

International Student's Application for Enrolment

Tick the level for which you are applying Age 17-18 (Year 13) Age 16-17 (Year 12) Age 15-16 (Year 11) Age 14-15 (Year 10) Age 13-14 (Year 9)

Length of Study 1 Term 2 Terms 3 Terms 4 Terms
½ year Full year Start Date

1. STUDENT DETAILS

Family Name Mobile
First Names Email
Preferred Names Nationality
Date of Birth Place of Birth
Gender M F
First Language Second Language

2. STUDENT PASSPORT DETAILS

Passport Number Country of Issue
Date of Issue Date of Expiry
Visa/Permit Number Visa Expiry Date
NZ Immigration Client Number

Note: Please attach a copy of the student's passport showing personal details and New Zealand visa details

3. CURRENT SCHOOL DETAILS

Name of School Class Level for Current Year
Address Telephone Number
 Email

Note: Please attach a copy of the student's latest school report for all subjects, in the original language and a certified English translation.

4. PARTICULARS OF PARENTS

Father's Family Name Home Phone
 First Names Work Phone
 Address
 Mobile
 Email
 Occupation Name of Employer

Mother's Family Name Home Phone
 First Names Work Phone
 Address
 Mobile
 Email
 Occupation Name of Employer

ACCOUNTS TO BE SENT TO

Name
 Address

5. MEDICAL DETAILS

International Students must have appropriate medical and travel insurance while they are studying in New Zealand. **Note:** Students MUST be able to provide evidence of their medical and travel insurance. The School will keep a record of the insurance company and type of cover.

I will arrange Medical Insurance before arrival I would like the School to organise Medical Insurance

Note: Please attach a copy of the insurance policy, if arranged.

Confidential medical information which is for use by the School ONLY if the application is successful:

Name of Doctor Phone Number
 Existing medical conditions
 Medications required

Does the student have a physical condition that might affect learning, e.g. hearing loss, motor skills loss, eyesight problems?

No Yes If yes, does the student have a specific learning need or difficulty that could affect their progress?

If yes, please describe

6. HEALTH STATEMENT

IN CASE OF ACCIDENT OR EMERGENCY, if the School CANNOT CONTACT YOU or if the illness is life-threatening, the School may need to take your child to an Accident and Emergency Clinic or to a hospital. Please sign below, giving us permission to do so.

Signed (Parent) Date

7. AGENT'S DETAILS

If you were referred to the School by an agent, please fill in the details below:

Company Telephone
 Name of Agent Facsimile
 Address
 Mobile
 Email

8. ACCOMMODATION ARRANGEMENTS

With whom will the student be living?

Parent Designated Caregiver: Go to Section 9 Homestay: Go to Section 10

9. DESIGNATED CAREGIVER INFORMATION

Have the parents appointed a Designated Caregiver for the student in New Zealand? Yes No

If you have ticked 'Yes' please fill in the details below:

Family Name	<input type="text"/>	Occupation	<input type="text"/>
First Names	<input type="text"/>	Home Phone	<input type="text"/>
Address	<input type="text"/>	Work Phone	<input type="text"/>
	<input type="text"/>	Mobile	<input type="text"/>
	<input type="text"/>	Email	<input type="text"/>
Caregiver's Relationship to student	<input type="checkbox"/> Relative	<input type="checkbox"/> Family Friend	<input type="checkbox"/> Other <input type="text"/>

10. HOMESTAY INFORMATION

Do you require our assistance in obtaining a homestay? Yes No

If you have ticked 'No', please fill in the details below:

Family Name	<input type="text"/>	Occupation	<input type="text"/>
First Names	<input type="text"/>	Home Phone	<input type="text"/>
Address	<input type="text"/>	Work Phone	<input type="text"/>
	<input type="text"/>	Mobile	<input type="text"/>
	<input type="text"/>	Email	<input type="text"/>
Homestay Parent's Relationship to student	<input type="checkbox"/> Relative	<input type="checkbox"/> Family Friend	<input type="checkbox"/> Other <input type="text"/>

11. IMPORTANT INFORMATION TO NOTE

CODE OF PRACTICE

Long Bay College has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students published by the Minister of Education. Copies of the Code are available on request from this institution or from the New Zealand Ministry of Education website at <http://www.nzqa.govt.nz/studying-in-new-zealand/code-of-practice-for-the-pastoral-care-of-international-students/>.

HEALTH SERVICES AND INSURANCE

Medical and Travel Insurance

International students must have appropriate and current medical and travel insurance while studying in New Zealand.

Eligibility for Health Services

Most international students are not entitled to publicly funded health services while in New Zealand. If you receive medical treatment during your visit, you may be liable for the full costs of that treatment. Full details on entitlements to publicly funded health services are available through the Ministry of Health, and can be viewed on their website at <http://www.moh.govt.nz>.

Accident Insurance

The Accident Compensation Corporation provides accident insurance for all New Zealand citizens, residents and temporary visitors to New Zealand, but you may still be liable for all other medical and related costs. Further information can be viewed on the ACC website at <http://www.acc.co.nz>.

IMMIGRATION

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

12. DECLARATION

12.1 PRIVACY OF INFORMATION—Privacy Act 1993

I give my consent for Long Bay College to give information to:

1. The New Zealand Qualifications Authority, for statistical purposes and examination and other qualifications entry.
2. The Long Bay College Association (parents' organisation) and school activity organisers and sports team coaches, to assist in communication regarding school activities.
3. Agents acting on behalf of Long Bay College.

I give my consent for the school to obtain from other schools and agencies, information relevant to this student's education at Long Bay College.

Details provided on the enrolment form are used for administration, statistics and meeting specific learning needs of the students. The information is stored on computer and this hard copy is kept in the student's personal file. Staff access this as required. It is the parent's/caregiver's right to have access to the information and to update the information contained in this file. Any requests should be made in the first instance to the school office which will refer this request to the privacy officer.

12.2 IMAGES

I agree to the legitimate taking, storing and display of images as outlined in the Long Bay College images policy.

12.3 SIGNATURE (Name of parent)

I, , do solemnly declare that the information contained in this application is true and correct in every aspect. I have not withheld any information that may be relevant regarding this student's education at Long Bay College.

I have read the PRIVACY OF INFORMATION and IMAGES sections above and am giving my consent as required of me.

I will do all in my power to make sure that:

1. The student will observe college rules and regulations.
2. The student will wear the college uniform as prescribed.
3. The student attends college regularly.
4. A note to explain any absences will be provided by the parent/designated caregiver/homestay parent.
5. All subject and activity fees will be paid promptly.
6. Careless and deliberate damage to college property will be made good.

If any of the information contained in this document is untrue or misleading, then Long Bay College reserves the right to revoke the student's enrolment at Long Bay College.

Signed (Parent) Date

Signed (Student) Date

NOTES FOR COMPLETING THE APPLICATION FORM AND CHECK LIST

Applications must include the following:

- Copy of passport to include personal details plus photo and New Zealand visa details.
- Copies of the student's latest school report for all subjects, in the original language and a certified English translation.
- Details of medical and travel insurance, if arranged.
- Completed Section 5 (Medical Details), Section 6 (Health Statement) and Section 12 (Declaration), including signature of a parent and the student.

FOR OFFICE USE ONLY

Enrolling Staff Member

Date