



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

Registration is complete upon receipt of:

- Enrolment form
- Passport size photo
- Current school report
- Administration fee of NZ\$600

*Please attach a
passport-size
photo*

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:

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

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

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:



9: Information and Communication Technologies

Please review Wakatipu High School's [Information and Communications Technologies \(ICT\) Responsible Use Agreement](#).

I AGREE to the ICT Responsible Use Agreement. *

Yes

No

10: Disclosure of Student Personal Information

Images of our students (photographs, video clips, etc), and examples of their school work, are sometimes published in our newsletters, on our school website, and other online channels such as the school/class blogs, Facebook pages, YouTube, etc.

We publish student material to celebrate students' work and achievement, to encourage students to participate in our school community, and to promote the school.

We believe it is important to celebrate students' achievements, but are aware of the potential risks when such personal information or material is published online.

In the interest of safety and security we require parents to give consent before publication. With consent, we share no more than a student's first and last name, image, or work in the school newsletter, on the school website, or in the wider online community.

Please indicate your wishes by ticking the relevant box: *

I give permission for my child's name, image, or work to be published in the school newsletter, on the school website, or the wider online community (as indicated above).

I DO NOT give permission for my child's name, image, or work to be published in the school newsletter, on the school website, or the wider online community (as indicated above).

11: Blanket Consent for Education Outside the Classroom

Education Outside The Classroom (EOTC) is the name given to all events/activities that occur outside the classroom, both on and off the school site. This includes sport, cultural and academic events.

I give my general approval for the student enrolled to participate in programmes of learning involving EOTC, within his or her normal classroom time and where approved by the Principal or Deputy Principal.

A: On site- in the school grounds
Lower risk environments eg. Sports days, cultural activities etc

B: Off-site events in the local community occurring in school time.
Lower risk environments eg. Library, town facility visits, sports, local reserves etc

C: Off-site events - finishing after school finishes.
Lower risk environments eg. Sports/cultural events, various visits

All EOTC activity categories require staff to undertake an analysis of the risks, and identify the management strategies required to eliminate, isolate and minimise the risks. Emergency procedures are also in place.

I have provided the school with up to date medical, supervision and learning information through this Enrolment Form and will endeavour to keep this information current.

I AGREE to the participation of my student in the low risk EOTC events such as those described above throughout their period of enrolment at Wakatipu High School. *

Yes

No

12: Declaration by Parent(s) or Caregiver(s)

By submitting this form I acknowledge that I am enrolling my son/daughter at Wakatipu High School and agree that he/she will comply with School Policies and School Rules in all matters concerning the School, including ICT Responsible Use Agreement. I appreciate that the Board of Trustees reserves the right to alter both Rules and Policies. I agree to pay for any optional goods and services associated with the subjects and activities undertaken by my son/daughter that are not considered compulsory for the delivery of curriculum.

Parent Signature.....

Date.....



Final Checklist

Have you included...

- School Reports?
- Copy of student's passport?
- A \$600 non-refundable registration fee?
- A passport-sized photo?

Parent Signature.....

Date.....

OFFICE USE ONLY: Emergency Contact Information.....

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