



## International Student Enrolment Application

### STUDENT DETAILS

Family name:

First name:

Preferred name:

Date of birth:  
(date/month/year)

Nationality  
(as shown in passport):

Passport number:

Passport expiry:

Visa type/status:

Sex: Male / Female

Date of first entry into  
New Zealand

Country of Citizenship:

Address (in home country):

Phone (in home country):

### DETAILS OF PARENTS/LEGAL GUARDIANS

Father's family name:

Mother's family name:

Father's first name:

Mother's first name:

Preferred name:

Preferred name:

Passport number:

Passport number:

Passport expiry:

Passport expiry:

Street Address (in home country):  Tick if same as student

Street Address (in home country):  Tick if same as student

Postal Address:

Postal Address:

Home Phone:

Home Phone:

Mobile Phone:

Mobile Phone:

Email:

Email:

First Language:

First Language:

Other Languages Spoken:

Other Languages Spoken:

## ENROLMENT

Intended Start Date:

Intended End Date:

Length of Stay:

Applying for Year Level:      NE/1      2      3      4      5      6

Where the services of a recruitment agent have been engaged please complete:

*\*Agents must be a current accredited agent for the School before an Offer of Place can be made. See our website for details.*

Agency/Company Name:

Agent Contact Phone:

Agent Name:

Agent Email:

## EMERGENCY CONTACT

Emergency contact name:

Emergency contact phone:

IN CASE OF AN ACCIDENT OR EMERGENCY If the School cannot contact you, or if the illness is serious, the School may need to take your child to an Accident and Emergency Clinic or to a hospital. By signing this application form you give permission for the school to make such arrangements as are necessary for the treatment of your child in an emergency and agree to meet any costs incurred. This includes calling an ambulance and being prescribed medications when needed.

## HEALTH

Doctor's Name (in Home Country):

Phone:

Vaccinations (please list OR provide a vaccination certificate in English):

Date Received:

Has the student had a Tetanus injection in the last 5 years?

Yes     No

Has the student been in contact with any contagious diseases within the last 3 months?

Yes     No

If yes, please give details:

Does the student have any known medical conditions or health concerns, including mental illness?

Yes     No

If yes, please give details:

Is the student currently on any medication?

Yes     No

If yes, please give details.

*Please note: If you suffer from conditions requiring medication, it is advisable to bring your own medication to NZ. You will be required to notify the school regarding any medications that you bring with you.*

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Does the student suffer from any allergies, including food allergies?  Yes  No

If yes, please give details:

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Please tick the box if you suffer from, or have suffered from, any of the following medical conditions:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Back/Neck problems | <input type="checkbox"/> Glandular Fever | <input type="checkbox"/> Allergy to bee/wasp stings |
| <input type="checkbox"/> Migraines               | <input type="checkbox"/> HIV or Aids        | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Hepatitis A, B or C        |
| <input type="checkbox"/> Epilepsy                | <input type="checkbox"/> Heart Condition    | <input type="checkbox"/> Tuberculosis    | <input type="checkbox"/> ADD or ADHD                |
| <input type="checkbox"/> Eating Disorder         | <input type="checkbox"/> Depression/Anxiety |  |   |
| <input type="checkbox"/> Other (Please describe) |   |  |   |

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Does the student have any physical disability, or have any special learning or behavioural needs?  Yes  No

If yes, please give details:

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*\*Please note: disclosure of any health or learning needs does not necessarily lead to non-enrolment, but allows us to assess the extent to which we can meet those needs. Non-disclosure, however, can place students at risk and may result in termination of enrolment.*

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Does the student have any medical implants (such as metal implants) that may affect receiving medical treatment while in New Zealand?  Yes  No

If yes please give details:

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I give permission for the school to give my child Panadol for pain relief such as headaches.  Yes  No

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### EDUCATIONAL DETAILS

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Has the student previously applied for entry to the school?  Yes  No  
If yes, when?

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Has the student ever had a family member or relative enrolled at the school?  Yes  No

If yes,

Name:

Year Attended:

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

If yes, Name of School:

Dates Enrolled:

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Please attach your child's most recent home country school reports  Reports Attached  
(Please tick)

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If your child is in Year 1, have they attended school or preschool before?  Yes  No  
For how long? ( ) months ( ) years

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

Beginner

Elementary

Pre-Intermediate

Intermediate

Upper Intermediate

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How many years has the student studied English?

(    ) Months (    ) Years

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Do the student's parents speak or read English?

Speak     Yes     No

Read     Yes     No

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### **ABOUT THE STUDENT**

Briefly tell us about your aspirations for your child while they attend Gulf Harbour School, and your reasons for coming to New Zealand.

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Have you travelled with your child to other countries before? (please state which ones)

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What type of home do you live in? (Apartment, House, etc)

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Where is your home located? (City, Town, Countryside, etc)

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How do you get to school? (Walk, Bus, Train, etc)

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Please tell us about your child's interest or special talents e.g. sports, cultural, music

What sports do they play? (Please list level of experience next to each sport – eg. social player, school team, regional representative, etc)

Sport

Level of Experience

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Do they sing or play any musical instruments?

