

# St Mary's Primary & Intermediate School

Unity, Respect, Compassion

## International Students Application for Enrolment

### PART ONE – GENERAL INFORMATION

#### STUDENT DETAILS

Family (Surname) Name \_\_\_\_\_ Phone \_\_\_\_\_  
First Names \_\_\_\_\_ Mobile \_\_\_\_\_  
Preferred Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Nationality \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
1<sup>st</sup> Language \_\_\_\_\_ 2<sup>nd</sup> Language \_\_\_\_\_  
Arrival date in NZ: \_\_\_\_\_ Approx. date starting at St Mary's \_\_\_\_\_  
Religion (please circle one): Catholic / Christian / Other  
Passport No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Country of Passport: \_\_\_\_\_  
Student Visa No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

#### EDUCATIONAL RECORD

Name of last school attended: \_\_\_\_\_  
Country: \_\_\_\_\_ Year Level: \_\_\_\_\_  
English speaking ability (circle one): Beginner / Elementary / Intermediate / Advanced  
Sports interest: \_\_\_\_\_

#### PARTICULARS OF PARENTS (*Please record details of the student's legal parents*)

Father's Surname \_\_\_\_\_ Title \_\_\_\_\_ Home Ph \_\_\_\_\_  
First Names \_\_\_\_\_ Work Ph \_\_\_\_\_  
Address \_\_\_\_\_  
Fax No: \_\_\_\_\_ Mobile Ph \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Name of Business \_\_\_\_\_  
Business Contact: Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Surname \_\_\_\_\_ Title: \_\_\_\_\_ Home Ph \_\_\_\_\_  
First Names \_\_\_\_\_ Work Ph \_\_\_\_\_  
Address \_\_\_\_\_  
Fax No: \_\_\_\_\_ Mobile Ph \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Name of Business \_\_\_\_\_  
Business Contact: Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Siblings: Name: \_\_\_\_\_ Gender: (M/F) \_\_\_\_\_ School Attending: \_\_\_\_\_  
Name: \_\_\_\_\_ Gender: (M/F) \_\_\_\_\_ School Attending: \_\_\_\_\_

**NEW ZEALAND CONTACT – relative/close friend**

Surname \_\_\_\_\_ Title \_\_\_\_\_ Home Ph \_\_\_\_\_  
First Names \_\_\_\_\_ Work Ph \_\_\_\_\_  
Address \_\_\_\_\_ Mobile \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Fax No \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

**DESIGNATED CAREGIVER**

Surname \_\_\_\_\_ Title \_\_\_\_\_ Home Ph \_\_\_\_\_  
First Names \_\_\_\_\_ Work Ph \_\_\_\_\_  
Address \_\_\_\_\_ Mobile \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Fax No \_\_\_\_\_ E-mail \_\_\_\_\_

**MEDICAL DETAILS**

Students **MUST** have and be able to provide evidence of their medical and travel insurance.

Name of Doctor \_\_\_\_\_ Phone No: \_\_\_\_\_

Please record details of any medications/conditions (allergies, disabilities)

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

Does the student have a physical condition that might affect classroom learning e.g. hearing loss, need of glasses, motor skills loss etc. If

yes, please explain: Yes ☐ No ☐ (tick one)

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

Has the student had the following vaccinations?

MMR (Measles, Mumps and Rubella) ☐

Polio Sips ☐

Tetanus (and in what year?) ☐

Hepatitis B (3 injections) ☐

**IN CASE OF AN ACCIDENT OR EMERGENCY** if the School **CANNOT CONTACT YOU**, or if the illness is serious, the School Staff may need to take your child to an Accident and Emergency Clinic or to a hospital.

I give permission for the School to make such arrangements as are necessary for the treatment of my child in an emergency and agree to meet any costs incurred.

Signed: \_\_\_\_\_

Date \_\_\_\_\_

*St Mary's School has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students published by the Ministry of Education. Copies of the Code are available on request from this institution or from the New Zealand Ministry of Education website at*

<http://www.minedu.govt.nz/qoto/international>