



## INTERNATIONAL STUDENTS ENROLMENT FORM

To apply for enrolment at Chelsea primary School, please complete this application form and forward it to: [office@chelsea.school.nz](mailto:office@chelsea.school.nz)

**Year Level:** \_\_\_\_\_ **Space No:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Paid:** \_\_\_\_\_ **NSN number:** \_\_\_\_\_ **Finishing Date:** \_\_\_\_\_

### **Student**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Ethnic Group: \_\_\_\_\_ Country of origin: \_\_\_\_\_

First Language: \_\_\_\_\_ Gender: Male / Female

Previous school (if in NZ): \_\_\_\_\_

How long does the student want to enrol for? \_\_\_\_\_ Start date: \_\_\_\_\_

### **Parents**

Mother: Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father: Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Contacts: Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact number in home country: \_\_\_\_\_

Who is the emergency contact person? (Must be a parent): \_\_\_\_\_

Is there a sibling who is currently at the school or will be enrolling with this student:

Name: \_\_\_\_\_

**Residence in New Zealand:**

Who is staying with the student for the duration of the tuition:

Mother / Father (please circle)

(Primary School students must have one of their parents staying with them for the full duration of their tuition in New Zealand – as per the Code of Practice International Students Section: 13.7.1)

NZ Immigration Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

NZ Address: \_\_\_\_\_  
\_\_\_\_\_

NZ Contacts: Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: (Must be the caregiver): \_\_\_\_\_

Phone No: \_\_\_\_\_

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

**Agents Details:** (If Applicable)

Please state name of Agency: \_\_\_\_\_ Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Medical and travel Insurance** is compulsory for International Students coming to New Zealand.

(NZ – Please provide a copy of the policy **in English**) Insurance Company: \_\_\_\_\_

If I have not yet taken out medical and travel insurance, but agree to do so and will provide proof of this to the school on acceptance of this application for enrolment **or within 1 working day on arrival in new Zealand.**

**Does your child have any pre-existing medical conditions or concerns? (Please circle)** Yes No

If Yes, please state: \_\_\_\_\_

Does your child have any allergies?

\_\_\_\_\_

Does your child carry any medication for this allergy?

\_\_\_\_\_

Name any other medication your child requires: \_\_\_\_\_

Doctor's name : \_\_\_\_\_ (in New Zealand if you have one)

**Chelsea Primary School expects to be able to meet the learning needs of children enrolled at the school. Does your child have any special learning or behavioural needs? (Please circle)** Yes No

If Yes, please state: \_\_\_\_\_

\_\_\_\_\_

I, the parent, guarantee the above information is correct and that any false and or misleading information given in this application may affect the validity of my child's enrolment.

- **Copies of passport, entry stamp, student / visitor visa and insurance papers are required with the enrolment form.**
- **I give permission for my child to have his / her photo/digital image to be published when relevant to school activities.**

**YES / NO (please circle)**

**Signed :** \_\_\_\_\_ **(Parent)**

**Enrolment must be signed by parent**

**Name:** \_\_\_\_\_

**Date :** \_\_\_\_\_

|                                   |  |                                       |
|-----------------------------------|--|---------------------------------------|
| <b>School Office Use:</b>         | <input type="checkbox"/> <b>Passport</b> | <input type="checkbox"/> <b>Visa</b>  |
| <b>Approved / Declined / Hold</b> | <input type="checkbox"/> <b>eTap</b>     | <input type="checkbox"/> <b>ENROL</b> |
| <b>Signed:</b> _____              | <b>Date :</b> _____                      |                                       |
| <b>Position:</b> _____            |  |                                       |

