



Application to Enrol as an International Student

STUDENTS DETAILS:	
Family Name:	
First Name of Student:	
Preferred First Name:	
Gender: Male / Female	Date of Birth:
Nationality / Country of birth:	
First Language:	
Length of time you wish to enrol for:	From:
	To:
Passport Number:	Passport Expiry Date:
Visa Status:	Visa Number:
	Visa Expiry Date:
Date of Arrival in New Zealand:	
Date of expected Departure from New Zealand:	
Present level of schooling:	NZ Level of Schooling:
English Language Ability: (circle one)	
Excellent Good Average Basic None	
Full New Zealand Address: (if known)	
Phone Number:	Mobile Number:

For school Use Only:

Date of Entry: _____

Enrol Number: _____

Etap Enrolment No: _____

House: _____ Year Level: _____ Room: _____

Parent Details

This form can be completed by the Mother or Father of the student, or both parents.
If a legal guardian completes this form, evident of legal guardianship (ie; court papers) must be supplied.

Relationship to Student: (circle one)

Father

Mother

Stepfather

Stepmother

Legal Guardian

Other?

Family Name:

First Name

Full Address from Country of Origin:

Email Address:

Home Phone:

Mobile Phone:

Parent Details

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Relationship to Student: (circle one)

Father

Mother

Stepfather

Stepmother

Legal Guardian

Other?

Family Name:

First Name:

Full Address from Country of Origin:

Email Address:

Home Phone:

Mobile Phone:

Accompanying Parent Visa Status:

Visa Number:

Visa Expiry:

Date of arrival in New Zealand:

Contact Details of Next of Kin in Home Country (alternative contact)

Names of Next of Kin:

About Health and Travel Insurance

International students must have appropriate current medical and travel insurance while studying in New Zealand. This insurance should adequately cover all travel and medical costs which may be incurred.

As part of our International Students enrolment procedures it is compulsory for this insurance to be sighted and approved before the student can start their tuition course.

A copy of your insurance documents must be sent to Tauranga Primary School when returning this application so the school can put a copy on file. These must be in English.

Travel / Medical Insurance Company:

Policy Number:

Expiry Date:

Health Details

Does the student have good health	Yes	No	
Does the student have any pre-existing conditions or have any Health Concerns	Yes	No	State:
Does the student take any medication	Yes	No	State:
Is the student allergic to anything	Yes	No	State:
Has the student had a tetanus injection in the past 4 years	Yes	No	State:
Would the student be limited in any way in taking part in physical activity	Yes	No	State:
Is the student fully immunized ie: Hepatitis A, B; Tuberculosis, Measles/Mumps/Rubella Poliomyelitis	Yes	No	State:

Brief outline of Students Interests and Hobbies

DECLARATION:

1. I/We have read, understood, completed and attached the Conditions of Enrolment.
2. I/We agree to support the aims and objectives of Tauranga Primary School and to observe the rules and regulations.
3. I/We undertake to pay the prescribed fees by the due date.
4. I/We have read and understood the refund policy as stated in the Conditions of Enrolment.
5. I/We give authority to the Principal of Tauranga Primary School to make decisions regarding my/our child's welfare in the case of an accident, illness or any other emergency.
6. The information contained in the Application for Enrolment will be confidential to the student, their parents or legal guardians, staff of Tauranga Primary School (teachers & administration). There will be occasions when the information may be required by outside Government Agencies such as NZQA or Ministry of Health. I understand and give my consent for Tauranga Primary School to give relevant details to such agencies on request when absolutely necessary.

Signature of Father
Date:

Signature of Mother
Date:

Signature of Student
Date:

Signature of Agent
Date:

Parent Details	
Address:	
Email Address:	
Phone Number:	Mobile Number:

About the Agent	
Agent Name:	
Company:	
Contact Address	
Phone:	Fax:
Mobile Number:	
Email:	

Parent / Caregiver Permission Statements: Required Agreements	
<p><u>Tauranga Primary School Policies</u> I/we agree to abide by the Policies of the school, copies of which may be sited at the school office.</p> <p>Parent/Caregiver: _____ Date: _____</p>	<p><u>School Uniform</u> I/we understand that the wearing of school uniform is a condition of enrolment at Tauranga Primary School. I will ensure my child is suitably dressed in regulation school uniform and wears the uniform with pride</p>
<p><u>Behaviour Management Plan</u> I/we understand that the school has a Behaviour Management Plan that makes our school a safe place for all students and staff. I will support the school's behaviour initiatives.</p>	<p><u>Child's Property</u> I/we understand the school will take all reasonable steps to ensure the safekeeping of my child's property but the school will not accept liability for such loss.</p>
<p><u>School Trips and Visits</u> I/we give permission for my/our child/ren to attend school trips and visits during their time at this school. I understand I will be notified of any such trips/events and I understand that I have the right to send a note exempting my child from a school trip/event. I understand the school has in place an EOTC (Education outside the classroom) policy and procedures.</p>	<p><u>Parent Contributions</u> I/we understand that the school has a policy on parent contributions to support school activities. I agree to pay for costs that are detailed in the school fee as set by the Board of Trustees. I/we also agree to pay for any intentional or willful damage that my child causes at the school.</p>
<p><u>Attendances:</u> I/we agree to ensure our child attends school every day. In the event of illness/approved family commitments we will contact the school on the morning of the first day of absence to report their non-attendance and expected return date.</p>	<p><u>School's Policy on Cyber Safety and IT Use:</u> I/we give permission for my/our child to use the school's IT equipment and access the internet for learning purposes. We will support the school should my child engage in unsafe online behaviour that is harmful to others or our school reputation.</p>

Parent / Caregiver Permission Statements: Required Agreements

Other

- I/we give permission for my child's school work to be used in school displays or publicity material including online publication eg class blogs and the school website.
- I/we give permission for my child to take part in school programmes that involve the preparation of food.
- I/we give permission for my child's photo to be used in the promotion of the school.
- I/we give permission for the school to take action on my behalf in the case of sudden illness or injury that affects my child.

Signature: Parent / Caregiver

Date: