

INTERNATIONAL STUDENT APPLICATION FORM AND CONTRACT OF ENROLMENT SECONDARY SCHOOL



ST MARY'S COLLEGE, AUCKLAND
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PART ONE: APPLICATION FORM

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:	<input type="checkbox"/> Female
Email:	
Address: (In home country)	
First language:	Country of citizenship:
Passport number:	Expiry date:
Intended start date:	Intended end date:
Applying for year level: <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	

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.	
Title: Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/>	Occupation:
Family name:	Date of birth:
First name(s):	Relationship to student:
Street address:	
Postal address:	
Home phone:	Mobile: Email:
Occupation:	
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 <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/>				Occupation:	
Family name:				Date of birth:	
First name:			Relationship to student:		
Street address:					
Postal address:					
Home phone:		Mobile:		Email:	
Occupation:					
First language:				Country of citizenship:	
Passport number:				Expiry date:	

Emergency Contact (preferably in New Zealand, 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

Does the student have any history of physical or mental health illness or problems that may affect their enrolment?

Yes No

If 'Yes', please provide details including doctor or hospital reports (attach more pages if required).

Has the student been vaccinated for diseases? Yes No

If 'Yes', please provide a copy of the vaccination certificate/s or give dates below

Hepatitis B	YES	NO	Date Immunised
Measles	YES	NO	Date Immunised
Mumps	YES	NO	Date Immunised
Rubella	YES	NO	Date Immunised
Tetanus	YES	NO	Date Immunised

Please tick or **highlight** 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"/> Autism Spectrum Disorder	<input type="checkbox"/> Asperger's Syndrome	<input type="checkbox"/> Covid-19	<input type="checkbox"/> Other: (Please describe)

Is the student currently on any medication? Yes No

If 'Yes', please provide details (attach more 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.

Do you agree to the school providing over-the-counter medication for headaches, menstrual cramps etc.?

Paracetamol	YES	NO
Ibuprofen	YES	NO

Learning Information	
Current school:	Grade/year level:
If the student does not currently attend school, please give reasons and date of last attendance:	
Has the student not attended school for 1 month or longer? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please give details (dates and reason):	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details including any psychologist assessments and reports that are available (attach more pages if required).	

General Details	
Has the student previously applied for entry to the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?	
Has the student ever had a family member or relative enrolled at the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Year attended:
Has the student previously studied at any other NZ school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please state the name of the school:	Dates:
For how many years has the student studied English?	[] Months [] Years
Does the student intend to apply, or has the student applied for a visa that would make them eligible for enrolment as a domestic student at a school in New Zealand? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details (attach more pages if required).	
Does the student play a musical instrument? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please state: How long has she been playing this instrument Can she read music <input type="checkbox"/> Yes <input type="checkbox"/> No Would the student like to play an instrument at St Mary's College? If so what?	
Does the student play a sport <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please state: How long has she been playing this sport Would the student like to play sport at St Mary's College? If so what?	

Accommodation Requirements	
Accommodation choice: <input type="checkbox"/> Homestay <input type="checkbox"/> Designated caregiver (relative or family friend) <input type="checkbox"/> Live with parent	
Interests: <input type="checkbox"/> Music <input type="checkbox"/> Movies/TV <input type="checkbox"/> Reading <input type="checkbox"/> Outdoor Activities <input type="checkbox"/> Sports <input type="checkbox"/> Travel	
Other interests:	
Does the student have any food allergies or special dietary requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details (attach extra pages if required).	
Lots of NZ families have pets. Can the student live comfortably with family pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please describe if the student is allergic to pets or just scared of dogs for example.	

Does the student like children and not mind living with young children	Yes	<input type="checkbox"/> No
Is the student religious? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please state: Would the student like to attend Church in the weekends?		
Who does the student live with at home (list the family members that reside in the house)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Please write a brief letter introducing yourself to your school buddy and host family and attach it to this application		

Designated Caregiver Details (If staying with a relative or close family friend) Please Part Four and submit	
Name of caregiver:	
Address (in NZ):	
Home phone:	Mobile:
Email:	
Relationship to student:	

Insurance Details
Do you wish to purchase insurance through the school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have any pre existing conditions e.g. asthma, heart condition, back ache, mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you wish to purchase your insurance through the school, and have conditions that you want covered you will need to complete a pre existing cover form.</i>
If you are providing your own insurance, please provide an English copy of the policy details to the school once purchased.

AGREEMENTS		
Low Risk School Organised Trips (Education Outside the Classroom (EOTC)) Permission - Where an event is considered High Risk, overnight or greater than what would typically be the case at school, separate permission will be obtained.	YES	NO
I give permission for my daughter to be involved in Low Risk EOTC activities off the school site, under the supervision of staff. Normal risk and safety management processes from the school apply.		
Permission for Sleepovers	YES	NO
I give permission for my daughter to stay overnight with a St Mary's College student in a St Mary's College approved home. The school will seek parental permission for any other requests for a student staying overnight.		
Permission for taking Ubers & Taxi's	YES	NO
I give permission for my daughter to use Uber and taxis as a mode of transport around Auckland for rides organized by school staff or by my child using their personal APP. I understand that the responsibility for ensuring safe transportation falls upon the service provider and my child, not the school and that my child will exercise caution and adhere to all safety guidelines provided by the service provider.		

Subject Choices – see attached – please complete and send with application	
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Please note: Subject choices in this application are an indication only and actual subjects will depend upon availability and prior learning. The school reserves the right to decide subject placement and year level throughout enrolment in consultation with students and families.

Please note any subjects that are important to the student i.e. music, art and why:

Checklist of documents and Information you must include with your application	
Part One: Application Form	
Part Two: Terms and Conditions	
Part Three: Homestay Agreement	
Part Four: Designated Caregiver Agreement	
Photograph of the student, plus more of them and their family	Passport size photograph 
A copy of the student's last two school reports	
A hand-written letter from the student introducing themselves to their buddy at school or homestay. Include interesting insight to their family, hobbies and interests and why they want to come and study in New Zealand WITH PHOTOS	
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 the home country)	
A copy of the student's vaccination certificate	
A copy of their subject choices	