



INTERNATIONAL STUDENT APPLICATION

STUDENT and FAMILY DETAILS	
<i>PLEASE ENSURE THIS FORM IS COMPLETED IN FULL</i>	
DETAILS OF STUDENT	
Date of Birth: / /	Please attach passport photo here
Last Name (as on passport):	
First Name (as on passport):	
Known As:	
Country of Birth:	
First Language:	
Religion:	
Student Email:	
Student Mobile Number:	
PASSPORT DETAILS	
Passport Number:	
Passport Expiry Date:	
Country of Issue:	
LENGTH OF ENROLMENT	
How long do you want to study at Nga Tawa?	
When do you want to start studying at Nga Tawa?	
PARENTS DETAILS	
Mother's Last Name:	Father's Last Name:
Mother's First Name:	Father's First Name:
Address:	Address:
Occupation:	Occupation:
Telephone Day: ()	Telephone Day: ()
Telephone Night ()	Telephone Night ()
Mobile Number:	Mobile Number:
Fax Number:	Fax Number:
Email Address:	Email Address:
If parents are separated, who do you live with?	<input type="checkbox"/> Mother <input type="checkbox"/> Father
EMERGENCY CONTACT (friend or other family member we can contact in an emergency)	
Name:	Relationship:
Mobile Number:	
Telephone Day:	
Telephone Night:	

AGENT, ACCOMMODATION and INSURANCE DETAILS

AGENTS DETAILS (Only applicable if you are using an agent)	NEW ZEALAND CONTACT (If applicable)
Name of Agency:	Name of Contact Person:
Agent Address:	Address (in NZ):
Contact Phone Number:	Telephone Number:
Contact Person:	Mobile Number:
Email of Agent:	Email:
Fax Number:	Fax Number:
	Relationship to you <input type="checkbox"/> Relative (please state:) <input type="checkbox"/> Family Friend <input type="checkbox"/> Parent

DESIGNATED CARE GIVER (DCG) DETAILS (if staying in accommodation during exeat or holidays NOT organised by Nga Tawa Diocesan School)

Name of Caregiver:	Name of Caregiver:
Address (in NZ):	
Telephone Number:	Mobile Number:
Email:	Fax Number:
Relationship to you: <input type="checkbox"/> Relative (please state:) <input type="checkbox"/> Family Friend	

Please note: A DCG must be a relative or close family friend of the family. This accommodation must be approved by Nga Tawa Diocesan School prior to the student's arrival.

HOLIDAY ACCOMMODATION OPTIONS

International Students at Nga Tawa Diocesan School live in Boarding Houses during term time, but are required to live in accommodation approved by the International Director *during exeats and holidays*.

The following are the types of accommodation approved for International Students. Please select your preferred choice:

Homestay (living with a NZ family) Living with a relative Designated Care Giver

INSURANCE

All International students wishing to study at Nga Tawa Diocesan School **MUST** have appropriate Travel and Medical insurance which covers their complete period of enrolment with Nga Tawa Diocesan School, including travel to and from New Zealand.

Please read Nga Tawa Diocesan School International Student Policies and Guidelines Document section 14. We can provide (Studentsafe International), details of policy can be found at <https://www.insurancesafenz.com/studentsafe/student-safe-inbound-learners> We highly recommend this policy.

Do you wish to purchase insurance through Nga Tawa Diocesan School? Yes No

If you ticked No above you **must** attach a copy of the policy wording for your insurance in English (or translated into English) to this form. **Applications without a copy of insurance details will NOT be processed.**

EDUCATIONAL BACKGROUND INFORMATION

HIGH SCHOOL RECORD

Number of years spent at High School?

List the High School you have attended and for how long.

SUBJECTS YOU HAVE STUDIED AT HIGH SCHOOL

Subject	Years studied	Subject	Years studied

EVIDENCE OF ACADEMIC PERFORMANCE

Please supply the following documentary evidence of your academic background. This evidence **MUST** accompany your application for it to be processed. The evidence must be in English (or translated into English). It will not be returned to you.

1. Certified copies of your Academic Record including grades
2. Copies of recent school reports.
3. A written reference. (In English from your last school or other independent person, who can comment on your character, ability, work ethic and suitability for study abroad.)

ENGLISH LANGUAGE ABILITY

Has English been the language of your high school study? Yes No

Please provide evidence or documentation of your study in English.
(School reports, signed statement from a teacher etc)

How many years have you studied the English language?

What is your current English language ability?

Elementary Intermediate Higher Intermediate Advanced

Please state any English language competency tests you have achieved (IELTS, TOFEL etc) and give your score or grade.

LONG-TERM EDUCATIONAL GOALS

Please write a brief explanation of your long term educational goals and plans for the future.

DO YOUR PLANS INCLUDE ANY OF THE FOLLOWING? (please tick)

- | | |
|---|--|
| More than one year at Nga Tawa Diocesan School | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Entry to New Zealand polytechnic | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Entry to a New Zealand university | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pathway to further study and work in New Zealand | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Return to further study in your home country | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Further study in a country other than New Zealand or your home country. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SPECIAL OR ADDITIONAL NEEDS

Please provide details of any special or additional needs the applicant may have.

ACCURACY OF INFORMATION SUPPLIED

IMPORTANT: Please ensure that the information supplied is accurate. Information, supplied on this page will be used to make decisions about student enrolment. Any information supplied and found subsequently to be incorrect can result in the cancellation of a student's enrolment, or the requirement that a student attend an appropriate language course before the student can be enrolled.

PLANNING YOUR TIME AT NGA TAWA DIOCESAN SCHOOL

SUBJECT AVAILABILITY AND CONFIRMED COURSES.

The final course of study for International students will be approved by the International Director once the student has arrived in New Zealand and will depend upon a number of factors including:

- the applicant's English language ability,
- the applicant's ability in chosen subjects,
- timetable restrictions,
- the availability of places within a course at time of application, and
- consideration of the applicant's long term goals.

CHOOSING A COURSE OF STUDY

- List the subjects you would prefer to study at Nga Tawa Diocesan School.
- You will need to select at least five subjects in the senior school.
- List subjects in priority order so that the most important subject to you will be number one and the least important will number five etc.
- Choose from curriculum overview in the "International Students - Policies and Guidelines" document

Preferred Subject Choices:

1		6	
2		7	
3		8	
4		9	
5		10	

CULTURAL AND SPORTING INTERESTS

Please list any cultural or sporting interests you would like to pursue while at Nga Tawa Diocesan School. See list in Nga Tawa Diocesan School International Student Policies and Guidelines Document.

Music lessons (if yes please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Choir	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sport (if yes please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equestrian (if yes please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (if yes please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT PRE-ENTRY HEALTH EXAMINATION

Nga Tawa Diocesan School employs a Registered Nurse who is on site each week day. Please answer the following questions carefully, in consultation with your family doctor, to enable the Nurse and other relevant health professionals and staff to provide the best care for your daughter.

CONSENT FOR HEALTH CARE

I give permission for my daughter to receive the following health care whilst a student at Nga Tawa Diocesan School:

- treatment in the case of an emergency
- medical/nursing care and attention as/when required
- medication as prescribed for her by a doctor
- non-prescribed medication* to treat common ailments (as maybe treated in the home)

I acknowledge that my daughter's contact and medical details maybe shared with relevant medical personnel and that the information in this document is full and correct.

I acknowledge that should my daughter develop a severe health condition (e.g. suicidal ideation, self-harm) making it unsafe for her to remain in the Boarding community I will, on being advised by the school, either arrange immediate, accompanied travel home for my daughter or I will travel to New Zealand and take responsibility for her full time care until she is deemed well enough to return.

Student's name: _____

Parent/Guardian name: _____

Signature: _____ Date: _____

*Examples of non-prescription medication are Paracetamol, Ibuprofen, cough syrup, antihistamines and decongestants. Please specify if any are to be excluded.

IMMUNISATIONS

Please note that in line with the Ministry of Health requirements and recommendations, should your daughter not be fully immunised, (vaccinations are Tetanus, Polio, Hepatitis B, and MMR - Measles, Mumps, Rubella) you may be required to take her home if there was an outbreak of a particular disease.

Fully immunised: Yes No Date of last Tetanus vaccine: _____

MEDICATIONS:

Is your daughter currently taking any medications? Yes No
If yes please specify current medications/supplements:

DIETARY NEEDS

Does your daughter have any specific dietary needs (e.g. for religious reasons, allergy)? Yes No
If yes please specify:

GENERAL HEALTH

Present weight: _____ Height: _____
Is this student physically fit and able to participate in all forms of sport? Yes No
If No please explain:

VISION AND HEARING

No glasses/contacts Wears glasses Wears contact lenses Uses hearing aid/s

STUDENT PRE-ENTRY HEALTH EXAMINATION (continued)

STUDENT'S MEDICAL HISTORY

Does your daughter suffer or have a history of any of the following?

Please be specific about any condition, treatment and dates when answering these questions.

Condition	Yes	No	condition/treatment/dates (if applicable)
Allergies			
Anxiety			
Asthma			
Back pain			
Broken bones			
Concussion/head injury			
Constipation			
Depression			
Diabetes			
Eating disorder/concerns			
Epilepsy			
Hay fever			
Hospitalisation			
Learning/behavioural concerns			
Menstrual issues			
Migraine			
Rheumatic Fever			
Self-harm			
Sleep issues			
Sprains/strains			
Suicidal thoughts			
Surgery			
Any other issue affecting health			

DOCTORS DETAILS

Doctor's Name:	Phone:
Doctor's Signature:	Date:

FOOD PREFERENCE

Do you have any dietary preferences (e.g. vegetarian)? Yes No

If yes, please explain:

Please note that we are unable to support a vegan diet.

If you are vegetarian, are you willing to eat:

Fish Yes No Poultry Yes No Dairy products Yes No

APPLICATION CHECKLIST

Make sure all details on this form are completed and signatures from the correct people are included.

INCLUSIONS

We have included with this application form:

Passport sized photograph of applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certified copies of the applicant's Academic Record	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copies of recent school reports	<input type="checkbox"/> Yes <input type="checkbox"/> No
A written reference	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signed copy of the Tuition and Boarding agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACKNOWLEDGEMENTS

All of the information we have provided in this application is true and correct	<input type="checkbox"/> Yes <input type="checkbox"/> No
We have not withheld any relevant information in masking this application	<input type="checkbox"/> Yes <input type="checkbox"/> No
We understand that the provision of false or misleading information or the withholding of relevant information may invalidate our application	<input type="checkbox"/> Yes <input type="checkbox"/> No
We have read the document "International Students Enrolment Policies and Procedures" and we agree to abide by the terms and conditions within that document	<input type="checkbox"/> Yes <input type="checkbox"/> No
We have been made aware of the "International Student Contract Dispute Resolution Scheme Rules 2016"	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURES

Signature of Applicant	Student:
SIGNATURE FOR APPLICANT: (Parent/Guardian of student under 18 years)	Mother: Father:

COMPLETED FORM

Please send completed application and the signed Tuition Agreement to	Mrs Lesley Carter Principal and Director International Students Nga Tawa Diocesan School Private Bag 1101 MARTON 4741 NEW ZEALAND Phone: +64 6 327 4806 Fax +64 6 327 5985
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