



Beach Haven Primary School

International Student Enrolment Application

Student details

Family name:

First name:

Preferred name:

Date of birth:
(date/month/year)

Nationality
(as shown in
passport):

Passport number:

Passport expiry:

Visa type/status:

Date of first entry into New
Zealand:

Address (in home country):

Phone (in home country):

Enrolment

Length of enrolment:

Office Use

Enrolment #:

NSN#:

Classroom #:

Details of parent/legal guardian enrolling student

Family name:

First name:

Preferred name:

Date of birth:
(date/month/year)

Nationality
(as shown in
passport):

Passport number:

Passport expiry:

Address (in home country): Tick if same as student or enter below

Home phone:

Cell phone:

Email:

Insurance

Your child must have medical and travel insurance to cover the period of study, from leaving home to returning home. Please provide copies of these insurance policies in English.

Health

Vaccinations (please list OR provide a vaccination certificate in English): Date received:

Has the student had a Tetanus injection in the last 5 years? Yes No

Has the student been in contact with any contagious diseases within the last 3 months? Yes No

If yes, please give details:

Medical conditions (please list): Enter any medication required:

Allergies (please describe): Enter any medication required:

Does the student suffer from any disability? Yes No

If yes, please give details:

ACCOMMODATION

Students under 10 years old

Students under 10 years of age must live with a parent or legal guardian, or in an approved school hostel.

My child will be living with me (parent/legal guardian).

Group students

Group students under 10 years of age must live with a parent or legal guardian

Parent/legal guardian living with student in New Zealand

Family name:

First name:

Preferred name:

Date of birth:
(date/month/year)

Nationality
(as shown
in
passport):

Passport number:

Passport
expiry:

Visa type/status:

Date of first entry into New
Zealand:

Address (in home country): Tick if same as student or enter below

Home phone (in home country):

Cell phone:

Email:

Address (in New Zealand):

This is the address where you and
the student will be living.

Home phone (in New Zealand):

Cell phone:

Designated caregiver living with student in New Zealand

Relationship to student:

Family name:

First name:

Preferred name:

Is the designated caregiver a New Zealand citizen or resident?

Yes (keep answering from "email" below) No (if no, please complete details below)

Date of birth:
(date/month/year)

Nationality
(as shown
in
passport):

Passport number:

Passport
expiry:

Visa type/status:

Date of first entry into New
Zealand:

Address (in home country):

Home phone (in home country):

Cell phone:

Email:

Address (in New Zealand):

This is the address where the
designated caregiver and the
student will be living.

Home phone (in New Zealand):

Cell phone:

ABOUT THE STUDENT

General information

Briefly tell us about your aspirations for your child while they live in New Zealand, e.g. reasons for coming to New Zealand.

Briefly, tell us about your child’s interests e.g. sports, cultural, music.

Education

Does your child have any special learning needs? Yes (if yes, please describe below) No

Previous school(s) in New Zealand (please answer if applicable)

School name: _____ Dates enrolled/attended: _____

DECLARATIONS

Please read these statements carefully and ensure you understand them.

I have been informed about and received a summary of the Code of Practice for International Students. Yes No

I have received a copy of the school's Guide for International Students. Yes No

I understand the costs involved with enrolment, and the school's policy regarding fee refunds and protection. Yes No

I confirm all the information contained in this enrolment application is true and correct to the best of my knowledge.

I acknowledge that if I have provided false information or withheld relevant information, the school may terminate the enrolment.

I will inform the school if there are any changes to the details of this application.

Parent/legal guardian name:

Parent/legal guardian signature:

Date: _____

DOCUMENTATION

Please provide the following documents (copies or originals) with this application:

- Student's passport and visa details

- Passport of person who will be living with the student and visa details

- Designated caregiver agreement

- Immunisation certificate (in English) for student

- Tuition Agreement

- Evidence of medical and travel insurance

- EOTC consent form

- Digital Citizen Responsible Use Agreement
