



INTERNATIONAL STUDENT APPLICATION FORM AND CONTRACT OF ENROLMENT

PART ONE:

Note: It is important that you include all relevant information about the student in your application. This information is used to ensure that the student is supported properly upon arrival and to match them with suitable homestays, teachers and courses. Where information is included relating to health issues or learning needs, disclosure of this information will not automatically disqualify the Student from Enrolment. However, failure to disclose information or providing misleading information may result in the withdrawal of an Offer of Place or termination of a Contract of Enrolment.

Student Details (Name must be as it appears on your passport)	
Family name:	First Name
Preferred name:	Date of birth:
Skype/WeChat:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
National ID Number:	NZ Mobile:
Email:	
Address: (In home country)	
First language:	Country of citizenship:
Passport number:	Expiry date:
Intended start date:	Intended end date:
Applying for year level: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 Pathway visa: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Parent One or Legal Guardian: (Name must be as it appears on your passport)	
NOTE: It is requirement of New Zealand regulations that schools must maintain effective communication with parents and legal guardians. To comply with the requirements, contact information provided in this section MUST be the contact information for the parents or legal guardian.	
Title <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/>	Occupation
Family name:	Date of Birth:
First name:	Relationship to Student:.
Street Address	
Postal Address	
Home Phone:	Mobile:
Email:	WeChat:
First language:	Country of citizenship:
Passport number:	Expiry date:

Parent Two or Legal Guardian: (Name must be as it appears on your passport)	
NOTE: It is requirement of New Zealand regulations that schools must maintain effective communication with parents and legal guardians. To comply with the requirements, contact information provided in this section MUST be the contact information for the parents or legal guardian.	
Title <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/>	Occupation:
Family name:	Date of birth:
First name:	Relationship to Student:
Street address:	

Initialed by: _____ (parent) _____ (student)

Postal address:			
Home phone:	Mobile:	Email:	
First language:	Country of citizenship:		
Passport number:	Expiry date:		

Emergency Contact (In home country, other than parents):

Contact's name:	Relationship to the student:
Mobile phone:	Home phone:
Email address:	

Emergency Contact (In New Zealand, other than parents):

Contact's name:	Relationship to the student:
Mobile phone:	Home phone:
Email address:	

Agent Information (If using an agent)

Agency name:			
Agent name:			
Agent email address:	Phone:		

Learning Information

Current school:	Grade/ year level:
If the student does not currently attend school, please give reasons and date of last attendance:	
How many years of schooling not including pre-school education has the student had?	
During this time, has the student not attended school for 1 month or longer? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please give details (dates and reason):	
Please describe your learning goals for studying in a New Zealand school (attach more pages if required).	
Please provide a copy of the latest two school reports for the student with this application	
Does the student have any learning or behavioural difficulties <u>which may require extra school support or services</u> ?	
If 'Yes' please provide details including any psychological assessments and reports that are available. Yes <input type="checkbox"/> No <input type="checkbox"/> (attach more pages if required).	

General Details

Has the student previously applied for entry to the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?	
Has the student ever had a family member or relative enrolled at the school?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Year attended:
Has the student previously studied at any other NZ school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state the name of the school:	Dates:
How many years has the student studied English?	[] Months [] Years
Do the student's parents speak or read English?	Speak <input type="checkbox"/> Yes <input type="checkbox"/> No Read <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student been convicted or been the subject of any matter before any Court?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please provide details (attach more pages if required).	

Initialed by: _____ (parent) _____ (student)

Accommodation Requirements	
Accommodation choice: <input type="checkbox"/> Homestay <input type="checkbox"/> Designated caregiver (relative or family friend) <input type="checkbox"/> Live with parent	
Interests: <input type="checkbox"/> Music <input type="checkbox"/> Movies/TV <input type="checkbox"/> Reading <input type="checkbox"/> Outdoor Activities <input type="checkbox"/> Sports <input type="checkbox"/> Travel	
Other interests:	

Does the student have any food allergies or special dietary requirements?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please provide details (attach more pages if required).	
Does the student have any other special requirements for accommodation? (Pets, cultural or religious requirements, phobias)	
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please provide details (attach additional pages if required).	

