



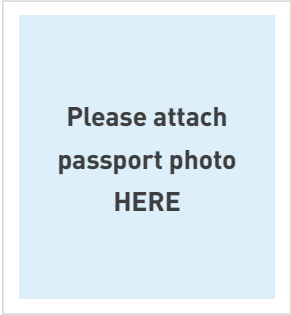
International Student Enrolment Form

Year Level: (1 – 13)

Start Date:

Term 1 Term 2 Term 3 Term 4

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



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: _____

Passport/Visa Details

Passport Number: _____ Passport Expiry Date: _____

Date of Entry into NZ: _____

Student Visa/Permit Issue Date: _____

Student Visa/Permit Expiry Date: _____

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). We give Springbank School permission to take our child on class trips, and other excursions within the Bay of Islands local area of the school. I consent to my child being carried as a passenger by an adult, acting under the direction of the school. We also give permission for staff to take photos of my child for educational purposes (displays, newsletters) and for promotional purposes (advertisements, brochures, website).

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.