



Application form to Enrol as an International Student

A PERSONAL DETAILS

| | |
|---|----------------------|
| Family Name: | Given name: |
| Name student would like to be called in NZ: | |
| Gender (Male/Female): | Home language: |
| Date of Birth: | Country of Birth: |
| Permanent Resident of: | Nationality: |
| Passport Number: | Religion: |
| Address of student at time of application: | |
| Home phone number: | Mobile phone number: |
| Email address: | |
| Has the student attended school in New Zealand previously? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If YES, which school/s and dates of attendance at those schools? | |

B DETAILS OF THE PERSON OR AGENT WHO SHOULD BE CONTACTED ABOUT THIS APPLICATION

Please give the name and address to which all correspondence regarding this application should be sent.

| | |
|----------------------|-------------|
| Name: | |
| Address: | |
| Mobile Phone Number: | Fax number: |
| Home Phone Number: | Email: |

C PARENT DETAILS

Please give the contact details of the parent/next of kin in the home country:

| | |
|----------------------------|--------|
| Name: | |
| Relationship to the Child: | |
| Address: | |
| Mobile Phone Number: | Fax: |
| Home Phone Number: | Email: |

Please give the contact details of the parent with whom the student will be living with in NZ:

| | |
|----------------------------|--------|
| Name: | |
| Relationship to the Child: | |
| Address in NZ (if known): | |
| Mobile Phone Number: | Fax: |
| Home Phone Number: | Email: |

D DATES INTENDED TO STUDY AT THORNTON SCHOOL

| | |
|-------|-----|
| From: | To: |
|-------|-----|

E LEVEL OF STUDY REQUESTED

Year 1 Year 2 Year 3 Year 4 Year 5 Year 6 Year 7 Year 8

F HEALTH AND TRAVEL INSURANCEEligibility for Health Services:

Most International Students are not entitled to publicly funded health services while in New Zealand. If you receive medical treatment during your visit, you may be liable for the full costs of that treatment. Full details on entitlements to publicly-funded health services are available through the Ministry of Health, and can be viewed on their website at <http://www.moh.govt.nz>.

The Accident Compensation Corporation (ACC) provides accident insurance for all New Zealand citizens, residents and temporary visitors to New Zealand, but you may still be liable for all other medical and related costs. Further information can be viewed on the ACC website at <http://www.acc.co.nz>.

It is a requirement of Immigration New Zealand that International Students must have appropriate and current medical and travel insurance while studying in New Zealand. Evident of this must be produced when the full fee is paid. Your insurance policy must be compliant with NZQA Education Code (Pastoral Care of International Students) of Practice 2016 requirements and be approved by Thornton School.

Please state clearly any medical condition or illness, physical or mental, the student is suffering from that we should be aware of and that may require medical attention:

G LEARNING NEEDS

Thornton 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 No

If yes, please give details:

H DOCUMENTS TO BE SENT WITH THIS APPLICATION

1. Copy of latest school report
2. Copy of student's passport
3. Copy of parent's passport

Immigration

"Full details of visa and permit requirements, advice on rights to employment in New Zealand while studying, and reporting requirements, are now available through the New Zealand Immigration Service, and can be viewed on their website at <http://www.immigration.govt.nz>

Information throughout this document is requested in order to provide the school with sufficient information to enable it to make proper contact with parents and to enable the school to comply with such legitimate requests for statistical information as may be required.

This information will not be used for any purposes other than those required by the school. It will not be handed on to any other agency except as may be required by law. The information will be stored appropriately.

Parents are advised of their right to see this information at any time. They are encouraged to use their legal right to request that it be updated and corrected should circumstances change. Such changes will be made on receipt of the new information in writing from a parent.

I DECLARATIONS

I have been informed about and received a summary of the Education (Pastoral Care of International Students) Code of Practice 2016 Yes No

I have been informed about all costs involved with enrolment and signed a copy of 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. Yes No

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

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

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

I acknowledge that if I have provided false information or withheld relevant information, the school may terminate the enrolment.

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

Signature of

Parent: _____ Date: _____

Full name of Parent/s:
