



Kelburn Normal School

International Student Application

Please complete this form so that we can process your application.

Student details

Family name:		First name(s)	
Date of birth:		Country of birth:	
Gender:		Ethnic group:	
Passport country of issue:		Passport number:	

Period of intended study:

Preferred dates of study:

Visa type applied for and current status:

Parents details

Mothers name:		Fathers name:	
Work phone number:		Work phone number:	
Email address:		Email address:	
Home address (<i>not New Zealand</i>):			
Home phone number:			

Emergency contact details

Name:		Phone number:	
Relationship to student:			

Accommodation

Students under the age of 10 must live with a parent or legal guardian. Students over the age of 10 but under 18 years who do not live with a parent or legal guardian must be in a properly supervised group of students whose educational instruction is not more than 3 months; or be in the care of a residential caregiver.

Type of accommodation:

Will the student be accompanied by a parent in New Zealand? Yes No

If you have selected 'Yes', please complete the information below:

Mother		Father	
Visa type applied for and status:		Visa type applied for and status:	
Do you plan to work or study while in NZ? (please select from the drop box):		Do you plan to work or study while in NZ? (please select from the drop box):	
Do you expect to change your Visa while in NZ?	Yes No	Do you expect to change your Visa while in NZ?	Yes No

New Zealand contact details

If the student will be accompanied by a parent in New Zealand, please complete the information below:

NZ home address:	
NZ home phone number:	

If the student will not be accompanied by a parent, please complete the accommodation details below:

Name:		Phone number:	
Mobile phone number:		Language spoken at accommodation:	
Address:			

Medical and travel insurance details

Medical and travel insurance is compulsory for International students coming to New Zealand. While enrolled, the student must have appropriate New Zealand insurance as outlined in the Tuition Agreement.

Insurance company:

Policy type:

We have read the Tuition Agreement and Kelburn Kids Can documents and we have agreed to follow all accommodation and school rules.

Signed:

Student	Parent
NZ designated caregiver (if applicable)	

PLEASE NOTE: International Students attending Kelburn Normal School MUST stay in approved accommodation situations.

Additional student information

Hobbies, interests, sports (student to complete)

What sports do you play? Please list your level of experience next to each sport - e.g. social player, school team, regional representative, etc.

Sport	Level of experience

Do you sing or play any musical instruments? Please state how long you have been playing for next to each instrument.

Sing: Yes No

Instrument played	How long you have been playing

Are you in a band? Yes No

If 'yes', how long for?

Are you in a choir? Yes No

If 'yes', how long for?

What are your interests? (e.g. Astronomy, environmental issues)

What are your hobbies? (e.g. Model trains, collecting stamps or stickers)

Are there any other sports or hobbies that you would like to be involved in while you are in New Zealand?

Do you have any other particular talents, dislikes, or problems?

Study information (parents to complete)

Please attach your child's most recent school reports

Reports Attached

In New Zealand schools, we provide additional support for students with learning, social, behavioural or academic needs. Does your child have learning, social, behavioural or academic needs?

Yes No

If yes, please provide further details.

What is your estimate of your child's level of English?

	Beginner
	Elementary
	Pre-Intermediate
	Intermediate
	Upper Intermediate

Study information (student to complete)

What are your favourite subjects at school?

What do you find the most challenging about school?

What do you enjoy most about school?

What are your dreams and ambitions?

What are you hoping for or looking forward to in your New Zealand school?

What worries you about living and studying in New Zealand?

Other information (student to complete)

Have you travelled to other countries before? Yes No

If 'Yes' please state which ones:

Have you lived away from your family before? Yes No

What is your religion?

Do you plan to return home in the term holidays? Yes No

Is there a particular part of your culture that is very important to you that we should know about?

Yes No

If 'Yes' please tell us more:

Are there any special items you plan to bring with you?

Is there any particular food that you cannot eat?

Do you have any special dietary requirements? (e.g. Vegetarian, don't eat chicken or pork, etc)

Is there any particular New Zealand food that you are looking forward to eating?

Health information (parents to complete)

Does your child have any pre-existing medical conditions or concerns? Yes No

If 'Yes' please state:

New Zealand children are vaccinated against the following diseases. Please select the ones your child has been vaccinated against:

<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>	Rubella (German measles)
<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Polio
<input type="checkbox"/>	Diphtheria		
<input type="checkbox"/>	Tuberculosis		
<input type="checkbox"/>	Tetanus		
<input type="checkbox"/>	Measles		
<input type="checkbox"/>	Hepatitis B		

If your child has not been vaccinated against any of the diseases above, and the opportunity arises for your child to be vaccinated at school, do you consent to your child being vaccinated? Yes No

Please state which diseases vaccination consent is given for:

Does your child have any allergies? (e.g. Food allergies like peanuts or wheat, or medical allergies like penicillin or bee stings) Yes No

If 'Yes' please state:

Does your child carry any medication for this allergy? Yes No

Name any other medication your child requires:

Has your child had any of the following illnesses? Please select all that apply.

<input type="checkbox"/>	Measles
<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	Rubella
<input type="checkbox"/>	Rheumatic fever
<input type="checkbox"/>	Chickenpox
<input type="checkbox"/>	Meningitis
<input type="checkbox"/>	Mumps
<input type="checkbox"/>	Hepatitis
<input type="checkbox"/>	Polio
<input type="checkbox"/>	HIV
<input type="checkbox"/>	Malaria
<input type="checkbox"/>	Diphtheria

Are there any family medical conditions that we should know about to ensure the safety of your child? (e.g. epileptic seizures) Yes No

If 'Yes' please state:

Does your child have any other any special health or medical needs? Yes No

If 'Yes' please state:

Application Checklist

Please use this checklist to ensure that you have provided the following documents with this completed application form:

	A copy of the child's passport. We also need to sight the original and copy the date of entry stamp into NZ.
	A copy of the child's birth certificate in English.
	A copy of the parents' passport with their signature page included.
	A copy of the child's immunisation records in English.
	A signed <u>tuition agreement</u> signed by the parent.
	A signed <u>refund policy</u> signed by the parent.
	A <u>cyber safety agreement</u> signed by the student.
	A <u>trips permission form</u> signed by the parents

The documents listed above can be found on the school website on the International Enrolments page.