



## INTERNATIONAL STUDENT APPLICATION

### Short Term Enrolment

<b>STUDENT and FAMILY DETAILS</b>	
<i>PLEASE ENSURE THIS FORM IS COMPLETED IN FULL</i>	
<b>DETAILS OF STUDENT</b>	
Date of Birth: / /	<b>Please attach passport photo here</b>
Last Name (as on passport):	
First Name (as on passport):	
Known As:	
Country of Birth:	
First Language:	
Religion:	
Student Email:	
Student Mobile Number:	
<b>PASSPORT DETAILS</b>	
Passport Number:	
Passport Expiry Date:	
Country of Issue:	
<b>LENGTH OF ENROLMENT</b>	
How long do you want to study at Nga Tawa?	
When do you want to start studying at Nga Tawa?	
<b>PARENTS DETAILS</b>	
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
<b>EMERGENCY CONTACT</b> (friend or other family member we can contact in an emergency)	
Name:	Relationship:
Mobile Number:	
Telephone Day:	
Telephone Night:	

## 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, coeliac)?  Yes  No  
If yes please specify:

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

### 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 - to be completed by applicant's doctor

Does the applicant suffer from, 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

INSURANCE	
<p>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.</p> <p>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 <a href="https://www.insurancesafenz.com/studentsafe/student-safe-inbound-learners">https://www.insurancesafenz.com/studentsafe/student-safe-inbound-learners</a> We highly recommend this policy.</p> <p>Do you wish to purchase insurance through Nga Tawa Diocesan School?      <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If you ticked No above you <b>must</b> attach a copy of the policy wording for your insurance in English (or translated into English) to this form. <b>Applications without a copy of insurance details will NOT be processed.</b></p>	

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	<p><b>Mrs Lesley Carter</b>  <b>Principal and Director International Students</b>  <b>Nga Tawa Diocesan School</b>  <b>Private Bag 1101</b>  <b>MARTON 4741</b>  <b>NEW ZEALAND</b>  <b>Phone: +64 6 327 4806</b>  <b>Fax +64 6 327 5985</b></p>