

# INTERNATIONAL STUDENT APPLICATION FORM AND CONTRACT OF ENROLMENT GROUP STUDENT - PRIMARY, INTERMEDIATE AND SECONDARY SCHOOL



## Aidanfield Christian School

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### PART ONE: APPLICATION FORM

*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 and termination of a Contract of Enrolment.*

*The Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021 requires that all students under 10 years of age must live with a parent or legal guardian in New Zealand while enrolled at a school unless they are accommodated in a school hostel. Where a student under the age of 10 years is found to be living in accommodation other than with a parent or legal guardian, or in a school hostel, they will not be permitted to attend school, and this will result in the withdrawal of an Offer of Place and the summary termination of a Contract of Enrolment.*

<b>Student Details</b> (Name must be as it appears on your passport)	
Family name:	
First name:	Date of birth:
Preferred name:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> _____
Email:	
Address: (In home country)	
First language:	Country of citizenship:
Passport number:	Expiry date:
Intended start date:	Intended end date:

<b>Parent One or Legal Guardian:</b> (Name must be as it appears on your passport)	
<b>NOTE: It is a 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.</b>	
Title:      Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/>	
Family name:	Date of Birth:
First name:	
Street Address	
Postal Address	
Home Phone:	Mobile:      Email:
First language:	Country of citizenship:
Passport number:	Expiry date:

<b>Parent Two or Legal Guardian:</b> (Name must be as it appears on your passport)
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Initialed by: \_\_\_\_\_ (parent) \_\_\_\_\_ (student)

**NOTE: It is a 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

Family name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

First name: \_\_\_\_\_

Street address: \_\_\_\_\_

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: \_\_\_\_\_

**Agent Information (If using an agent)**

Agency name: \_\_\_\_\_

Agent name: \_\_\_\_\_

Agent email address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information**

Name of doctor (in home country): \_\_\_\_\_

Phone number of doctor: \_\_\_\_\_

Does the student have any history of previous physical or mental health illness or problems that may affect their enrolment?

Yes  No

If 'Yes', please provide details including doctor or hospital reports (attach more pages if required).

Has the student been fully vaccinated for Covid-19?  Yes  No

If 'Yes', please provide: Name of the vaccine: \_\_\_\_\_ Number of doses: \_\_\_\_\_  
Please attached evidence of vaccination to this application.

Has the student been vaccinated for diseases other than Covid-19?  Yes  No

If 'Yes', please provide a copy of the vaccination certificate/s.

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"/> 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"/> Autism Spectrum Disorder | <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Covid-19                   | <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 additional pages if required).

Is the student currently on any medication?

Yes  No

If 'Yes' please provide details (attach additional 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.**

Initialed by: \_\_\_\_\_ (parent) \_\_\_\_\_ (student)

Is there anything further regarding the health of the student 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 additional pages if required).

Do you consent to 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:

### Learning Information

Does the student have any learning or behavioural difficulties which may require extra school support or services?

Yes  No  
If 'Yes' please provide details (attach additional pages if required).

### General Details

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

### Accommodation Requirements

Interests:  Music  Movies/TV  Reading  Outdoor Activities  Sports  Travel

Other interests:

Does the student have any food allergies or special dietary requirements?

Yes  No  
If 'Yes' please provide details (attach additional 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).

Please write a brief letter introducing yourself to your host family and attached it to this application

### Insurance Details

Do you wish to purchase insurance through the school?  Yes  No

If you are providing your own insurance, please provide an English copy of the policy details to the school once purchased