

# GREENHITHE SCHOOL

Isobel Road, Greenhithe, Auckland 0632, New Zealand

Website: [www.greenhithe.school.nz](http://www.greenhithe.school.nz)

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## INTERNATIONAL STUDENT APPLICATION FORM

### 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:

### 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:		

Initialled by: (parent)

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>
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Initialled by: (parent)

### 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

Initialled by: (parent)

### 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.

For your insurance, please ensure cover is <b>unlimited</b> . 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:

Initialled by: (parent)