Designated Caregiver Details (If staying with a relative or close family friend)	
Name of caregiver:	
Address (in NZ):	
Home phone:	
Mobile:	
Email:	
Relationship to student:	

Insurance Details	
Do you wish to purchase insurance through the school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Please complete the school's Insurance application.	
<i>If you wish to purchase your insurance through the school, please ensure the medical information section on this form is completed fully and accurately to ensure appropriate coverage for the student for any pre-existing conditions they may have.</i>	

<p>Please write a handwritten letter introducing yourself and attach it to this application. Include information about your family, such as names and ages of siblings. What are your interests and what activities would you like to do in New Zealand? Why do you want to come to New Zealand? Why do you want to study at Hillcrest High School? What is your favourite subject? What would you like to tell us about yourself?</p> <p>Please attach your passport size photo</p>

Please note: Subject choices in this application are an indication only and actual subjects will depend upon availability and prior learning. The school reserves the right to decide subject placement and year level throughout enrolment in consultation with students and families.

Please complete the Year 9 Subject Choice Form

OR

Year 10, 11, 12, 13 Subject Choice Form

Initialed by: _____(parent) _____(student)

Medical Information

Name of doctor: In home country / In NZ:

Phone number of doctor:

Does the student have any history of previous illness that may affect their enrolment, including mental illness?

Yes No

If 'Yes' please provide details (attach more pages if required).

Has the student been vaccinated for any diseases? Yes No

If yes, please provide a copy of the vaccination certificate.

Please tick the appropriate box if you suffer from or have suffered 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"/> Allergy to bee/wasp stings | <input type="checkbox"/> Migraines | <input type="checkbox"/> Bed wetting |
| <input type="checkbox"/> HIV or Aids | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis A, B or C | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart Condition | |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Allergies | <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Eating Disorder | |
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> Other: (Please describe) | | | | |

Does the student have any medical implants (such as metal implants) that may affect receiving medical treatment while in New Zealand?

Yes No

If 'Yes' please provide details (attach more pages if required).

Is the student currently on any medication?

Yes No

If 'Yes' please provide details (attach more pages if required).

Please note: If you suffer from conditions requiring medication, it is advisable to bring your own medication to NZ. You will be required to notify the school regarding any medications that you bring with you.

Does the student smoke? Yes No

Is there anything further that the school needs to be aware of in enrolling and supporting the student as an international student?

Yes No

If 'Yes' please provide details (attach more pages if required).

Do you agree with the school providing over-the-counter medication *such as acetaminophen, paracetamol or ibuprofen?

Yes No

If 'No' please specify what medications you do not want the Student to receive:

PLEASE FORWARD A COMPLETE RECORD OF ALL CHILDHOOD VACCINATIONS

APPLICATION CHECKLIST : REQUIRED INFORMATION AND DOCUMENTS

Please tick each section to check you have completed all requirements

<input type="checkbox"/>	Recent passport size photo of student
<input type="checkbox"/>	Full contact details : Student / Parent one/ Parent two <i>Email, skype, WeChat, mobile number, other</i>
<input type="checkbox"/>	Indicated if applying for pathway visa
<input type="checkbox"/>	Emergency contact details <i>Overseas and New Zealand</i>
<input type="checkbox"/>	Photo page of passport showing passport number and expiry date
<input type="checkbox"/>	Accommodation requirements <i>Homestay/Parents/Designated Caregiver</i>
<input type="checkbox"/>	Student Homestay information <i>If homestay required</i>
<input type="checkbox"/>	Designated caregiver details <i>If applicable</i>
<input type="checkbox"/>	Introduction letter <i>Handwritten, introducing the student and explaining their reasons for wanting to study at Hillcrest High School</i>
<input type="checkbox"/>	Learning information
<input type="checkbox"/>	Reference letter from teacher
<input type="checkbox"/>	Last two School reports
<input type="checkbox"/>	Subject choice form
<input type="checkbox"/>	Insurance details & application form <i>Or a copy of the student's insurance policy details, if booking their own, with English translation (this may be submitted after enrolment is confirmed but must be submitted before departure from the home country)</i>
<input type="checkbox"/>	Medical information
<input type="checkbox"/>	Vaccination record
<input type="checkbox"/>	Have you initialled each page of the contract and signed/dated where indicated?