St Joseph's International Catholic College



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P O Box 5784 BOROKO National Capital District Papua New Guinea

ENROLMENT FORM

Secondary School

Section A: Grade Level of Enrolment

Grade for v Grade	7	8	9	10	11	12				
Orace										
	_	_	_	_	_	_				
Curriculun	n for wl	hich enr	olment	is sou	ght (onl	y for Grad	de 11 – 12)			РНОТО
Grade			11	12						
PNG curricu										
NSW curricu	ulum									
Intended Co	mmence	ement: Te	erm:	_ Year:					ı	
Section B:	Stude	nt Inforn	nation							
Student Nar	ne:									Male
Student Nar		(Fami	ly Name		(Give	n Name)				Female
Age: ye	ars Date	e of Birth:	/_	/		Place	of Birth			
Country of Birth						Nationality:				
Dallada						0		1	_	Day Care
Religion										Baptism
						(IT Catr	юнс, нск ард	propriate box)		Holy Communion Confirmation
Previous so	chools a	ttended								
Last School	attended	d					Address			
Principal/He	ad Teac	her's Nan	ne				_			
Tel:			Fax:							
Email:										
Other schoo	ols attend	ded in the	past							
Grade		Year		Country/Province				School Name		
0.000				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						

Residential Address: Sec	ction/Unit	Lot/Build	ling			
Street Name	Suburb		_			
Postal Address:						
Tel: Em	ail:					
Student's Personal Information	n					
Does the student have a disability? Disability description		□ No				
Does the student have a learning dis Learning disability description	•	□ No				
Additional Comment (Other informate	tion that would ass	ist with the care of the stud	ent)			
Medical/Emergency Information If we cannot contact you, in the event of		ase provide contact details of	at least two other contacts			
Contact Name 1						
Tel (work/home)		Tel (mobile)				
Contact Name 2		Relationship				
Tel (work/home)		Tel (mobile)				
Doctor's Name		Clinic/ Medical Centre				
Doctor's address						
Medical Conditions – <i>Please spec</i>	cify any medical co	nditions e.g. asthma, diabe	tes			
Allergies – Please specify any aller	rgies suffered by th	ne student e.g. peanuts				
Parent/guardian permission						
I give my permission for the College in the event of college being unable			s □ No			
Section C: Student's Family In	formation					
Father's name		Occupation:				
Address		Employer:				
		Work phone:				
Home phone		Fax:				
Mobile						
		 Email:				
Home Province		Country:				

Mother's	name						Occupation:	·		
Address							Employer:			
							Work phone):		
							Fax:			
Home pho	ne					_				
Mobile							Email:			
Home Province										
General I	nformatio	n								
Student li	ves with:									
	Father		Mother		Both		Other			
To whom	correspon	ndenc	e from the	Coll	ege shou	ıld be	sent?			
	Father		Mother		Both		Other			
To whom	invoices/r	eceip	ts should l	be se	ent?					
	Father		Mother		Both		Other			
Tick if app	oropriate:									
	Father de Mother de				Parents Mother r		•	☐ Father remarried		
College fe	ees will be	paid	by:							
	☐ Father ☐ Father's employer						(employer's r			
	Mother	other Mother's employer					(employer's name)			
	□ Other(<i>Name</i>)						(Palationahin)			
		•	,				(Relationship	<i>y</i>		
• •	e spoken a									
Other lang	uages spor	ken at	nome							
Siblings Ir	nformation	l								
			brothers or so, please (Joseph	n's? Have any i	relatives of the child been previous		
Name			Re	lationshi	р		Year/s at St Joseph's			
 				+				1		

Section D

Please attach the following documents with this completed enrolment form.

• ID photo

Enrolment Officer:

Name: _____

Signature:

- Proof of date of birth e.g. birth certificate.
- Baptism, First Holy Communion & Confirmation certificates (for Catholic families only)
- Application fee K50.00 (Non-Refundable)
- Current academic school reports
- Character reference from the previous school Principal
- Grade 8 Certificate for Grade 9
- Grade 10 Certificate for Grade 11

I hereby apply for enrolment of my child at St Joseph's International Catholic College. **Signature** Name of Parent or Guardian Signature of Parent or Guardian **Section E** OFFICE USE ONLY Date application received / / Enrolment application fee receipt no Documents received with application: Baptism certificate ☐ Yes □ No Proof of age ☐ Yes □ No First Holy Communion ☐ Yes □ No Character reference ☐ Yes □ No Confirmation certificate ☐ Yes □ No Academic records ☐ Yes □ No Grade 8/10 certificate ☐ Yes □ No ___/___/____ Date of interview **Entrance Test** Is entrance test required? ☐ Yes ☐ No If yes, When? Date ___/ ___/ Time **Principal's Note** Enrolment Type: ☐ Normal ☐ Short term □ Conditional (Principal's signature) (Date) Registration No: Date Parents informed of the decision ____ / ____ / ____

Date: _____ / ____ / _____