

INTERNATIONAL STUDENT APPLICATION FOR ENROLMENT FORM

Section 1 Student Details

First Name (s)		Surname	
Preferred Name		Gender <i>(please circle)</i>	Male Female
Date of Birth	(day) (month) (year)	Country of birth	
Address		City	
		Country	
Home Phone Number		Mobile Phone Number	
Email address			
Citizenship (or permanent resident of)		Passport Number	
First Language		Other spoken languages	
Religion		Level of English	No English English Some Fluent
Number of brothers		Number of sisters	

Section 2 Family Details

While studying in NZ the student will be living with <i>(please circle)</i>	Mum	Dad	Mum & Dad	Legal Guardian
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Mother's First Name		Mother's Surname	
Preferred Name		Nationality	
Home Address		City	
		Country	
Home Phone Number		Mobile Phone Number	
Email address			

Father's First Name		Father's Surname	
Preferred Name		Nationality	
Home Address		City	
		Country	
Home Phone Number		Mobile Phone Number	
Email address			

Section 3 Emergency Contact

In home country		In New Zealand (if known)	
Full name of Emergency Contact		Full name of Emergency Contact	
Relationship to Student		Relationship to Student	
Phone number		Phone number	
Mobile Phone Number		Mobile Phone Number	
Email Address		Email Address	

Section 4 Study in New Zealand

How long do you wish to study in New Zealand?			
Date you intend to commence study	(day)	(month)	(year)
Date you intend to finish study	(day)	(month)	(year)

Level of Study Requested	Year 1 <input type="checkbox"/>	Year 2 <input type="checkbox"/>	Year 3 <input type="checkbox"/>	Year 4 <input type="checkbox"/>	Year 5 <input type="checkbox"/>	Year 6 <input type="checkbox"/>
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Has the student attended school previously?	Pre-school <input type="checkbox"/>	Primary School <input type="checkbox"/>	Other School <input type="checkbox"/>
Name of school/s previously attended			

The School expects to be able to meet the learning needs of all children enrolled at the school. Does the student have any special learning or behavioural needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please outline any learning or behavioural problems or difficulties below:
(Failure to disclose any medical or learning needs or by giving any false information may lead to termination of enrolment)

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Please attach copies of your recent academic records/school report

Section 5 Details of the Person or Agent who should be contacted about this application

Full Name	
Relationship to Student	
Address	
Phone Number	
Mobile Phone Number	
Email address	

Section 6 Medical Information

Please complete, sign and return the Schools Medical Authorisation Form (Appendix 2) with this enrolment application.

Section 7 Student's Interests

Please give details of **cultural interests** below

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Please give details of **hobbies or interests** below

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Please give details of **sporting interests** below

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Section 8 Student Photograph

Please attach a recent photograph/photos of the student and/or their family

Section 9 Next Step

Please return this application as soon as possible to either your agent or to the school. *(ensure all supporting information is enclosed)*

Application for Enrolment	Copies of Academic Records
Photo of Student	Parent or Legal Guardians Contract (Appendix 1)
Copy of Student's Passport	Medical Authorisation Form (Appendix 2)
Copy of Parent's Passport	Refund Policy (Appendix 3)

The International Student Manager Fairhaven School 120 Boucher Avenue Te Puke 3119 New Zealand	(0064) 7 07 573 8243 (School) Email: admin@fairhaven.school.nz
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If your application is successful you will receive an “Offer of Place” and an invoice.

You will then need to pay the annual tuition fees by direct credit into the Bank Account. You will receive a receipt from the school.

Then you can apply for a New Zealand Student Visa and Permit.

Immigration

“Full details of visa and permit requirements, advice on rights to employment in New Zealand while studying, and reporting requirements, are now available through the New Zealand Immigration Service, and can be viewed on their website at <http://www.immigration.govt.nz>

Information throughout this document is requested in order to provide the school with sufficient information to enable it to make proper contact with parents and to enable the school to comply with such legitimate requests for statistical information as may be required.

This information will not be used for any purposes other than those required by the school. It will not be handed on to any other agency except as may be required by law. The information will be stored appropriately.

Parents are advised of their right to see this information at any time. They are encouraged to use their legal right to request that it be updated and corrected should circumstances change. Such changes will be made on receipt of the new information in writing from a parent.