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Description automatically generated with medium confidenceHillcrest High School

## Te Kura Tuarua o Tihipuke

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Box 11020, Hillcrest, Hamilton 3251 New Zealand

**INTERNATIONAL STUDENT APPLICATION FORM AND CONTRACT OF ENROLMENT**

**PART ONE:**

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| **Student Details** (Name must be as it appears on your passport) | | | |
| Family name: | | | First Name |
| Preferred name: | | | Date of birth: |
| Skype/WeChat: | | |  Female  Male  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:  9  10  11  12  13 **Pathway visa: Yes  No ** | | | |

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| **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 Mrs Miss  Ms Mr Dr  | | 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: |

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| **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: Mrs  Miss  Ms  Mr  Dr  | | Occupation:  |
| Family name: | | Date of birth: |
| First name: | | Relationship to Student: |
| Street address: |  | |

 Initialled by: (parent) (student)

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

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| **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: |  |

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| **Agent Information (If using an agent)** | |
| Agency name: | |
| Agent name: | |
| Agent email address: | Phone: |

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| **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? Yes 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 which may require extra school support or services? | |
| If ‘Yes’ please provide details including any psychological assessments and reports that are available. Yes No  ( attach more pages if required). | |

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| **General Details** | | | |
| Has the student previously applied for entry to the school? | |  Yes  No | |
| If yes, when? | | | |
| Has the student ever had a family member or relative enrolled at the school? | | | Yes No |
| Name: | | Year attended: | |
| Has the student previously studied at any other NZ school? | |  Yes  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  Yes  No Read  Yes  No | | | |
| Has the student been convicted or been the subject of any matter before any Court?   Yes  No If ‘Yes’ please provide details (attach more pages if required). | | | |

Initialled by: (parent) (student)

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| **Accommodation Requirements** |
| Accommodation choice:  Homestay  Designated caregiver (relative or family friend)  Live with parent |
| Interests:  Music  Movies/TV  Reading  Outdoor Activities  Sports  Travel |
| Other interests: |

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| Does the student have any food allergies or special dietary requirements? |
|  Yes  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) |
|  Yes  No  If ‘Yes’ please provide details (attach additional pages if required). |

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

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| **Insurance Details** |
| Do you wish to purchase insurance through the school?  Yes  No |
| If Yes, Please complete the school’s Insurance application. |
| *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.* |

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| ***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?***  Please attach your passport size photo |

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Description automatically generated***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

Initialled by: (parent) (student)

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| **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: |
| * Asthma □ Back/Neck problems □ Glandular Fever □ Allergy to bee/wasp stings □ Migraines □ Bed wetting * HIV or Aids □ Diabetes □ Hepatitis A, B or C □ Epilepsy □ Heart Condition * Tuberculosis □ ADD or ADHD □ Allergies □ Food Allergies □ Eating Disorder * Depression/Anxiety □ 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: |

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**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***

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|  | **Recent passport size photo of student** |
|  | **Full contact details :  Student / Parent one/ Parent two**  *Email, skype, WeChat, mobile number, other* |
|  | **Indicated if applying for pathway visa** |
|  | **Emergency contact details**Icon  Description automatically generated*Overseas and New Zealand* |
|  | **Photo page of passport** *showing passport number and expiry date* |
|  | **Accommodation requirements** *Homestay/Parents/Designated Caregiver* |
|  | **Student Homestay information** *If homestay required* |
|  | **Designated caregiver details** *If applicable* |
|  | **Introduction letter** *Handwritten, introducing the student and explaining their reasons for wanting to study at Hillcrest High School* |
|  | **Learning information** |
|  | **Reference letter from teacher** |
|  | **Last two School reports** |
|  | **Subject choice form** |
|  | **Insurance details & application form** *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)* |
|  | **Medical information** |
|  | **Vaccination record** |
|  | **Have you initialled each page of the contract and signed/dated where indicated?** |