

## International Student Enrolment Form



### PERSONAL INFORMATION

|  |  |                              |  |
|--|--|------------------------------|--|
| <b>Student Information</b>   |  | <b>Number of Weeks:</b>      |  |
| First name:  |  | Surname:                     |  |
| Preferred name (if different from the name above):   |  | Nationality:                 |  |
| Date of birth:   |  | Gender: Male / Female        |  |
| <b>Family Information</b>  |  |                              |  |
| Mother's name:   |  | Father's name:               |  |
| Mobile number:   |  | Mobile number:               |  |
| Home Country Address:  |  |                              |  |
|  |  |                              |  |
| Email address:   |  | Fax:                         |  |
| Custody Issues:  |  |                              |  |
| Main Postal Address:   |  |                              |  |
| <b>Designated caregiver / Agent's information</b>  |  |                              |  |
| Company Name:  |  |                              |  |
| Name:  |  | Relationship to the student: |  |
| Phone:   |  | Mobile:                      |  |
| Address:   |  |                              |  |
| <b>Homestay Information</b>  |  |                              |  |
| Name:  |  | Phone:                       |  |
| Address:   |  |                              |  |
| <b>Medical Travel Insurance Company of the Student</b> (compulsory for all international students coming to New Zealand)   |  |                              |  |
| Insurance company  |  | Policy Type                  |  |
| Policy start date  |  | Policy end date              |  |
| <input type="checkbox"/> I have not yet taken out medical and travel insurance, but agree to do so and will provide proof of this to the school on acceptance of this application for enrolment. |  |                              |  |

### CLUBS AND ACTIVITIES

We have many clubs available for you to join. Please indicate which of the following activities / clubs you may be interested in joining.

|       |                       |           |          |                      |            |                    |                  |
|-------|-----------------------|-----------|----------|----------------------|------------|--------------------|------------------|
| Drama | Bookclub<br>(Reading) | Gardening | Painting | Japanese<br>Language | Librarians | Samoan<br>Language | Web<br>Designing |
|-------|-----------------------|-----------|----------|----------------------|------------|--------------------|------------------|

|                   |                            |                 |                  |                 |                   |             |              |
|-------------------|----------------------------|-----------------|------------------|-----------------|-------------------|-------------|--------------|
| Aerobics          | Choir                      | Cooking         | Guitar           | Kapa Haka       | Mandarin Language | Netball     | Badminton    |
| Animals           | Craft                      | German Language | Hip hop          | Knitting        | Minecraft         | Touch Rugby | Gymnastics   |
| Band              | Drum making                | Singing         | History          | Korean Language | Netball           | Soccer      | Basketball   |
| Orchestra         | Environment                | Drawing         | Italian Language | Lego            | NZ sign Language  | Ukulele     | Table Tennis |
| Bollywood Dancing | Pasifika Dance and Singing | Cartoon Drawing | Volleyball       | Cricket         | Origami           | Chess       | Book Making  |

### **HEALTH INFORMATION (PARENTS TO COMPLETE)**

#### **Vaccination**

- New Zealand children are vaccinated against the following diseases. Please circle the ones your child has been vaccinated against: Whooping Cough, Diphtheria, Tuberculosis, Tetanus, Measles, Mumps, Rubella (German Measles), Polio, Hepatitis B
  - If your child has not been vaccinated against any of the diseases above, and the opportunity arises for your child to be vaccinated at school, do you consent to your child being vaccinated? Yes / No
  - If circled yes, please state which diseases vaccination consent is given for
- 

#### **Medical History**

- Has your child had any of the following illnesses? ( Please circle) Diphtheria, Tuberculosis, Measles, Mumps, Rubella (German Measles), Polio, Hepatitis, Chickenpox, Rheumatic Fever, Chickenpox, Meningitis, Mumps, Malaria, HIV
- Are there any family medical conditions that we should know about to ensure the safety of your child?(eg: food allergies, bee sting allergies) \_\_\_\_\_

#### **Medical Condition**

- Does your child have any pre-existing medical conditions or concerns? Yes / No. If yes, please state \_\_\_\_\_
- Does your child have any allergies? (eg: food allergies like peanuts or wheat, or medical allergies like penicillin or bee stings) \_\_\_\_\_
- Does your child carry any medication for this allergy? \_\_\_\_\_
- Does your child have any other special health or medical needs? \_\_\_\_\_
- Name any other medication your child requires \_\_\_\_\_

Please ensure that all the information is complete and correct. Failure to properly complete the form may result in a delay in processing, or rejection of your application. Failure to provide correct information may result in your child's enrolment being terminated.

Parent or Legal Guardian

Name:

Signature:

Date: