities (please outline any learning disability your child may have):

ORS Funded Psychological report available (please attach)

Family Details

Child lives with: **Tick one** Both parents **OR** Mother Father Caregiver 1 Caregiver 2

Physical Address: _____ Postal Code _____
(not P.O. Box) _____

Email address: _____@_____

Home Phone Number: _____

Date first started school ____ / ____ / ____

Family Details (Child lives with)

Father / Caregiver 1: _____ Relationship: _____

Occupation: _____ Employer: _____

Phone Number: _____ (home) _____ (Bus)

Mother / Caregiver 2: _____ Relationship: _____

Occupation: _____ Employer: _____

Phone Number: _____ (home) _____ (Bus)

Other Information: (restricted access etc)

Previous connection to Liston College (Parent, son of old boy, Christian Brothers Connection etc)

Any family connection (past or present) with other Catholic Schools – Please give details

Resident Details

Please attach a **verified copy of one** of the following (Circle)

Birth Certificate Passport Immigration Documentation

Ethnicity Details

Nationality: (born in) _____ First Home Language: _____

Date first entered New Zealand: ____ / ____ / ____ (if not NZ Citizen). **NZ Residency Permit No:** _____

Ethnicity:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> African | <input type="checkbox"/> Fijian | <input type="checkbox"/> 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

Maori Tribal Affiliation (if applicable): _____

Place in Family: _____ out of _____ children Eldest at Liston: yes No

Siblings at Liston College: (Name)

1. _____ (Name) _____ (level)
2. _____ (Name) _____ (level)
3. _____ (Name) _____ (level)

Emergency / Alternative Contact (other than parents / caregivers)

Relationship: _____ Name: Mr / Mrs _____

Address: _____

Phone Number: _____ (home) _____ (Bus)

Medical Information

Doctor : _____ Phone Number: _____

Does your child have any allergies, medication requirements etc ?

- _____
- _____
- | | | | |
|-------------------------------------|--|---|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Asthma | <input type="checkbox"/> Inhaler required | Permission to give your child Panadol if required
Please circle Yes No
if yes 1 tablet or 2 tablets |
| | <input type="checkbox"/> ADHD / ADD | <input type="checkbox"/> Ritalin required | |
| | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Insulin required | |
| | <input type="checkbox"/> Bee sting Allergy | <input type="checkbox"/> Anti-histamines required | |

Permissions

-
- I / We agree to Liston College using photos / work of the above named student for marketing purposes
- I / We give permission for Liston College to sanction any required emergency medical treatment.

Conditions of Enrolment

- I / We agree to pay the College Fees, including Attendance Dues
- 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
- I / We have **attached a copy** of the latest **School Report** and **“White Preference Form”**.
- I / We have **attached a verified copy** of **Birth Certificate** or **Passport** or **Immigration Documentation**.
- Upon receipt of enrolment acceptance I / We will agree to pay **\$250.00 deposit**, of which \$200.00 will be credited against the **First Term fees**. The \$50.00 balance is a non refundable administration fee.

Caregiver 1: _____ Caregiver 2: _____

Signed: _____

Date: _____