The Proprietor Companies of Sacred Heart College Limited, Marcellin College Limited and St Paul's College Auckland Limited.

ATTENDANCE DUES
AGREEMENT FORM

This agreement is to be signed at the time of enrolment at the College. Signing this agreement constitutes part of the enrolment procedure. The top copy is forwarded to the Proprietor and the second copy (coloured) is retained by the signatory .

Full name of student: .....

(First Name/s) (Family Name)

Date of Birth:...../...../..... Year Started:..... Year Level:..... Gender: Male/Female

Marcellin College **Sacred Heart College** **St Paul's College.** *Please circle*

Name of Parent/Caregiver (1):..... Date of Birth:...../...../.....

Relationship to student:..... Ph Number:.....

Address of above: .....

.....

Name of Parent/Caregiver (2):..... Date of Birth:...../...../.....

Relationship to student:..... Ph Number:.....

Address of above: .....

.....

Full name of person(s) <u>legally responsible</u> for paying Attendance Dues:

.....

Address of above: .....

Phone numbers: Home:..... Work:..... Mobile: .....

The Private Schools Integration Act 1975, Section 36 (1) allows a Proprietor to charge Attendance Dues. It is a condition of enrolment that the person accepting the responsibility of educating a child at an Integrated School, that is the parent/caregiver/guardian, pays Attendance Dues. The revenue received from Attendance Dues allows the Proprietor to pay mortgages and loans for building improvements on the Proprietors schools.

ATTENDANCE DUES

The undersigned undertakes, as a condition of enrolment and attendance, to pay Attendance Dues at a rate determined by the Proprietor and approved by the Minster of Education, or at such other rate as may be agreed from time to time between the undersigned and the person delegated by the Proprietors to act on their behalf, and further more accepts that the school can discontinue attendance of the above named pupil/student in default of this undertaking.

The Proprietor or the Proprietor's agents may legally recover any unpaid Attendance Dues.

DISCLOSURE

The undersigned acknowledges that information about the student which is related to the functions of the Proprietor of the school may be disclosed to the Proprietor or the Proprietor's agents.

I/We _____ the undersigned have read and understood the above.

Signature of Parent/Caregiver/Guardians: ..... Date: ...../...../.....

..... Date: ...../...../.....

Signature of Proprietor Representative: ..... Date: ...../...../.....