



Wakatipu
HIGH SCHOOL

International student enrolment application

Application for enrolment as an international student at Wakatipu High School

Year 9-13 or aged 13-19 years

*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.
To apply please complete this application form and forward it to:*

Wakatipu High School, Private Bag 50080, Queenstown, New Zealand

*Please attach a
passport-size
photo*

Registration is complete upon receipt of:

Enrolment form

Passport size photo

Current school report

Registration fee of NZ\$600

1: Personal information

Student name:

Gender: ☐ Male ☐ Female

Birth date:

Expected start date:

Passport number:

Expiry:

How long do you intend studying at Wakatipu High School?

Parents names, Mother:

Father

Residential address:

Postal address (if different from above):

Home phone: (M/F)

Work phone: (M/F)

Fax:

Email:

Emergency contact person:

Phone:

Do you have a New Zealand contact? Name:

Phone:

Relationship to student:

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

Please provide your medical and travel insurance details:

Insurance company:

Policy type:

Policy start date:

Policy end date:

OR ☐ 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.

OR I would like the school to arrange medical and travel insurance on my behalf and bill me for this together with school fees.

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Enrolment confirmed: ☐ Yes ☐ No

Emergency contacts included: ☐ Yes ☐ No

Start date:..... Agent details:..... Name:..... Phone:.....

2: Living situation in your home country



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

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

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

Do you have any brothers or sisters? ☐ Yes ☐ No

If Yes, please list their names and ages
and indicate whether they live at home:

Name	Age	M/ F	Living at home (Y/N)

Who else lives in your home?
(Mother, Father, Uncles, Aunts, Grandparents, etc)

Relationship to student	Name

Who usually looks after you?

What work do your parents do? (Mother)

(Father)

3: Hobbies, interests, sports

What sports do you play? *(Please list your level of experience next to each sport – e.g. social player, school team, regional representative, etc)*

Sport: Level of experience

Sport: Level of experience

Sport: Level of experience

Do you sing or play any musical instruments? *(Please state how long you have been playing for next to each instrument)*

Sing: ☐ Yes ☐ No If Yes, how long for

Instrument played: How long for:

Instrument played: How long for:

Instrument played: How long for:

Are you in a band or a choir? ☐ Yes ☐ No If Yes, please state

What are your interests? *(e.g. astronomy, environmental issues)*

What are your hobbies? *(e.g. model trains, collecting stamps or stickers)*

Are there any other sports or hobbies that you would like to be involved in while you are in New Zealand?

Do you have any other particular talents, dislikes, or problems?



4: Health information *(Parents to complete)*

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 tick the ones your child has been vaccinated against:

- ☐ Whooping cough ☐ Diphtheria ☐ Tuberculosis ☐ Tetanus ☐ Measles ☐ Mumps ☐ Polio
☐ Rubella (German measles) ☐ Meningococcal B ☐ Hepatitis B

If your child has not been vaccinated against any of the diseases above, and the opportunity arises for your child to be vaccinated at school, do you consent to your child being vaccinated? Yes No

Please state which diseases vaccination consent is given for:

Does your child have any allergies? (e.g. food allergies like peanuts or wheat, or medical allergies like penicillin or bee stings):

Does your child carry any medication for this allergy?

Name any other medication your child requires:

Has your child had any of the following illnesses? *(Please tick)*

- ☐ Measles ☐ Rubella ☐ Chickenpox ☐ Mumps ☐ Polio ☐ Malaria ☐ Tuberculosis ☐ Meningitis
☐ Diphtheria ☐ HIV ☐ Hepatitis ☐ Rheumatic fever ☐ Whooping cough

Are there any family medical conditions that we should know about to ensure the safety of your child? (e.g. food allergies, bee sting, allergies)

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

I give permission for staff to administer paracetamol as pain relief to my child. Yes No

Wakatipu High School reserves the right to uplift a student if there is a safety concern without first contacting the parents.

5: Study information *(Parents to complete)*

Please attach your child's most recent school reports

Wakatipu High School reserves the right to :

- annul the enrolment if a student has special needs that the school is not able to meet**
- contact other educational authorities regarding information supplied.**

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

What is your estimate of your child's level of English? ☐ Beginner ☐ Elementary ☐ Pre-Intermediate ☐ Intermediate ☐ Upper Intermediate

Student to complete

What are your favourite subjects at school?

What do you find the most challenging about school?

What do you enjoy most about school?

What are your dreams and ambitions?

What are you hoping for or looking forward to in your New Zealand school?

What worries you about living and studying in New Zealand?



6: Other information

Have you travelled to other countries before? Please state which ones

Have you lived away from your family before?

What is your religion?

Do you need to attend church or another place of worship on a regular basis? ☐ Yes ☐ No If Yes, please state which church

Do you plan to return home in the term holidays? ☐ Yes ☐ No

Is there a particular part of your culture that is very important to you that we should know about?

Are there any special items you plan to bring with you?

What is your favourite food?

Is there any particular food that you cannot eat?

Do you have any special dietary requirements (*e.g. vegetarian, don't eat chicken or pork, etc*)

Is there any particular New Zealand food that you are looking forward to eating?

7: Homestay information *(Please fill this out if Wakatipu High School will be arranging your homestay)*

Homestays are organised and available through our Homestay Coordinator Mrs Donna Baldey and International Director Mrs Joan Potts.

Most New Zealand families have pet cats or dogs that live in their homes.

Are you allergic to any pet animals? ☐ Yes ☐ No If Yes, please state which

Do you have a fear or phobia of any pet animals?

Do you mind living in a house with smokers? ☐ Yes ☐ No

What are you most looking forward to about your homestay family?

Do you have any special requests

8: Homestay information *(Please fill this out if you have arranged your own homestay)*

Name:

Address:

Home phone:

Work phone:

Relationship to student:

Nationality:

Passport number:

Expiry date:

Visa type and number:

Expiry date:

Emergency contact person:

Contact number:

Final checklist

Have you included

☐ ***School reports?***

☐ ***A \$600 non-refundable registration fee***

☐ ***A passport size photo?***

Parent signature:.....

Date:.....

OFFICE USE ONLY: Emergency contact information