Instrument played

How long for?

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What are the student's interests? (eg, outdoor pursuits, cooking, astronomy, environmental issues)

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## INSURANCE DETAILS

Your child must have comprehensive medical and travel insurance to cover the period of study, from leaving home to returning home (see our International Guidelines for more information).

Do you wish to arrange insurance through Gulf Harbour School?  Yes, please arrange a policy for me \*  
 No, please supply details below and provide a copy of the policies in English.

Insurance Company:

Policy no:

Policy start date:

Policy expiry date:

*\*If you have any pre-existing medical conditions the school must be fully notified in order to consider offering cover for your condition*

## ACCOMMODATION

### Students under 10 years old

Students under 10 years of age MUST live with a parent or legal guardian.

My child will be living with me

And I wish to have a homestay organised by Gulf Harbour School

And I wish to arrange my own accommodation

### Students 10-17 years old

Students aged 10-17 years MUST live with a parent or legal guardian, or a residential caregiver. A residential caregiver is either an approved Homestay arranged by the School, or a Designated Caregiver (relative or close family friend designated in writing by the parent/legal guardian) as approved by the School. An Indemnity Declaration for any Designated Caregiver must be completed, and a copy of the Designated Caregiver's visa and passport is required. Please note that a Police Vet check will be carried out on persons 18 years of age and over living in the Designated Caregiver's accommodation.

My child will be living with me

And I wish to have a homestay organised by Gulf Harbour School

And I wish to arrange my own accommodation

My child will be living with a residential caregiver

In a homestay organised by the School

As designated by me (please complete the Designated Caregiver section below)

Please complete these sections as applicable:

## PARENT/LEGAL GUARDIAN LIVING WITH THE STUDENT IN NEW ZEALAND

Family name:

First name:

Preferred name:

Date of birth:  
(date/month/year)

Nationality  
(as shown in passport):

Passport number:

Passport expiry:

Date of first entry into  
New Zealand

Visa type/status:

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Address (in home country):  Tick if same as above

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Phone (in home country):

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**DESIGNATED CAREGIVER LIVING WITH THE STUDENT IN NEW ZEALAND**

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Relationship to the student:

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Family name:

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First name:

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Preferred name:

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Is the designated caregiver a New Zealand citizen or resident?  Yes (answer from 'Email' below)  
 No (please complete all details below)

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Date of birth:  
(date/month/year)

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Nationality  
(as shown in passport):

---

Passport number:

---

Passport expiry:

---

Date of first entry into  
New Zealand

---

Visa type/status:

---

Address (in home country):  Tick if same as above

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Phone (in home country):

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Email:

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Address (in New Zealand):

This is the address where the student will live with the designated caregiver

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Home Phone (in New Zealand):

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Mobile Phone:

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By signing this form, I/we as parents select the caregiver above to provide accommodation for my child while attending Gulf Harbour School, subject to the approval of the school prior to enrolment if appropriate, or on the student's arrival at school. Should this arrangement change I/we will in Gulf Harbour School immediately.

## DECLARATIONS

Please read these statements carefully and ensure you understand them.

I have been informed about and directed to, or received a summary of the Code of Practice for International Students.  Yes  No

I have sighted on [www.gulfharbour.school.nz](http://www.gulfharbour.school.nz) or received a copy of the school's Guide for International Students and agree and accept the conditions of enrolment.  Yes  No

I understand the costs involved with enrolment, and the school's policy regarding refund conditions and fee protection.  Yes  No

If the student will not be living with their parents while in New Zealand; I understand that before an Official Offer of Place can be given I must provide written verification of legal guardianship.

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

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 any changes (such as contact or address) to the details of this application

I understand that no photographs or video recordings may be taken within the school without the permission of Senior Management.

I give permission for my child's name and photograph to be published, as a result of participation in school events, in Gulf Harbour School communications or publicity including newsletters, website and Facebook page.

I have read, understand and signed the attached tuition agreement, which shall apply if the application is successful.

We have read and understood the conditions of being an international student at Gulf Harbour School and agree to abide by the school rules.

We agree for our child to participate in any learning programme or activity that takes place on and off site that has been approved by the Principal.

We accept the authority of Gulf Harbour School and the provisions as set out in the Guide for International Students and are aware that Gulf Harbour School is a signatory to the Code of Practice and will act according to the code.

Parent/legal guardian's Signature:

Parent/legal guardian's Full Name:

Date:

## DOCUMENTATION

Please provide the following documents (copies or originals) with this application:

Student's passport and visa details

Passport and visa details of the person who will be living with the student

Designated caregiver agreement (if applicable)

Homestay agreement (if applicable)

Immunisation certificate (in English) for the student

Tuition Agreement

Evidence of medical and travel insurance

Student Cyber Safety Agreement

EOTC Permission Form