



P O Box 5784  
BOROKO  
National Capital District  
Papua New Guinea

## Secondary School

[illegible]

**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: \_\_\_\_\_

Fax: \_\_\_\_\_

Home phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Home  
Province \_\_\_\_\_

Country: \_\_\_\_\_

### General Information

Student lives with?

☐ Father ☐ Mother ☐ Both ☐ Other \_\_\_\_\_

Where correspondence from the College should be sent?

☐ Father ☐ Mother ☐ Both ☐ Other \_\_\_\_\_

Where 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.
- 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

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

## 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)

Date Parents informed of the decision \_\_\_\_/\_\_\_\_/\_\_\_\_

Registration No: \_\_\_\_\_

Enrolment Officer:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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