

St Joseph's International Catholic College



Phone: [+675] 325 3733
 Fax: [+675] 325 3237
 Email: admin@stjosephsinternational.ac.pg
 Website: www.stjosephsinternational.ac.pg

P O Box 5784
 BOROKO
 National Capital District
 Papua New Guinea

ENROLMENT FORM

Primary School

Section A: Grade Level of Enrolment

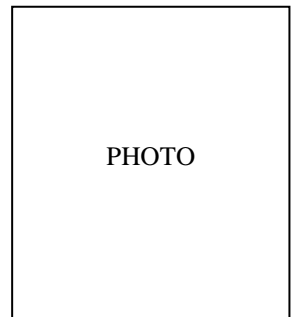
Grade for which enrolment is sought:

Grade Pre-School

Students must have their **fourth** birthday by 31 March 2025 to start **Preschool**.

Grade Prep 1 2 3 4 5 6

Students must have their **fifth** birthday by 31 March 2025 to start **Prep**.



Intended Commencement: Term: _____ Year: _____

Section B: Student Information

Student Name: _____
 (Family Name) (Given Name)

Male
 Female

Age: _____ years Date of Birth: ___/___/___ Place of Birth _____

Country of Birth _____ Nationality: _____

Religion/ _____

Sacraments received: Baptism
 (if Catholic, tick appropriate box) Holy Communion
 Confirmation

Previous schools attended

Last School attended _____ Address _____

Principal/Head Teacher's Name _____

Tel: _____ Fax: _____

Email: _____



Other schools attended in the past. This section **MUST** be completed.

Grade	Year	Country/Province	School Name

Residential Address: Section/Unit _____ Lot/Building _____
Street Name _____ Suburb _____
Postal Address: _____

Tel: _____ Email: _____

Student's Personal Information

Does the student have a disability? Yes No
Disability description _____

Does the student have a learning disability? Yes No
Learning disability description _____

Additional Comment (Other information that would assist with the care of the student)

Medical/Emergency Information

If we cannot contact you, in the event of an emergency please provide contact details of at least two other contacts

Contact Name 1 _____ Relationship _____

Tel (work/home) _____ Tel (mobile) _____

Contact Name 2 _____ Relationship _____

Tel (work/home) _____ Tel (mobile) _____

Doctor's Name _____ Clinic/ Medical Centre _____

Doctor's address _____

_____ Tel: _____

Medical Conditions – *Please specify any medical conditions e.g. asthma, diabetes...*

Allergies – *Please specify any allergies suffered by the student e.g. peanuts ...*

Parent/guardian permission

I give my permission for the College to arrange medical treatment Yes No
in the event of college being unable to contact the Parent/Guardian.

Section C: Student's Family Information

Father's name _____

Occupation: _____

Address

Employer: _____

Work phone: _____

Home phone _____

Fax: _____

Mobile _____

Email: _____

Home Province _____

Country: _____

Mother's name _____

Occupation: _____

Address

Employer: _____

Work phone: _____

Home phone _____

Fax: _____

Mobile _____

Email: _____

Home Province _____

Country: _____

General Information

Student lives with:

- Father Mother Both Other _____

To whom correspondence from the College should be sent?

- Father Mother Both Other _____

To whom invoices/receipts should be sent?

- Father Mother Both Other _____

Tick if appropriate:

- Father deceased Parents divorced/separated Father remarried
 Mother deceased Mother remarried

College fees will be paid by:

- Father Father's employer _____
(employer's name)

- Mother Mother's employer _____
(employer's name)

- Other _____
(Name) *(Relationship)*

Language spoken at home

Main language spoken at home _____

Other languages spoken at home _____

Siblings Information

Does the child have any brothers or sisters at St Joseph's? Have any relatives of the child been previous students at St Joseph's? If so, please give details.

Name	Relationship	Year/s at St Joseph's

Section D

Please attach the following documents with this completed enrolment form.

- ID photo
- Proof of date of birth e.g. birth certificate/passport
- Baptism Certificate
- Application fee K50.00 **(Non-Refundable)**
- Current academic school reports
- Character reference from the previous school Principal (for grade 6 only)

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

_____/_____/_____

Date

Section E

OFFICE USE ONLY

Date application received ____/____/_____

Enrolment application fee receipt no _____

Documents received with application:

- | | | | | | |
|--------------------------|------------------------------|-----------------------------|---------------------|------------------------------|-----------------------------|
| Baptism certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Proof of age | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| First Holy Communion | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Character reference | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Confirmation certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Academic records | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(Principal's signature)

(Date)

Date Parents informed of the decision ____/____/_____

Registration No: _____

Enrolment Officer:

Name: _____

Signature: _____

Date: ____/____/_____