



INTERNATIONAL STUDENT APPLICATION

Year for which application made:

Term when you wish to begin: Term 1 Term 2 Term 3 Term 4

Length of proposed stay: (State how many terms)

Please circle the year level at which you wish to study:

Y9 Y10 Y11 Y12 Y13

Please attach
 passport
 photo here

Student Details (please print clearly)

Family name/Last name (as on passport):			
Given name (s) / First name (s) (as on passport):			
Preferred First Name:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
		Date of Birth	
Student's email:		Student's Telephone (Country Code etc)	
Street Address:			
Suburb:		Postcode:	
City:		Country:	
Passport Number:	Country Issued:	Passport Expiry Date:	Nationality as shown in passport:
First Language:		Number of Years Studying English	

Parent Details

Father's last name:	Speaks English Yes/ No	Mother's last name:	Speaks English Yes/ No
Father's first name:	Mother's first name:		
Address (if different from student's address)		Address (if different from student's address)	
Suburb:	Suburb:		
City:	City:		
Email:	Email:		
Cell phone:	Cell phone:		

Emergency Contact (if we cannot contact your parents)

Last name:	First name:	Speaks English Yes / no
Relationship to student:	Phone number: (country code etc)	
Email:	Cell Phone:	

Agent Details (only if you have one)

Agency name:	Contact person:
Address:	
Suburb:	Postcode:
City:	Country:
Email address (please print clearly):	Website:
Phone number (Country code + Area code + Number):	Fax number (Country code + Area code + Number):

Support Person/Relative in New Zealand (complete only if you have one)

Company name:	Contact person:
Address:	
Suburb:	Postcode:
City:	Email:
Email address (please print clearly):	Website:
Phone number (Country code + Area code + Number):	Cell phone (Country code + Area code + Number):

Subject Choices

All subject information is in the Senior Course Handbook on the International webpage at www.whangamata.school.nz.

Please list your subject choices below:

1.	4.
2.	5.
3.	6.

Medical Details (to be completed by a parent)

Please tick the box of any medical conditions your child suffers from: Please note: if your child is on any medication, it is advisable for them to take it to New Zealand			
<input type="checkbox"/> Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Back/neck problems	<input type="checkbox"/> Bee sting
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Food allergies	<input type="checkbox"/> Glandular fever
<input type="checkbox"/> Heart condition	<input type="checkbox"/> Hepatitis A or B	<input type="checkbox"/> Migraines	<input type="checkbox"/> Rheumatic fever
<input type="checkbox"/> Other	<input type="checkbox"/> Does he/she wear glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please write details of any condition your child has:			
Is your child taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please list)			
Are there any other physical or mental health conditions or concerns that would place your child at risk? (eg depression) <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please explain)			

Does your child have any learning or behavioural needs? (eg dyslexia)

- Yes No (If yes, please explain)

Insurance

It is compulsory for International Students to have medical insurance while in New Zealand

All International students must have appropriate and current medical and travel insurance while studying in New Zealand. This is a requirement under The Code of Practice for the Pastoral Care of International Students. Whangamata Area School offers two companies' products at a cost of approximately NZ\$500 per twelve months. www.uni-care.org www.OrbitProtect.com

Please tick one:

- I would like Whangamata Area School to purchase insurance and add it to my invoice
- I will take out medical and travel insurance. I will send the school a copy of the policy in English **before** I leave my home country

Accommodation Details

Please tick one:

- I would like Whangamata Area School to arrange a homestay for me and to add it to my invoice
- I will be living with one of my parents
- I will be living with a family friend or family member (if you choose this option you will need to complete a separate form)

Student's Acknowledgement

I, _____ (Student Name) have read, understood and agree to abide by the expectations of Whangamata Area School. (Please refer to the Policy and Guidelines Document and the Prospectus) I also agree to abide by the homestay rules and guidelines and to do my best to fit in with the lifestyle of my homestay family.

Signed: _____

Date: _____

Parent's Acknowledgement

We (parents) accept the authority of Whangamata Area School and understand that Whangamata Area School will act according to the Code of Practice (www.minedu.govt.nz/international)

We have been informed about and read a summary copy of the Code of Practice for International Students and the International Student Policies and Guidelines document.

We have been informed of all costs involved with enrolment, the school's policies regarding fee protection and refunds and grievance procedures.

We agree that all disputes will be dealt with in accordance with New Zealand law.

We understand that the withholding of relevant information or the giving of false information may result in termination of enrolment.

I grant permission for the school to take photographs of my child during school activities which may be used on Whangamata Area School's website, in newsletters or in marketing material for the school.

Father's Name: _____

(Please print)

Signed: _____

Date: _____

Mother's Name: _____

(Please print)

Signed: _____

Date: _____

Homestay Student Profile

Last name:		First name(s):	
Address:			
Suburb:		Postcode:	
City:		Country:	
Email address:		Religion:	
Height:	Eye colour:	Hair colour:	

Brothers and Sisters

Name	Male/Female	Age	School/Occupation

List hobbies, interests, including sports you participate in

--

Do you sing or play a musical instrument? If so state which.

--

What are your household responsibilities?

--

Food preferences (please state if any)

--

Please provide a short letter on the next page to introduce yourself to your new host family.

Check List

This application must be accompanied by:

- One passport sized photo
- School reports from schools attended in the previous 12 months with translations
- English Language school report showing proficiency in English-both written and spoken
- A personal letter introducing yourself to your new host family
- A copy of your passport including passport number and expiry date

This application for enrolment and additional documents can be scanned and sent to Whangamata Area School by email or fax.

Alternatively the original application along with copies of your documents can be posted to:

Whangamata Area School
PO Box 8
Port Road
Whangamata
New Zealand

Tel: +64 7 865 8557

Fax: +64 7 865 8761

Email: international@whangamata.school.nz

Web: www.whangamata.school.nz