

APPLICATION FOR ENROLMENT AS AN INTERNATIONAL STUDENT AT

To apply for enrolment at Cambridge Middle School please complete this application form and forward it to:

angela@cms.school.nz

Cambridge Middle School. Clare Street , Cambridge

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.

PART ONE: PERSONAL INFORMATION

Student

Name:.....
.....

Birth Date:..... Gender (*please circle*): Male / Female

Parents Names:

(Mother).....

...

(Father).....

Home

Country:.....
.....

Residential

Address:.....
.....

.....

Postal Address (*if different from above*):

.....

Contacts: *Home Phone*..... *Work Phone*.....

Fax..... *Email*.....

Emergency Contact Number.....

Who is the emergency contact person?

New Zealand Contact: *Name..... Phone.....*

Relationship to Student.....

Agent Details: *Name..... Phone.....*

Medical and travel insurance is compulsory for international students coming to New Zealand. Please provide your medical and travel insurance details:

Insurance type..... company..... Policy

Policy start date..... Policy end date.....

OR (tick)

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 (tick)

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

PART TWO: 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 (please circle)

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

Name	Age	Male/Female	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).....

PART THREE: 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? (*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? (Please state):

.....
.....

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

.....
.....

PART FOUR: 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 circle the ones your child has been vaccinated against:

Whooping Cough	Diphtheria	Tuberculosis	Tetanus	Measles
Mumps	Rubella (German measles)	Polio	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 circle)

Measles	Rubella	Chickenpox	Mumps	Polio	Malaria
Tuberculosis	Rheumatic fever	Meningitis	Hepatitis	HIV	Diphtheria

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?.....

PART FIVE: STUDY INFORMATION

Parents to complete

Please attach your child's most recent school reports **Reports Attached** (Please tick)

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? (Please circle)

Beginner	Elementary	Pre-Intermediate	Intermediate	Upper Intermediate
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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 do you hoping for or looking forward to in your New Zealand school?
.....
.....

What worries you about living and studying in New Zealand?.....
.....
.....
.....

PART SIX 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? (*Please circle*) Yes
/ No

If yes please state which church

Do you plan to return home in the term holidays? *(Please circle)* 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?.....

PART SEVEN HOMESTAY INFORMATION (PLEASE FILL THIS OUT IF THE EDUCATION PROVIDER WILL BE ARRANGING YOUR HOMESTAY)

Most New Zealand families have pet cats or dogs that live in their homes. Are you allergic to any pet animals? *(If yes please state which)*.....

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

Do you mind sharing a room: *(Please circle any that apply)*

With another international student	With a child from your homestay family
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Do you mind living in a house with smokers? Yes / No

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

.....
.....
.....
.....

Is there any special request you would like to make of your homestay? *(Please state)*.....

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