

INTERNATIONAL STUDENT APPLICATION FORM AND CONTRACT OF ENROLMENT PRIMARY AND INTERMEDIATE SCHOOL



Aidanfield Christian School

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PART ONE: APPLICATION FORM

Notes:

1. *It is important that all relevant information about the student is included in this application. This information is used to ensure that the student is supported properly upon arrival and while enrolled, 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.*

2. *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 or the summary termination of a Contract of Enrolment.*

Student Details (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:

Parent One or Legal Guardian: (Name must be as it appears on your passport)	
NOTE: <i>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.</i>	
Title: 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:
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: 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:
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?	
<input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes', please provide: Name of the vaccine: _____ Please attached evidence of vaccination to this application.	Number of doses: _____
Has the student been vaccinated for diseases other than Covid-19?	
<input type="checkbox"/> Yes <input type="checkbox"/> 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"/> Depression/Anxiety <input type="checkbox"/> Heart Condition <input type="checkbox"/> Tuberculosis <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Allergies <input type="checkbox"/> Food Allergies <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Epilepsy <input type="checkbox"/> Mobility issues <input type="checkbox"/> Behavioural Difficulties <input type="checkbox"/> Learning Difficulties <input type="checkbox"/> Mental Illness <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?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details (attach more pages if required).	

Is the student currently on any medication?
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details (attach more pages if required). <i>Please note: If you suffer from conditions requiring medication, it is advisable to bring your own medication to New Zealand. You will be required to notify the school regarding any medications that you bring with you.</i>
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?
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details (attach more pages if required).
Do you agree to the school providing over-the-counter medication *such as acetaminophen, paracetamol or ibuprofen?
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'No' please specify what medications you do not want the student to receive:

Learning Information	
Current school:	Grade/Year level:
If the student does not currently attend school, please give reason and date of last attendance:	
Please describe your learning goals for studying in a New Zealand school (attach more pages if required).	
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? If Yes, please give details (dates and reason):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide a copy of the latest two school reports for the student with this application.	
Does the student have any learning difficulties which may require extra school support or services?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details (attach more pages if required).	
Does the student have behavioural difficulties which may require extra school support or services?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details (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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
Please indicate the students' level of English:	<input type="checkbox"/> Complete beginner <input type="checkbox"/> Able to hold simple conversations <input type="checkbox"/> Able to understand enough to know what is going on in the classroom
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

Accommodation Requirements:

NOTE: 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.

The student will live with a residential caregiver: (Please select the type of residential caregiver the student will live with)

School hostel Homestay Designated caregiver (relative or family friend)

OR

The student will live with: Parent or legal guardian

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 more pages if required).

If living with a host family (10 years of age or over only), please provide a brief letter introducing the student to the host family and attach the letter to this application

Designated Caregiver Details (If the student is staying with a relative or close family friend)

Name of caregiver/s:

Address (in NZ):

Home phone:

Mobile:

Email:

Relationship to student:


Insurance Details

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

NOTE: If you are purchasing your own insurance for the student, you must provide an English copy of the policy and certificate to the school before departure from home country.

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.

Checklist of documents and information you must include with your application

Photograph of the student	Passport size photograph 
A copy of the student's last two school reports	
A hand-written letter from the student, if possible, introducing themselves, and explaining their reasons for wanting to study at the school	
A copy of the student's passport including passport number and expiry date	
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 prior to departure from the home country)	
A copy of the student's vaccination certificate	