

International Student Enrolment Form

Year Level: ☐ (1 – 13)

Start Date:

Term 1 ☐ Term 2 ☐ Term 3 ☐ Term 4 ☐

Year: 20[] Length of course: [] Terms

Please attach
passport photo
HERE

Details of Student

Gender: Male ☐ Female ☐

Date of Birth: / /

Last Name (as on passport): _____

First Name (as on passport): _____

Known As (preferred name): _____

Country of Birth: _____ Religion: _____

First Language: _____

Student Email: _____

Student Mobile Number: _____

Passport/Visa Details

Passport Number: _____ Passport Expiry Date: _____

Date of Entry into NZ: _____

Student Visa/Permit Issue Date: _____

Student Visa/Permit Expiry Date: _____

Parents' Details

Mother's Last Name: _____ Father's Last Name: _____

Mother's First Name: _____ Father's First Name: _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____

Telephone Number: () _____ Telephone Number: () _____

Work Phone Number: () _____ Work Phone Number: () _____

Mobile Number: _____ Mobile Number: _____

Fax Number: _____ Fax Number: _____

Email Address: _____ Email Address: _____

Agent's Details

(Only applicable if you are using an agent)

Name of Agency: _____

Agent Address: _____

Contact Phone Number: () _____

Contact Person: _____

Email of Agent: _____

Fax Number: () _____

New Zealand Contact

(If applicable)

Name of Contact Person: _____

Address (in NZ): _____

Telephone Number: _____

Mobile Number: _____

Email: _____

Fax Number: _____

Relationship to you: Family Friend ☐
 Parent ☐
 Other Relative* ☐

*Please state: _____

General Details

Have you studied at a NZ school before: Yes ☐ No ☐

If yes, please state the school you last attended in NZ: _____

How many years have you studied English: _____ months _____ years

Do your parents speak or read English: **Speak:** Yes ☐ No ☐ **Read:** Yes ☐ No ☐

What is your planned future career: _____

Accommodation Requirements

Do you wish to have a homestay organized by Springbank School: Yes ☐ No ☐

I wish to organize my own accommodation (Designated Caregiver): Yes ☐ No ☐

I will be living with my parents: Yes ☐ No ☐

(Please provide copy of your full birth certificate stating your parents' names and copy of their passport and visa).

Food Preferences (please state if any): _____

Interests: Outdoor Activities ☐ Music ☐ Movies / TV ☐
 Water Sports ☐ Travel ☐ Reading ☐
 Other* ☐

*Please state: _____

Designated Care Giver (DCG) Details

(If staying in accommodation NOT organized by Springbank School)

Name of Caregiver: _____ Telephone Number: () _____
 Address (in NZ): _____ Mobile Number: () _____
 _____ Email: _____
 _____ Fax Number: () _____

Relationship to you: Family ☐ Friend ☐ Other Relative ☐ Please state: _____

Please note: A DCG must be a relative or close family friend of the family. This accommodation must be approved by Springbank School prior to the student's arrival. Please provide a copy of the passport (and visa if applicable). Parents must sign an indemnity document to designate care to the caregiver.

Insurance Details

It is a compulsory requirement to have medical and travel insurance before travelling to New Zealand. If you already have insurance, record the details below.

Would you prefer for Springbank School to arrange insurance cover for your child? Yes ☐ No ☐

Insurance Policy Provider: _____ Copy Attached: Yes ☐ No ☐

Insurance Policy Number: _____ Insurance Expiry Date: / /

If the insurance policy is not written in English, please enclose an English translation for approval by Springbank School.

Special Learning Needs

Any special learning needs: _____

Medical Details

Please tick the following boxes if you suffer from any of the following medical conditions:

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Back / Neck Problems | <input type="checkbox"/> Glandular Fever |
| <input type="checkbox"/> Hepatitis A or B | <input type="checkbox"/> Allergy to Bee / Wasp Stings | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergies including food allergies | <input type="checkbox"/> Heart Conditions |
| <input type="checkbox"/> Epilepsy | | |

Details of other medical conditions or medication: _____

Please Note: If you suffer from any of the above conditions, it is advisable to bring your own medication to NZ. As part of signing this application I give permission for Springbank School to contact my doctor if further information is required, or in the case of an emergency. Please note this includes calling an ambulance in an emergency situation and being prescribed over the counter medications (which are suitable) by the certified school first aiders when needed i.e. Paracetamol etc.

Subject Choices

All subject information is in the International Student Policies Document on page 15. Please list your subject choices below. For more specific information, please read the Senior Course Guide.

YEAR 10/11	Subject	Level of Assessment
1	English Language & Literature	IGCSE
2	Mathematics	IGCSE
3	Coordinated Science	IGCSE
4		
5		
6		
7		

YEAR 11	Subject	Level of Assessment
1	English Language & Literature	IGCSE
2	Mathematics	IGCSE
3	Coordinated Science	IGCSE
4		
5		

YEAR 12	Subject	Level of Assessment
1	English	AS
2		
3		
4		

For a 4th Subject indicate either AS or IGCSE.

YEAR 13	Subject	Level of Assessment
1	English	AS
2		
3		
4		

For all subjects indicate A2, AS or IGCSE.

Please include with this application form:

- Passport copy
 - School report (latest)
 - Recommendation letter from Principal or Head Teacher
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Declaration

I _____ (student) have read and understand the International Student Policies and Guidelines Document and agree to abide by the rules of the school (refer to the Discipline Policy).

Signed: _____ Date: _____

We (parents) accept authority of Springbank School and all the provisions as set out in the Policies and Guidelines Document and are aware that Springbank School will act according to the Code of Practice (www.minedu.govt.nz/goto/international).

Father's Name: _____

Signed: _____ Date: _____

Mother's Name: _____

Signed: _____ Date: _____

If I am living in a homestay organized by Springbank School, I agree to abide by the homestay rules and guidelines and to do my best to fit in with the lifestyle of my homestay family.

Student's Name: _____

Signed: _____ Date: _____

Note: Failure to disclose relevant information or the provision of false information may result in termination of enrolment.

Make sure all details on these forms are completed and signatures from the correct people are included.

Please write your letter to your homestay family here (if applicable):

This can include information about you, your family, your interests and what you hope to gain from this experience.