



Queenstown Primary School International Student Enrolment Form

STUDENT DETAILS	
Student's First Name:	Student's Last Name:
Date of Birth:	Gender: Male/ Female
Present age:	
Ethnicity:	Language spoken at home:
Country of Birth:	Level of English Spoken:
Arrival Date:	Departure Date:
Total number of weeks Tuition:	
PASSPORT DETAILS	
Date of Entry to New Zealand:	Passport Number:
Student Visa:	If so, visa expiry date:
Other Visa type:	
PARENT INFORMATION	
Mother's Last name:	Father's Last name:
Mother's First name:	Father's First name:
Address:	Address:
Occupation:	Occupation:
Email:	Email:
Phone number:	Phone number:
Speaks English: Yes / No	Speaks English: Yes / No

AGENT DETAILS (if you have one)		NZ CONTACT (if you have one)	
Agency Name:		Name:	
Contact Person:		Relationship to Student:	
Address:		Address:	
Phone Number:		Phone Number:	
Email Address:		Email Address:	
ALTERNATIVE EMERGENCY CONTACT			
Name:		Relationship:	
Address:			
Home Phone Number:		Cell Phone Number:	
Email Address:			
TYPE OF ENROLMENT (Please tick one)			
<input type="radio"/> A long term (more than 1 term) International student with parents for the duration of study <input type="radio"/> A long term International student (aged 11- 13 years old) without parents requiring Homestay <input type="radio"/> A short term (less than 1 term) International student with parents for the duration of study <input type="radio"/> A short term International student (aged 11- 13 years old) without parents requiring Homestay <input type="radio"/> A student as part of an organised group requiring Homestay			
ACCOMMODATION – ONLY TO BE COMPLETED IF PARENTS ARE NOT PRESENT			
Do you require homestay accommodation?		Yes	No
If YES please fill out the separate Homestay Application Form.			
If you DO NOT want Queenstown Primary School to arrange accommodation with a homestay please fill in this section: Please note: Permission for alternative arrangements can only be given on receipt of an “Indemnity Document for students living with Designated Caregiver” form signed by the student’s parents, stating that the student’s parents take full responsibility for the students placement with another family member or close family friend. This accommodation must be approved by the school before the student arrives and that adults over the age of 18 year’s living in the house will be police checked.			

Name of Caregivers:	Relationship to Student:
Address:	Home phone number:
	Cell phone number:

Email address:

TRAVEL AND MEDICAL INSURANCE

All International Students must have Medical and Travel Insurance for the duration of their study time in NZ.

I will take out Medical and Travel Insurance and will send Queenstown Primary School a copy of the policy in English before I leave my home country. Please tick:

HEALTH INFORMATION

Please tick the box for any medical condition(s) your child suffers from:

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Allergies
<input type="checkbox"/>	Bee Stings	<input type="checkbox"/>	Food Allergies
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Glandular Fever
<input type="checkbox"/>	Hayfever	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	Hepatitis A or B	<input type="checkbox"/>	Heart Condition
<input type="checkbox"/>	Migraines	<input type="checkbox"/>	Neck/Back problems

Please explain (any of) the above conditions your child suffers from:

Is your child taking any medication? Yes No

If yes, please list and explain:

Are there any other physical or mental health conditions or concerns that would place your child at risk?

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

If yes, please explain:

AGREEMENT

Please tick

<input type="radio"/>	I have read or been informed about the school International Students Information that includes details about enrolment costs, procedures and refunds.
<input type="radio"/>	I acknowledge that the provision of false information or the withholding of relevant information may result in termination of enrolment.
<input type="radio"/>	I will inform the school if there are any changes to the details of this application.
<input type="radio"/>	My child requires homestay as I will NOT be in New Zealand during the time of study. (Only for children aged 11 – 13 years)
<input type="radio"/>	I understand I am required to pay ALL fees 3 months prior to enrolment to ensure my child's placement.
<input type="radio"/>	I confirm all the information contained in this application is true and correct.

Parent signature: _____ Date: _____

Please email this form to international@queenstown.school.nz

Thank you for choosing Queenstown Primary School

***Queenstown Primary School promotes quality learning,
encourages perseverance and empowers students to create their own
pathways to success.***

OFFICE USE

Room #:	Year level:	Enrolment #:	ELL
NSN#:	House:	User Name:	Password: