

GREENHITHE SCHOOL

Isobel Road, Greenhithe, Auckland 0632, New Zealand

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INTERNATIONAL STUDENT APPLICATION FORM

PART ONE

STUDENT DETAILS

Family Name:	
First Name:	
Preferred Name:	Country of Citizenship:
Date of Birth:	Sex: Male / Female
Start Date of Study:	End Date of Study:

**Offer of course placement will be based on the available educational opportunities offered by the school*

PASSPORT / VISA DETAILS

Student Passport No:	Expiry Date:
Father Passport No:	Expiry Date:
Mother Passport No:	Expiry Date:

PARTICULARS OF LEGAL PARENTS

Father's Last Name:	Mother's Last Name:
Father's First Name:	Mother's First Name:
Father's Date of Birth:	Mother's Date of Birth:
Country of Citizenship:	Country of Citizenship:
Address:	Address:
Work Phone:	Work Phone:
Mobile No:	Mobile No:
Email:	Email:

Initialed by: _____ (parent)



EMERGENCY CONTACT (in New Zealand)

Emergency Contact Name:	Contact Phone:
Relationship to the Student:	Contact Email:

MEDICAL INFORMATION

Does the student have any history of previous illness or condition that may affect their enrolment?	Yes / No		
If 'Yes' please provide details:			
Please tick (✓) the following medical conditions the student suffers from, or has suffered from in the past:			
Asthma	Epilepsy	Allergy to Bee/Wasp Stings	Heart Condition
Diabetes	Mobility Issues	Anxiety	Mental Illness
Allergies	ADD/ADHD	Behavioural Difficulties	Learning Difficulties
Other, please state:			
Is the student currently on any medication?	Yes / No		
If 'Yes' please provide details:			
Is there anything further that the school needs to be aware of that may impact the suitability of the student as an international student?			
Yes / No			
If 'Yes' please provide details:			

LEARNING INFORMATION

Other than English, does the student have any learning, psychological, medical or behavioural difficulties requiring extra school support or services, or which may hinder the student's learning?
Yes / No
If 'Yes' please provide details:
<i>*Failure to disclose relevant information, or the provision of false information, may result in termination of the enrolment</i>

GENERAL DETAILS

Has the student previously studied at any other NZ school?	Yes / No		
If 'Yes' please state the name of the school:			
What do you estimate to be the student's level of English? Please tick (✓) one of the following:			
<input type="checkbox"/> No English	<input type="checkbox"/> Beginner English	<input type="checkbox"/> Simple Conversation	<input type="checkbox"/> Fluent
Do the student's parents speak or read English?	Speak: Yes / No	Read: Yes / No	

Initialed by: _____ (parent)

ACCOMMODATION REQUIREMENTS

Please select accommodation choice:

- Homestay student only (must be aged ten years or older)
- Homestay student and one parent
- Homestay student and both parents
- Designated Caregiver (relative or close family friend)
- Live with parents in other accommodation

If you have selected a homestay family, please provide a brief letter introducing the student to the host family and attach it to this application

DESIGNATED CAREGIVER (DCG)

A Designated Caregiver (DCG) must be a close family friend or relative. The Accommodation must be approved by Greenhithe School and a copy of the Designated Caregiver's visa and passport is required. Please note that a Police Vet check will be carried out on persons 18 years of age and over living in the Designated Caregiver's Accommodation.

Name of DCG:	Relationship to Student:
Address (in NZ):	
Home Phone:	Mobile:
Email:	

INSURANCE DETAILS

Medical and travel insurance is compulsory to attend Greenhithe School. The insurance must cover the date the student departs their home country to the date they depart New Zealand. The school recommends that a parent staying with their child also chooses to take out medical and travel insurance. The school insurance company is Southern Cross.

Do you wish to purchase insurance through the school?	Yes / No
If 'Yes, do you also need to purchase for additional family members?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Other Relative
If you are providing your own insurance, please ensure cover is unlimited . You must provide the school with an English translation of this insurance cover, including the student's name.	
Name of Insurance Company:	Policy Number:
Policy Start Date:	Policy Expiry Date:

Initialed by: _____ (parent)