

INTERNATIONAL STUDENT APPLICATION FOR ENROLMENT FORM

FAMILY NAME		BOY / GIRL BIRTH DATE /...../.....
FIRST NAME/S Preferred Name:		Year (if known) _____
ADDRESS		CURRENT CLASS/YEAR LEVEL
PHONE NO:	Date of Entry to NZ	HOME LANGUAGE
E-mail	Country of Birth	

PARENT DETAILS

<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">FAMILY NAME</th> <th style="width: 20%;">FIRST NAME</th> <th style="width: 10%;">RELATIONSHIP TO CHILD</th> </tr> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> </table>	FAMILY NAME	FIRST NAME	RELATIONSHIP TO CHILD	1.			2.			OCCUPATION:
FAMILY NAME	FIRST NAME	RELATIONSHIP TO CHILD								
1.										
2.										
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HEALTH Allergies	Sight	OTHER DETAILS Learning and / or Behaviour Needs	
Medication	Speech		Disability
Serious Problems	Hearing		Doctor:

Copies of Passports attached	<input type="checkbox"/>	Year	Other Information : e.g Other care givers in New Zealand
Previous school report	<input type="checkbox"/>	Room	
Student Visa obtained if student Is studying for more than 3 months	<input type="checkbox"/>	Teacher	

Signature of Parent / Caregiver _____ Date _____