



# Ponsonby Primary School

## International Student Enrolment Application

### Student Details

Family name of student: \_\_\_\_\_

First name of student: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Passport number: \_\_\_\_\_

Visa type/status: \_\_\_\_\_

Date of first entry into New Zealand: \_\_\_\_\_

### Accommodation:

Students attending Ponsonby Primary School must live with a parent or legal guardian for the duration of their enrolment.

My child will be living with me (parent/legal guardian).

Address:

New Zealand address

Home country address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### NZ Agent Details:

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

Phone \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email \_\_\_\_\_

### Length of Enrolment:

Length of time international student wishes to enrol for: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

### Education:

Ponsonby Primary School expects to be able to meet the learning needs of children enrolled at the school.

Does the student have any special learning or behavioural needs?

Yes (if yes please describe below?)

No

### Previous School(s) in New Zealand:

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

Dates enrolled/attended

### Insurance:

Your child must have medical and travel insurance to cover the period of study, from leaving home to returning home. Please provide copies of these insurance policies in English.

**Details of the parent(s) with whom the student will be living NZ:**

	Relationship to Child : mother / father	Relationship to Child : mother / father
Family name :	<hr/>	<hr/>
First name:	<hr/>	<hr/>
Date of birth:	<hr/>	<hr/>
Passport number:	<hr/>	<hr/>
Passport expiry:	<hr/>	<hr/>
Visa type/status:	<hr/>	<hr/>
Nationality:	<hr/>	<hr/>
NZ Phone:	<hr/>	<hr/>
Email:	<hr/>	<hr/>

**Contact details of parents/next of kin in home country:**

	Relationship to Child : mother / father	Relationship to Child : mother / father
Family name :	<hr/>	<hr/>
First name:	<hr/>	<hr/>
Address:	<hr/>	<hr/>
	<hr/>	<hr/>
Phone:	<hr/>	<hr/>
Email:	<hr/>	<hr/>

**Health:**

Vaccinations (please list OR provide a vaccination certificate in English):	Date received:
<hr/>	<hr/>
<hr/>	<hr/>

Has the student had a Tetanus injection in the last 5 years?  Yes  No

Has the student been in contact with any contagious diseases within the last 3 months?  Yes  No

If yes, please give details:

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Medical conditions (please list):	Enter any medication required:
<hr/>	<hr/>

Allergies (please describe):	Enter any medication required:
<hr/>	<hr/>

Does the student suffer from any disability. If yes please describe.  Yes  No

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## General information

Briefly tell us about your aspirations for your child while they live in New Zealand, e.g. reasons for coming to New Zealand.

Briefly, tell us about your child's interests e.g. sports, cultural, music.

## Declarations: Please read these statements carefully and ensure you understand them.

I have been informed about and received a summary of the Code of Practice for International Students.  Yes  No

I have been informed about all costs involved with enrolment and the school's policy regarding fee protection and refunds.  Yes  No

I have received a copy of the school Prospectus and policies relevant to international students and have read and understood them.  Yes  No

I have read, understood, and accept the policies, rules, and procedures regarding international students at Ponsonby Primary School, and agree to abide by them.  Yes  No

I agree that all disputes will be dealt with in accordance with New Zealand law  Yes  No

I will inform the school if there are any changes to the details of this application.  Yes  No

I acknowledge that if I have provided false information or withheld relevant information, the school may terminate the enrolment.  Yes  No

I confirm all the information contained in this application is true and correct to the best of my knowledge and belief.  Yes  No

Signed by Parent:

Name of Parent:

Date: