



Glenfield Intermediate School

138 Chivalry Road
Glenfield
Auckland 0629

Telephone: +64 9-4446582
Website: www.glenfieldint.school.nz

International Student Enrolment Form

To apply for enrolment at Glenfield Intermediate, please complete this application form and forward it to:

International Student Department – enquiries@glenfieldint.school.nz

Start Date: ___/___/___	Finishing Date: ___/___/___	Enrolment Year : <u>7 / 8</u>
Deposit Paid: _____	Balance Paid: _____	

Student

Family Name: _____ First Name: _____
 Date of Birth: _____ Preferred Name: _____ Nationality: _____
 Ethnic Group: _____ Country of Citizenship: _____ First Language: _____
 Gender: Male / Female Passport No: _____ Passport Expiry: _____
 Date of first entry into NZ: _____ Visa Type: _____ Visa Expiry: _____
 Address while in NZ: _____

Parents

Mother: Family Name: _____ First Name: _____ Occupation: _____
 Father: Family Name: _____ First Name: _____ Occupation: _____
 Address: _____

 Parents passport No: _____ Visa Type: _____ Visa expiry date: _____
 Contacts: Home Phone: _____ Work Phone: _____
 Mobile Phone: _____ Email: _____
 Emergency Contact Number in home country: _____
 Who is the emergency contact person? (Must not be a parent): _____

ACCOMMODATION (Students aged 10-17 years must live with a parent or legal guardian, or a residential caregiver)

- My child will be living with me (parent/legal guardian)
- My child will be living with a designated caregiver (relative or close family friend designated in writing by me, the parent/legal guardian. *(Complete the Indemnity Declaration for Designated Caregiver)*)
- My child will be living with a homestay caregiver *(Complete the Indemnity Declaration for Homestay Caregiver)*

FOR OFFICE USE					
TECH	HOUSE	ETAP	ENROL	ENROLMENT NO.	ROOM NO.

Caregiver / Homestay

Family Name: _____ First Name: _____

Relationship to student: _____

NZ Immigration Status: _____ Occupation: _____

Address (in New Zealand): _____

Contacts: Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

Emergency Contact Name: *(Must not be the caregiver)*: _____ Phone No: _____

Medical and travel insurance is compulsory for international students coming to New Zealand.

(NZ- Please provide a copy of the policy **in English**) Insurance Company: _____

If 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.

MEDICATION:

I give permission for Panadol to be administered if required: Yes No

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

(eg Asthma, Diabetes, Epilepsy, Rheumatic Fever, Hepatitis A, B or C, HIV, Glandular Fever, Migraines, Heart Conditions, ADHS, Nose Bleeds, Skin conditions)

If Yes please state: _____

Does your child have any allergies? _____

Does your child carry any medication for this allergy? _____

Name any other medication your child requires: _____

Glenfield Intermediate School expects to be able to meet the learning needs of children enrolled at the school.

Does your child have any special learning or behavioural needs? Yes No

If Yes please state: _____

AGENT DETAILS (If Applicable)

If Yes please state name of Agency: _____ Contact person: _____

Address: _____

Fax: _____ Email: _____

Phone: _____ Mobile: _____

DECLARATIONS:

Please read these statements carefully and ensure you understand them.

I have been informed about and received a summary of the Code of Practice for International Students

Yes

No

I have received a copy of the school's International Student Parent/Caregiver Handbook

Yes

No

I understand the costs involved with enrolment, the school's policy regarding Fee Refunds and Protection

Yes

No

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 are any changes to the details of this application.

Parent/Legal Guardian name: _____

Parent/Legal Guardian signature: _____ Date: _____

DOCUMENTATION

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

- Student's passport and visa details
- Designated Caregiver agreement (if not living with parent)
- Tuition Agreement
- Evidence of medical and travel insurance
- EOTC consent form
- Fee Refund & Protection Policy
- Digital Technology & Internet Use Agreement
- BYOD Agreement