



CAMPION COLLEGE

~ GISBORNE ~

STUDENT ENROLMENT PROFILE

(Please complete ALL sections)

Student Name: _____ Year Level: _____

CHECKLIST

- The Enrolment Contract (Catholic Integrated Schools Hamilton Diocese) has been completed and signed.
- The Student Enrolment Profile form has been completed. *(This provides information for staff in the College.)*
- The Preference and Priority of Enrolment section of the Student Enrolment Profile form has been completed. *(The priority criteria are used if there are more applications for enrolment than can be accommodated).*
- A copy of the student's Catholic Baptismal, Eucharist (First Communion) or Confirmation Certificate is attached. *(Where applicable)*
- A copy of the student's last school report is attached.
- Copies of reports/documents that will help us in guiding your child's learning are attached.
- If the student is NOT a New Zealand citizen, please supply a copy of their passport including a copy of their current/valid visa.

SPECIAL LEARNING REQUIREMENTS

In order to provide the most appropriate support and educational opportunities for your son/daughter during their time at Campion, please complete the following in relation to your child and return with the enrolment form.

1. Areas of interest for your son/daughter:

2. Areas of strength in which your son/daughter may want/need further extension:

3. Areas in which your son/daughter may need extra support (extra help):

4. What sort of activities has your child been involved with in previous years (ie: sport/drama/music):

5. Has your son/daughter been involved in any curriculum extension programmes (eg, G.A.T.E., talent programmes, competitions)

6. Is your child ORS funded? Y N If **Yes**, what is their ORS Number? _____

7. Does your son/daughter have any learning or behavioural needs (ie. ADHD, dyslexia):

8. Does your son/daughter currently receive any special learning assistance? Y N
If yes, please supply copies of current reports that relate to this.

9. Why does Campion College appeal to you?

ARTS AND CULTURAL INTERESTS

Please tick any of the following activities your son/daughter may be interested in joining or finding out more about.

- | | |
|---|--|
| <input type="checkbox"/> Kapa Haka Group | <input type="checkbox"/> Musical Instrument: _____ (Please Specify) |
| <input type="checkbox"/> Debating | <input type="checkbox"/> Speeches |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Choir |
| <input type="checkbox"/> Pasifika Group | <input type="checkbox"/> Dance (eg. hip hop): _____ (Please Specify) |
| <input type="checkbox"/> Music Band | |
| <input type="checkbox"/> Other _____ (Please Specify) | |

SPORTING ACTIVITIES

Please tick any of the following activities your son/daughter may be interested in joining or finding out more about.

TEAM SPORTS

- Cricket
- Basketball
- Hockey
- Rugby
- Netball
- Volleyball
- Football (soccer)
- Touch Rugby
- Other (Please specify) _____

INDIVIDUAL SPORTS

- Athletics
- Swimming
- Multisport
- Cycling
- Surfing
- Gymnastics
- Badminton
- Cross Country
- Table Tennis
- Skateboarding
- Golf
- Tennis
- Waka Ama
- Surf Lifesaving

RELIGIOUS FAITH FORMATION

Please indicate if your child has received any of the following sacraments through the Catholic Church.

- † Baptism Yes No Parish: _____
- † Eucharist (First Communion) Yes No Parish: _____
- † Confirmation Yes No Parish: _____

PREFERENCE OF ENROLMENT

To help process your application please complete 'one' of the following:

1. My child is a baptised Catholic and I enclose their baptism certificate. Yes No
2. One of the child's parents or siblings has been baptised Catholic and I enclose a copy of their baptism certificate. Yes No
3. There is a grandparent or other significant familial adult in the child's life who is active in the Catholic faith and the child's life and who undertakes to support the child's formation in the faith and practices of the Catholic Church? Yes No

Name of the significant familial adult: _____

Relationship to the child: _____

Address of the significant familial adult: _____

*** Please provide a letter of support from this significant familial adult.**

If you answered 'NO' to the above questions, your child may still be granted a Preference Certificate under the following category.

4. Other factors for consideration. Are there any other factors that should be taken into consideration for enrolling your child? (please state).

PRIORITY OF ENROLMENT

1. My child has a sibling who is a current student of Campion College Yes No

Name of sibling (s) _____

2. My child has a parent or grandparent who is currently a staff member of Campion College or who is on the Board of Trustees

Yes No

Name of parent/grandparent _____

3. My child has a sibling who is a former student of Campion College and that sibling completed their secondary school education at Campion.

Yes No

Name of sibling _____

The year in which he/she finished school was _____

4. My child has a parent who is a former student of Campion College and that parent completed their secondary school at Campion College.

Yes No

Name of parent _____

The year in which he/she finished school was _____

MEDICAL INFORMATION

1. Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

2. ALLERGIC REACTION

Is your son/daughter allergic or has had an allergic reaction to anything? Yes No
ie. bee/wasp stings, penicillin, antibiotics, peanuts, seafood, fish, eggs, seeds, wheat etc.

