

# Wairau Intermediate

**NURTURING OUR FUTURE**

## ENROLMENT FORM

### INTERNATIONAL STUDENT

Application to Enrol and Tuition Agreement

ACADEMIC YEAR: 20 \_\_\_\_\_

NAME: \_\_\_\_\_


Official Use Only:

Year: 7 / 8

Home Group: \_\_\_\_\_

Enrolment Number: \_\_\_\_\_

113 Becroft Drive - Forrest Hill - Auckland 0620  
email: [wairauint@wairau.school.nz](mailto:wairauint@wairau.school.nz) - web: [www.wairau.school.nz](http://www.wairau.school.nz)

 Wairau Intermediate - Official  
Ph: 09 4107805

**STUDENT DETAILS**

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Male:  Female: Date of Birth: \_\_\_\_\_ Copy of Birth Certificate or Passport included: 

Country of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_

First Language: \_\_\_\_\_ Other languages: \_\_\_\_\_

Date of entry into New Zealand: (DD / MM / YYYY) \_\_\_\_\_

Length of time International Student wishes to enrol for: \_\_\_\_\_

Start date: (DD / MM / YYYY) \_\_\_\_\_ Finish date: (DD / MM / YYYY) \_\_\_\_\_

Previous School: \_\_\_\_\_

Will the student (named above) be living with a parent: Yes  No *OFFICE USE ONLY: Passport, student visa and student permit-photocopied***MOTHER'S DETAILS**

Surname: Mrs/Miss/Ms \_\_\_\_\_

First Names: \_\_\_\_\_

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

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

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

**FATHER'S DETAILS**

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

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

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

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

*OFFICE USE ONLY:*

**CAREGIVER'S DETAILS** (details of whom student (named) will reside with while attending Wairau Intermediate)

Surname: \_\_\_\_\_ First Names: Mr/Mrs/Miss/Ms \_\_\_\_\_

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

Relationship to student: eg: Parent / Agent / Caregiver / Homestay \_\_\_\_\_

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

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

**EMERGENCY CONTACT** (not parent or caregiver IN NEW ZEALAND)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Relationship to the student: \_\_\_\_\_

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

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

**EMERGENCY CONTACT** (not parent or caregiver IN HOME COUNTRY)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Relationship to the student: \_\_\_\_\_

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

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

**HEALTH**

All International Students enrolled at Wairau Intermediate must be in good health and have Medical and Travel Insurance.

Does the student (named) have good health? Yes  No

Details if applicable \_\_\_\_\_

What type of Medical and Travel Insurance does the student (named) have for the duration of their time of study in New Zealand?  
\_\_\_\_\_

Policy No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

I give the school permission to administer paracetamol (panadol): Yes  No

OFFICE USE ONLY: Medical insurance details checked and photocopied

## LEARNING NEEDS

I Wairau Intermediate School expects to be able to meet the learning needs of children enrolled.

Does the student (named) in this application have any special learning needs? Y  N

Does the student (named) in this application have any behavioural needs? Y  N

If you answered Yes to either of the above questions, please outline here \_\_\_\_\_

## GENERAL

I have been informed about and received a summary of the Code of Practice for International Students.

I have been informed about all costs involved with enrolment and the school's policy regarding fee protection and refunds.

I have received a copy of the International Information Pack and policies relevant to International Students and have read and understood them.

Y  N

## DECLARATION

I have read, understood and accept the policies, rules and procedures regarding International Students at Wairau Intermediate School and agree to abide by them.

I agree that all disputes will be dealt with in accordance with New Zealand law.

I confirm all the information contained in this application is true and correct to the best of my knowledge and belief.

I will inform the school if there are any changes to the details of this application.

Signed: Parent: \_\_\_\_\_ Date: \_\_\_\_\_

## APPROVAL OF APPLICATION

Wairau Intermediate School Agrees to provide tuition and pastoral care support (in accordance with the Code of Practice for the Pastoral Care of International Students) for:

\_\_\_\_\_ (Name of Student). For the period of \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Principal's signature \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
on behalf of Wairau Intermediate School Board of Trustees.

*This document, including the International Students agreement, form the contract.*

**OFFICE USE ONLY: Application approved, Copy of signed Contract to Applicant**