



**APPLICATION FOR ENROLMENT AS AN INTERNATIONAL STUDENT AT GLENFIELD  
PRIMARY SCHOOL**

*Please ensure that all the information is complete and correct. Failure to properly complete the form may result in a delay in processing, or rejection of your application. Failure to provide correct information may result in your child's enrolment being terminated.*

*Please note that Glenfield Primary School is not permitted to enrol any child who is not living with a parent whilst in New Zealand.*

---

**PERSONAL INFORMATION**

**Please attach the following documentation:**

- Passport details (original to be sighted /copy taken)
- Permit/Visa Details
- Birth Certificate (original to be sighted/copy taken)
- Parents passport details
- Parents Visa details
- Health insurance documentation (including dental cover) for the family.
- Health/immunization checklist
- Most recent school reports and examination results
- Administration fee: NZ\$1000 (non-refundable)

Name of Student As Per Passport: \_\_\_\_\_(Family name)

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

Date of Birth: \_\_\_\_\_ Male / Female

Name to be used at school : \_\_\_\_\_

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

Telephone Number : \_\_\_\_\_

Ethnicity: \_\_\_\_\_

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

Religion: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Level of English spoken: \_\_\_\_\_

Date of Entry into New Zealand: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Student Visa number and expiry date: \_\_\_\_\_

Other Visa type and expiry date: \_\_\_\_\_

Name(s) of any previous school(s) attended in New Zealand:

\_\_\_\_\_

Dates of Attendance at those schools:

\_\_\_\_\_

Length of time International Student wishes to enrol for:

from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

## Parents

### Contact Details of parent/next of kin in home country:

Parents Names: (Mother) \_\_\_\_\_

(Father) \_\_\_\_\_

Address in Home Country:

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Ethnic Origin: (Mother) \_\_\_\_\_

(Father) \_\_\_\_\_

Country of Birth: (Mother) \_\_\_\_\_

(Father) \_\_\_\_\_

Occupation: (Mother) \_\_\_\_\_

(Father) \_\_\_\_\_

Home Language spoken:	(Mother) _____
	(Father) _____
Is English spoken?	(Mother) _____
	(Father) _____

**Details of the parent the international student will live with while attending Glenfield Primary School:**

(All students must live with at least one of their biological or adoptive parents while in New Zealand)

Name of Parent: \_\_\_\_\_

New Zealand Address: \_\_\_\_\_

NZ Phone: \_\_\_\_\_ NZ Mobile: \_\_\_\_\_

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

**Emergency Contact in New Zealand (in case we cannot contact the parents)**

Name: \_\_\_\_\_

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

**Agent Information (If using an agent)**

Agency Name: \_\_\_\_\_

Agent Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**MEDICAL AND TRAVEL INSURANCE ( see Prospectus for minimum requirements)**

Most students are not entitled to publicly funded health services while in New Zealand. Medical and travel insurance is compulsory for international students coming to New Zealand. You will need to provide evidence that you have these policies. Please supply a copy of the full policy in English.

Name of Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Policy start date: \_\_\_\_\_ Policy end date: \_\_\_\_\_

**OR (tick)**

I have not yet taken out medical and travel insurance, but agree to do so and will provide proof of this to the school on acceptance of this application for enrolment.

Date of entry to New Zealand: \_\_\_\_\_

## HEALTH INFORMATION (PARENTS TO COMPLETE)

International students enrolled at Glenfield Primary School must be in good health.

Has your child been unwell in the last 14 days?