If **YES** please give details: _____

PLEASE NOTE: If your child requires the use of an epi pen in the case of an allergic reaction emergency, we do ask that they carry their own personal epi pen in their school bag at all times and inform their learning mentor that they have one. *(The College also keeps an extra epi pen in the office for emergency situations).*

3. MEDICATIONS

Please send **labelled** medication to the College Office with full instructions if it is required for regular use or for emergencies ie. antihistamine for bee stings, migraine pills etc

4. PANADOL

Do you authorise Champion College to provide panadol to your son/daughter in the event of a minor ailment ie. headaches, muscle pain, strains/sprains etc. Yes No

5. OTHER RELEVANT CONDITIONS

My child has or has had the following disabilities, or medical problems which may affect his/her performance or activities at school. Please give details:

6. ALTERNATIVE EMERGENCY CONTACT PERSON

In the event that your child is unwell or in the case of an emergency, and we are unable to contact you, please supply the details of an alternative emergency contact person ie. grand parent, aunty, uncle, family friend etc.

Name: _____ Relationship to the child: _____

Phone Home _____ Work: _____ Mobile: _____

PROGRESS REPORTS & NEWSLETTERS

The College produces progress reports every 8 to 9 weeks for all students as well as a weekly College newsletter. These are emailed to all parents/caregivers with email addresses. Please provide your email address.

Email Address: _____ (If different from that already given)

OR: I do not have an email address. (please tick)

AREAS THAT YOU CAN SUPPORT OUR COLLEGE IN:

Please indicate any areas in which you can assist with College activities

- Fundraising

- Parent Teacher Friends Association (PTFA). This group liaises between the College and the community and provides tangible support and financial assistance for College activities.

- Coaching/managing a sport (Please specify) _____

- Assisting in a performing arts activity (Please specify) _____

- Other (Please specify) _____

INVOICES/STATEMENTS

Please specify the person or persons to be invoiced for College related expenses. Note these are separate from the Attendance Dues invoiced from the Hamilton Diocese.

TERMS/CONDITIONS

I/we, the undersigned, accept as conditions of enrolment that:

1. I/we will pay for sports related costs, uniform and stationery items as outlined in the Enrolment Information Pack.
2. I/we understand that I/we will be liable for any costs, disbursements and legal fees in the event that I/we default on the payment of agreed purchases of the above.

Name:

(Title)	(Christian)	(Surname)
(Title)	(Christian)	(Surname)

Postal Address:

Postcode:

Postal Address:

Postcode

Email Address:

(for receiving Invoices/Statement)

Email Address

(for receiving Invoices/Statement)

Signature:

(Parent/ Guardian 1)	(Parent/ Guardian 2)
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NOTE: Please also note that financial assistance may be available through the College for families in need. Please contact the Principal or your Learning Mentor in such circumstances.

TERMS/CONDITIONS OF ENROLMENT

I/we, the undersigned, accept as conditions of enrolment that:

1. I/we will ensure that the policies and rules as laid down from time to time by the Board of Trustees and the College are observed.
2. I/we authorise Campion College to use: photographs, video clips containing my child's image, audio clips containing my child's voice and copies of my child's work under the following conditions:
 - I understand these may be used on the Campion College website, or in promotional material to share some of the events and experiences gained by teachers and students at the College. I agree that the audio, videos, images and copies of student work may be used for other educational purposes (*for example, in print or web support materials*). I understand that no material used will intentionally cause embarrassment to, or compromise the integrity of any person or family.
3. In the case of an accident/emergency, of a serious nature, the College may arrange for my child to be taken to Accident and Emergency by ambulance.

I give permission for the College to make the necessary arrangements for the treatment of my child in an emergency and agree to meet any costs incurred. (*NB: The College will always endeavour to contact parents/caregivers whenever possible*).

The signature of BOTH Parents or Legal Guardian/s is required:

Signed (*Mother/Legal Guardian 1*): _____ Date: _____

Signed (*Father/Legal Guardian 2*): _____ Date: _____

Signature of Student: _____ Date: _____

Signature of Witness: _____ Date: _____

Campion College Graduates

We aim, by modelling, for our graduates to be:

2016 - 2020

Disciples of Christ who...

1. Are centred on the Gospel values of commitment, compassion and community.
2. Have a personal relationship with Jesus Christ.
3. Have a knowledge, understanding and a lived reality of the teachings of the Catholic Church.



Compassionate individuals who..

1. Respect the dignity of all human life.
2. Promote social justice for all, especially the most poor and vulnerable in society.
3. Recognise the gifts they have been given by a loving God and the giftedness of others.

Committed learners who...

1. Constantly strive for academic excellence.
2. Have the ability to set goals and work towards achieving them.
3. Are resilient and independent with a 'can-do' attitude.
4. Actively seek, use and create knowledge using faith and reason.

Community focussed individuals who...

1. Use their God given talents in promoting the good of society.
2. Are active participants in social, sporting, Christian spiritual and cultural activities.
3. Continue to grow in leadership through service to others.
4. Actively promote stewardship of the earth for the good of all.

IN CHRIST WE ARE ALIVE

MISSION STATEMENT

**He kura Katorika a Kapiana
e kaha ana ki te manaaki
me te whakapakari te
tangata i roto i te matauranga
e pa ana ki nga mahi Katorika**

Campion College is a Christ-centred community committed to offering and encouraging the education and development of the total person in a Catholic environment

VISION

Excellence through innovation for the good of all.