



PASADENA INTERMEDIATE SCHOOL

International Student Enrolment Application

Student details

Family name:

First name:

Preferred name:

Date of birth:
(date/month/year)

Nationality
(as shown in passport):

Passport number:

Passport expiry:

Visa type/status:

Date of first entry into New Zealand:

Address (in home country):

Phone (in home country):

Details of parent/legal guardian enrolling student

Family name:

First name:

Preferred name:

Date of birth:
(date/month/year)

Nationality
(as shown in passport):

Passport number:

Passport expiry:

Address (in home country): Tick if same as student or enter below

Home phone:

Cell phone:

Email:

Enrolment

Length of enrolment:

Insurance

Your child must have medical and travel insurance to cover the period of study, from leaving home to returning home. Please provide copies of these insurance policies **in English**.

Health

Vaccinations (please list OR provide a vaccination certificate in English):

Date received:

Has the student had a tetanus injection in the last 5 years?

Yes

No

Has the student been in contact with any contagious diseases within the last 3 months?

Yes

No

If yes, please give details:

Medical conditions (please list):

Enter any medication required:

Allergies (please describe):

Enter any medication required:

Does the student suffer from a disability?

Yes

No

If yes, please give details:

ACCOMMODATION

Students 10–17 years old

Students aged 10–17 years must live with a parent or legal guardian, or a residential caregiver.

- My child will be living with me (parent/legal guardian).
- My child will be living with a designated caregiver (relative or close family friend designated in writing by me, the parent/legal guardian)

Complete the Indemnity Declaration for Designated Caregiver.

- My child will be living with a homestay caregiver.
- Complete the Indemnity Declaration for Homestay Caregiver.

- My child will be living in the school's hostel.

Group students

Group students must live with an approved school hostel or temporary accommodation with a group supervisor.

- School hostel
- Temporary accommodation (with group supervisor)
-

Parent/legal guardian living with student in New Zealand

Family name: _____

First name: _____

Preferred name: _____

Date of birth: (date/month/year) _____

Passport number: _____

Nationality: (as shown in passport) _____

Passport expiry: _____

Date of first entry into New Zealand: _____

Visa type/status: _____

Address (in home country): Tick if same as student or enter below

Phone (in home country): _____

Cell phone: _____

Email: _____

Address (in New Zealand): _____

This is the address where you and the student will be living.

Phone (in New Zealand): _____

Cell phone: _____

Designated caregiver living with student in New Zealand

Relationship to student:

Family name:

First name:

Preferred name:

Is the designated caregiver a New Zealand citizen or resident?

Yes (skip the grey areas below)

No (complete details in the grey areas below)

Date of birth: (date/month/year)

Passport number:

Nationality: (as shown in passport)

Passport expiry:

Date of first entry into New Zealand:

Visa type/status:

Address (in home country):

Tick if same as student or enter below

Phone (in home country):

Cell phone:

Email:

Address (in New Zealand):

*This is the address where you and
the student will be living.*

Phone (in New Zealand):

Cellphone:

ABOUT THE STUDENT

General information

Briefly tell us about your aspirations for your child while they live in New Zealand, e.g. reasons for coming to New Zealand.

Briefly, tell us about your child's interests e.g. sports, cultural, music.

Education

Does your child have any **special learning needs**? Yes (describe below) No

Previous school(s) in New Zealand (please answer if applicable)

School name:

Dates enrolled/attended:

DECLARATIONS

Please read these statements carefully and ensure you understand them.

I have been informed about and received a summary of the Code of Practice for International Students. Yes No

I have received a copy of the school's Guide for International Students. Yes No

I understand the costs involved with enrolment, and the school's policy regarding fee refunds and protection. Yes No

- I confirm all the information contained in this enrolment application is true and correct to the best of my knowledge.
- I acknowledge that if I have provided false information or withheld relevant information, the school may terminate the enrolment.
- I will inform the school if there are any changes to the details of this application.

Parent/legal guardian name

Parent/legal guardian signature

Date: _____

DOCUMENTATION

Please provide the following documents (copies or originals) with this application:

- Student's passport and visa details
- Passport of person who will be living with the student and visa details
- Designated caregiver agreement
- Immunisation certificate (in English) for student
- Enrolment contract
- Evidence of medical and travel insurance
- EOTC consent form
- Digital Citizen Responsible Use Agreement