



St Peter's  
Cambridge

NEW ZEALAND

INTERNATIONAL

## INTERNATIONAL STUDENT APPLICATION FORM AND CONTRACT OF ENROLMENT SECONDARY SCHOOL

### PART 1: APPLICATION AND CONTRACT OF ENROLMENT

Note: It is important that you include all relevant information about the student in your application. This information is used to ensure that the student is supported properly upon arrival and to match them with suitable homestays, teachers and courses. Where information is included relating to health issues or learning needs, disclosure of this information will not automatically disqualify the Student from Enrolment. However, failure to disclose information or providing misleading information may result in the withdrawal of an Offer of Place or termination of a Contract of Enrolment.

#### Student Details (Name must be as it appears on your passport)

Family name:

First name:

Date of birth:

Preferred name:

Female

Male

Other:

Email:

Address:

(In home country)

First language:

Country of citizenship:

Passport number:

Expiry date:

Intended start date:

Intended end date:

Applying for Year level:

9  
13 years

10  
14 years

11  
15 years

12  
16 years

13  
17/18 years

#### Parent One or Legal Guardian: (Name must be as it appears on your passport)

NOTE: It is requirement of New Zealand regulations that schools must maintain effective communication with parents and legal guardians. To comply with the requirements, contact information provided in this section MUST be the contact information for the parents or legal guardian.

Title: Mrs  Miss  Ms  Mr  Dr

Occupation:

Family name:

Date of Birth:

First name:

Street Address

Postal Address

Home Phone:

Mobile:

Email:

First language:

Country of citizenship:

Passport number:

Expiry date:

#### Parent Two or Legal Guardian: (Name must be as it appears on your passport)

NOTE: It is requirement of New Zealand regulations that schools must maintain effective communication with parents and legal guardians. To comply with the requirements, contact information provided in this section MUST be the contact information for the parents or legal guardian.

Title: Mrs  Miss  Ms  Mr  Dr

Occupation:

Family name:

Date of birth:

First name:

Street address:

Postal address:

Home phone:

Mobile:

Email:

First language:

Country of citizenship:

Passport number:

Expiry date:

Emergency Contact (In home country, other than parents):	
Contact's name:	
Relationship to the student:	
Mobile phone:	
Home phone:	
Email address:	
Agent Information (if using an agent)	
Agency name:	
Agent name:	
Agent email address:	Phone:
Medical Information	
Name of doctor (in home country):	
Phone number of Doctor:	
Does the student have any history of previous illness that may affect their enrolment, including mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No   If 'Yes' please provide details (attach additional pages if required)	
Has the student been vaccinated for any diseases (including Covid-19)? <input type="checkbox"/> Yes <input type="checkbox"/> No   If 'Yes' please provide copies of vaccination certificates.	
Please tick the appropriate 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"/> Allergies <input type="checkbox"/> Food Allergies <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Depression/Anxiety <input type="checkbox"/> Other: (Please describe) <input type="checkbox"/> Covid-19 <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Autism Spectrum Disorder	
Does the student have any medical implants (such as metal implants) that may affect receiving medical treatment while in New Zealand? <input type="checkbox"/> Yes <input type="checkbox"/> No   If 'Yes' please provide details (attach additional pages if required).	
Is the student currently on any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No   If 'Yes' please provide details (attach additional pages if required).  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.	
Does the student smoke or use vaping products? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there anything further regarding the health of the student that the school needs to be aware of in enrolling and supporting the student as an international student? <input type="checkbox"/> Yes <input type="checkbox"/> No   If 'Yes' please provide details (attach additional pages if required).	
Do you consent to the school providing over-the-counter medication *such as acetaminophen, paracetamol or ibuprofen? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If 'No' please specify what medications you do not want the Student to receive:	

**Learning Information**

Please describe your learning goals for studying in a New Zealand school (attach additional pages if required).

How many years of schooling not including pre-school education has the student had?

Please provide a copy of the latest two school reports for the student with this application

Does the student have any learning or behavioural difficulties which may require extra school support or services?

Yes  No If 'Yes' please provide details (attach additional pages if required).

**General Details**

Has the student previously applied for entry to the school?  Yes  No

If yes, when?

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

Name: \_\_\_\_\_ Year attended: \_\_\_\_\_

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

If yes, please state the name of the school: \_\_\_\_\_ Dates: \_\_\_\_\_

How many years has the student studied English? \_\_\_\_\_ Months \_\_\_\_\_ Years \_\_\_\_\_

Do the student's parents speak or read English?

Speak  Yes  No Read  Yes  No

Has the student been convicted or been the subject of any matter before any Court?  Yes  No

If 'Yes' please provide details (attach additional pages if required).

**Accommodation Requirements**

Accommodation choice:  School hostel  Homestay  Live with parent  
 Designated caregiver (relative or family friend)

Interests:  Music  Movies/TV  Reading  Outdoor Activities  Sports  Travel

Other interests:

Can the student swim 25 metres  Yes  No

Does the student have any food allergies or special dietary requirements?

Yes  No

If 'Yes' please provide details (attach additional pages if required).

Does the student have any other special requirements for accommodation?  
(Pets, cultural or religious requirements, phobias)

Yes  No

If 'Yes' please provide details (attach additional pages if required).

Please complete an INTRODUCTION SHEET for your school and attach to this application.

**Designated Caregiver Details (If staying with a relative or close family friend)**

Name of Caregiver:

Address (in NZ):

Home phone:

Email:

Relationship to student:

**Insurance Details**

Do you wish to purchase insurance through the school?  Yes  No

If you are providing your own insurance, please provide an English copy of the policy details to the school once purchased

**Subject Preferences**

NOTE: Subject preferences in this application are an indication only and actual subjects will depend upon availability and prior learning. The school reserves the right to determine subject placement and year level throughout enrolment in consultation with students and families.

Subject	Year Level	Subject	Year Level
1.		4.	
2.		5.	
3.		6.	

**Checklist of documents and information you must include with your application**

- Photograph of the student (Passport size photograph).
- A copy of the student's last two school reports.
- A hand-written letter from the student introducing themselves, and explaining their reasons for wanting to study at the school.
- A copy of the student's passport including passport number and expiry date.
- A copy of the student's insurance policy details, if booking their own, with English translation (this may be submitted after enrolment is confirmed but must be prior to departure from home country).
- A copy of the student's vaccination certificates (including Covid-19 – Name of Vaccine and dates of each vaccination).