

St Joseph's International Catholic College



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P O Box 5784
BOROKO
National Capital District
Papua New Guinea

ENROLMENT FORM

Primary School

Section A: Grade Level of Enrolment

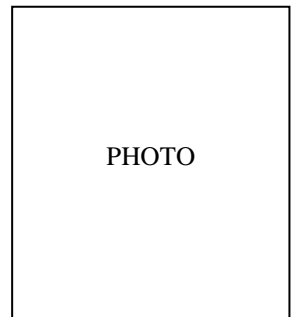
Grade for which enrolment is sought:

Grade Pre-School

Students must have their **fourth** birthday by 31 March 2024 to start **Preschool**.

Grade Prep 1 2 3 4 5 6

Students must have their **fifth** birthday by 31 March 2024 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: _____

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: ____/____/____