### St Joseph's International Catholic College



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P O Box 5784 BOROKO National Capital District Papua New Guinea

# **ENROLMENT FORM 2020**

## Secondary School

#### **Section A:** Grade Level of Enrolment

Grade for wh	nich e	nrolmen	ıt is so	uaht.					Г	
Grade Grade	7	8	9	10	11	12				
0.440										
Curriculum f	or wl	nich enro	olment	is sou	ght (onl	y for Grade 9 –	12)			РНОТО
Grade			9	10	11	12				
PNG curriculur										
NSW curricului	m									
Date of Comm (if not Term		nent							Ĺ	
Section B: S	tudeı	nt Inform	ation							
Student Name:								Male		
		(Family	/ Name)		(Give	n Name)				Female
Age: years	s Date	e of Birth:	/_	/		Place of Birth	١			
Country of Birtl	h					Nationality: _				
Religion									Baptism	
						(if Catholic, tica	к арр	propriate box)		Holy communion  Confirmation
Previous scho	ools a	ttended								
Last School attended						Address				
Principal/Head	Teac	her's Nam	е							
Tel:			Fax:							
Email:										
Other schools	attend						1			
Grade		Year	Cou	ntry/Prov	vince			School Name	•	

Residential Address:	Section/Unit	Lot/Building				
Street Name	Suburb					
Postal Address:						
 Tel:						
1 GI	Liliali					
Student's Personal Inform	nation					
Does the student have a disa Disability description	•	□ No				
Does the student have a learr Learning disability description	•	□ No				
Additional Comment (Other in	formation that would ass	sist with the care of the student)				
Medical/Emergency Infor	mation					
If we cannot contact you, in the contacts	ne event of an emergenc	y please provide contact details of at least two other	er			
Contact Name 1		Relationship				
Tel (work/home)		Tel (mobile)				
Contact Name 2						
Doctor's Name		Clinic/ Medical Centre				
Doctor's address						
		Tel:				
Medical Conditions – Pleas	e specify any medical co	onditions e.g. asthma, diabetes				
Allergies – <i>Please specify ar</i>	ny allergies suffered by ti	he student e.g. peanuts				
Parent/guardian permission						
I give my permission for the C in the event of college being u			0			
Section C: Student's Fam	nily Information					
Father's name		Occupation:				
Address		Employer:				
		Work phone:				
Home phone		Fax:				
Mobile		_				
Home		Email:				
Province		Country:				

Mother's	s name						Occupation	i:			
Address							Employer:				
							Work phone	e:			
							Fax:				
Home pho	one										
Mobile							Email				
Home Province											
General	Information	on									
Student I	lives with?										
	l Father		Mother		Both		Other				
Where co	orresponde	ence f	rom the C	olleg	e should	be ser	nt?				
			Mother	_	Both						
Where in	voices/rec	eipts	should be	sent	?						
	l Father		Mother		Both		Other				
	propriate:			_	5 .			<b>-</b>			
□ Father deceased □ □ Mother deceased □				<ul><li>□ Parents divorced/separated</li><li>□ Father remarried</li><li>□ Mother remarried</li></ul>							
College f	ees will be	paid	by:								
	l Father		Father's e	emplo	yer		(employer's	 name)			
	l Mother		Mother's	emplo	yer	,		, 			
_	l Other						(employer's	name)			
	Uther	ner ( <i>Name</i> )					(Relationship)				
Languag	e spoken a	at hon	ne								
Main lang	uage spoke	n at h	ome								
Other land	guages spol	ken at	home								
Siblings I	Information	1									
•			brothers or	siste	ers at St	Joseph	n's? Have any	relatives of the child been previous			
students a	at St Joseph	ı's? İf	so, please	give c	letails.		·	·			
Name			Re	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.
- 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

Signature:

• 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 ☐ Yes Academic records □ 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ **Enrolment Officer:** 

Date: \_\_\_\_/ \_\_\_/