

# International Student Enrolment Form

**Year Level:**  (1 – 13)

**Start Date:**

Term 1  Term 2  Term 3  Term 4

Year: 20[ ] Length of course: [ ]Terms

Please attach  
passport photo  
**HERE**

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## Details of Student

Gender: Male  Female  Date of Birth: / /

Last Name (as on passport): \_\_\_\_\_

First Name (as on passport): \_\_\_\_\_

Known As (preferred name): \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

First Language: \_\_\_\_\_

Student Email: \_\_\_\_\_

Student Mobile Number: \_\_\_\_\_

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## Passport/Visa Details

Passport Number: \_\_\_\_\_ Passport Expiry Date: \_\_\_\_\_

Date of Entry into NZ: \_\_\_\_\_

Student Visa/Permit Issue Date: \_\_\_\_\_

Student Visa/Permit Expiry Date: \_\_\_\_\_

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## Parents' Details

Mother's Last Name: _____	Father's Last Name: _____
Mother's First Name: _____	Father's First Name: _____
Address: _____	Address: _____
Occupation: _____	Occupation: _____
Telephone Number: ( ) _____	Telephone Number: ( ) _____
Work Phone Number: ( ) _____	Work Phone Number: ( ) _____
Mobile Number: _____	Mobile Number: _____
Fax Number: _____	Fax Number: _____
Email Address: _____	Email Address: _____



## Designated Care Giver (DCG) Details

(If staying in accommodation NOT organized by Springbank School)

Name of Caregiver: \_\_\_\_\_ Telephone Number: (    ) \_\_\_\_\_  
 Address (in NZ): \_\_\_\_\_ Mobile Number: (    ) \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_  
 \_\_\_\_\_ Fax Number: (    ) \_\_\_\_\_

Relationship to you: Family  Friend  Other Relative  Please state: \_\_\_\_\_

**Please note:** A DCG must be a relative or close family friend of the family. This accommodation must be approved by Springbank School prior to the student's arrival. Please provide a copy of the passport (and visa if applicable). Parents must sign an indemnity document to designate care to the caregiver.

## Insurance Details

It is a compulsory requirement to have medical and travel insurance before travelling to New Zealand. If you already have insurance, record the details below.

Insurance Policy Provider: \_\_\_\_\_ Copy Attached: Yes  No   
 Insurance Policy Number: \_\_\_\_\_ Insurance Expiry Date:    /    /

If the insurance policy is not written in English, please enclose an English translation for approval by Springbank School.

## Special Learning Needs

Any special learning needs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## Subject Choices

All subject information is in the International Student Policies Document on page 15. Please list your subject choices below. For more specific information, please read the Senior Course Guide.

YEAR 10	Subject	Level of Assessment
1	English Language & Literature	IGCSE
2	Mathematics	IGCSE
3	Coordinated Science	IGCSE
4		IGCSE
5		IGCSE
6		IGCSE
7		IGCSE

YEAR 11	Subject	Level of Assessment
1	English Language & Literature	IGCSE
2	Mathematics	IGCSE
3	Coordinated Science	IGCSE
4		IGCSE
5		IGCSE

YEAR 12	Subject	Level of Assessment
1	English	AS
2		AS
3		AS
4		

For a 4th Subject indicate either AS or IGCSE.

YEAR 13	Subject	Level of Assessment
1		
2		
3		
4		

For all subjects indicate A2, AS or IGCSE.

## Please include with this application form:

- Passport copy
- School report (latest)
- Recommendation letter from Principal or Head Teacher

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## Declaration

I \_\_\_\_\_ (student) have read and understand the International Student Policies and Guidelines Document and agree to abide by the rules of the school (refer to the Discipline Policy).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

We (parents) accept authority of Springbank School and all the provisions as set out in the Policies and Guidelines Document and are aware that Springbank School will act according to the Code of Practice ([www.minedu.govt.nz/goto/international](http://www.minedu.govt.nz/goto/international)).

**Father's Name:** \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If I am living in a homestay organized by Springbank School, I agree to abide by the homestay rules and guidelines and to do my best to fit in with the lifestyle of my homestay family.

**Student's Name:** \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Failure to disclose relevant information or the provision of false information may result in termination of enrolment.

**Make sure all details on these forms are completed and signatures from the correct people are included.**

**Please write your letter to your homestay family here (if applicable):**

This can include information about you, your family, your interests and what you hope to gain from this experience.