Does your child have any pre-existing medical conditions or concerns? Yes / No

If Yes please state: \_\_\_\_\_

New Zealand children are vaccinated against the following diseases. Please list the ones your child has been vaccinated against and provide a vaccination certificate in English if available:

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

Has the student had a Tetanus injection in the last 5 Years Yes/No

Has the student been in contact with any contagious diseases in the last 3 months? Yes/No

If Yes, please give details: \_\_\_\_\_

Does the student have any allergies? (E.g. **food allergies** like peanuts or wheat, or **medical allergies** like penicillin or bee stings): \_\_\_\_\_

Does the student carry any medication for this allergy? \_\_\_\_\_

Does the student have any medical conditions? \_\_\_\_\_

Name any other medication your child requires: \_\_\_\_\_

Does your child have any other any special health or medical needs? \_\_\_\_\_

## STUDY INFORMATION

### Parents to complete:

Has the student previously studied at any other NZ School? Yes / No

If Yes please state the name of the school: \_\_\_\_\_

Previous Education in your home country:

Name and type of Establishment: \_\_\_\_\_

Length of Study: \_\_\_\_\_

Please attach your child's most recent school reports.

Does your child have any specific learning needs or difficulties that could affect their progress?

---

---

Has your child learnt English before arrival? (*Please circle*)

Yes                  No

How long has she / he learnt English?

Years \_\_\_\_\_ Months \_\_\_\_\_ Hours per week \_\_\_\_\_

What is your estimate of your child's level of Spoken English? (*Please circle*)

No English                  Beginner English                  Some English                  Fluently

Can your child read in his/her own language? (*Please circle*)

Not at all                  A little                  Fluently

Can your child write in his/her own language? (*Please circle*)

Not at all                  A little                  Fluently

Please briefly tell us about your child's and your reasons for coming to New Zealand:

---

---

What are your aspirations for your child's future?

---

---

Is there anything we need to know about your child's health and happiness?

---

---

Are there any challenges that make it hard for your child to succeed at school?

---

---

How does your child feel about coming to school?

---

---

What hobbies or interests does your child have and what sports/activities is he/she interested in?

---

**PARENTS TO COMPLETE**  
**STATUTORY DECLARATION**

**Parent Approvals:**

**I/We acknowledge** that the information supplied is true and correct in every particular and will be relied upon by the School. If found to be false by the School, then the School reserves the right to remove your child.

**I/we** have read, understood and agree to all conditions of enrolment as stated in the prospectus, and acknowledge that I have received a copy of the conditions of enrolment.

**I/we** understand that the completion of this application form does not guarantee a place for my child

**I/we** understand that Glenfield Primary School is a signatory to the Code of Practice, and have read, understood and accept it.

**I/we agree** that our child shall abide by all School Rules and Regulations and Board of Trustees policies.

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

**I/we** agree to pay all tuition fees, in advance, as stated in the prospectus, and understand and accept the refund policy of Glenfield Primary School.

**Privacy Act – consent:**

To meet the requirements of the Privacy Act, we need your permission to manage information about your Child. To assist in this we would like your approval to:

- Authorise a Glenfield Primary School staff member to act on your behalf in any medical/health and safety emergency.
- Authorise Glenfield Primary School to take your child offsite to attend all approved educational visits and trips by charter/private transport.
- Authorise Glenfield Primary School to publish images of your child on the school website, in the school newsletter and year book, and in newspaper and magazine articles covering school activities in accordance with school policy.
- Authorise your child to access the internet in accordance with school policy.
- Collect such data as is relevant to the educational and social needs of your child from the child's previous school or pre-school.
- Pass on such data as is relevant to the educational and social needs of your child to the next school your child attends.
- Collect, whilst your child is attending Glenfield Primary School, such data as is deemed necessary to ensure your child's academic and social needs are met while at this school.
- Allow, with the identity of the individual being protected, such information as is legitimately requested by official government agencies to be passed on to these agencies.
- Allow your child's name and address to be given to the School's Public Health Nurse, Visiting Teacher or other Education/Health agencies in the event that the Principal deems the passing on of this information is in the best interests of the child.
- Allow the educational information gained at the School to be used for research purposes on the condition that the information does not reveal the identity of the individual.
- Authorise Glenfield Primary School to check on the status of your visa using Visa View.(NZ Immigration online service)
- I approve of Glenfield Primary School taking the action listed in the above clauses.

**I have read and understood this document**

By signing below, the parents or legal guardians (as applicable) confirm that they have read the agreement and agree to be bound by it in all respects:

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's name:** \_\_\_\_\_