



## INTERNATIONAL STUDENT APPLICATION FORM

Student Details (Name must be as it appears on your passport)	
Family name:	
First name:	Date of birth:
Preferred name:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Address: (In home country)	
First language:	Country of citizenship:
Passport number:	Expiry date:
Intended start date:	Intended end date:
Applying for year level: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	

Parent One Details (or legal guardian) - Name must be as it appears on your passport	
Title:      Mr <input type="checkbox"/> Dr <input type="checkbox"/>	
Family name:	Date of Birth:
First name:	
Street Address	
Postal Address	
Home Phone:	Mobile:      Email:
First language:	Country of citizenship:
Passport number:	Expiry date:

Parent Two Details (or legal guardian) - Name must be as it appears on your passport	
Title:      Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>	
Family name:	Date of birth:
First name:	
Street address:	
Postal address:	
Home phone:	Mobile:      Email:
First language:	Country of citizenship:
Passport number:	Expiry date:

Emergency Contact (In home country, other than parents):	
Contact's name	
Mobile phone	
Home phone	
Email address	

Agent Information (If using an agent)	
Agency name:	
Agent name:	
Agent email address:	Phone:

Medical Information
Name of doctor (in home country):
Phone number of doctor:
Does the student have any history of previous illness that may affect their enrolment, including mental illness?
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please provide details.
Please tick the appropriate box if you suffer from or have suffered from any of the following medical conditions:
<input type="checkbox"/> Asthma <input type="checkbox"/> Back/Neck problems <input type="checkbox"/> Glandular Fever <input type="checkbox"/> Allergy to bee/wasp stings <input type="checkbox"/> Migraines <input type="checkbox"/> HIV or Aids <input type="checkbox"/> Diabetes <input type="checkbox"/> Hepatitis A, B or C <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Condition <input type="checkbox"/> Tuberculosis <input type="checkbox"/> ADD or ADHD <input type="checkbox"/> Allergies <input type="checkbox"/> Food Allergies <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Depression/Anxiety <input type="checkbox"/> Other: (Please describe)
Does the student have any medical implants (such as metal implants) that may affect receiving medical treatment while in New Zealand?
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please provide details.
Is the student currently on any medication?
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please provide details.
<i>Please note: If you suffer from conditions requiring medication, it is advisable to bring your own medication to NZ. You will be required to notify the school regarding any medications that you bring with you.</i>
Is there anything further that the school needs to be aware of that may impact the suitability of the student as an international student?
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please provide details.

Learning Information
Does the student have any learning or behavioural difficulties requiring extra school support or services?
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please provide details.

General Details	
Has the student previously applied for entry to the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?	
Has the student ever had a family member or relative enrolled at the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Year attended:
Has the student previously studied at any other NZ school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state the name of the school:	Dates:
How many years has the student studied English?	[    ] Months    [    ] Years
Do the student's parents speak or read English?	Speak <input type="checkbox"/> Yes <input type="checkbox"/> No    Read <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student been convicted or brought before any Courts?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please provide details.	

Accommodation Requirements	
Accommodation choice: <input type="checkbox"/> School hostel <input type="checkbox"/> Homestay <input type="checkbox"/> Designated caregiver (relative or family friend) <input type="checkbox"/> Live with parent	
Interests: <input type="checkbox"/> Music <input type="checkbox"/> Movies/TV <input type="checkbox"/> Reading <input type="checkbox"/> Outdoor Activities <input type="checkbox"/> Water Sports <input type="checkbox"/> Travel	
Other interests:	
Does the student have any food allergies or special dietary requirements?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please provide details.	

Designated Caregiver Details (If staying with a relative or close family friend)	
Name of caregiver:	
Address (in NZ):	
Home phone:	Mobile:
Email:	
Relationship to student:	

Insurance Details	
Do you wish to purchase insurance through the school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are providing your own insurance please provide the name of your insurer:	
Policy number:	
Insurance cover start date:        /        /	Insurance cover expiry date:        /        /
Please provide an English copy of the policy details with this application form.	

Subject Choices (please refer to <a href="https://tepuke.schoolpoint.co.nz/public/pages">https://tepuke.schoolpoint.co.nz/public/pages</a> for a detailed description of subject choices)	
Subject	Year Level
1.	
2.	
3.	
4.	
5.	
6.	
7.	

**Please note:** Subject choices indicated in this application are an indication only. The school reserves the right to change subject availability at any time. Entry to some courses may require prior learning.