

International Student Registration Form 2017



New Zealand School of Education
P.O. Box 151-293, New Lynn
Auckland, NEW ZEALAND

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Seafield School of English
Level 3, 131 Queen Street
Auckland, NEW ZEALAND

**Please read the form and student declaration carefully before you sign the application form.
If you apply through an approved NZSE/SEAFIELD Agent, all correspondence regarding your application will
be forwarded to that agent and to parents/legal guardian for students under 18.**

If you were a student at NZSE/SEAFIELD before, please write your student ID here:

1. Personal Details (As shown in Passport)

Last Name/Family Name:	
First Name/Given Name(s):	
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Other: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Age:
Parent/Guardian Full Name (for under 18's only):	

2. Passport Information

Passport Number:	Citizenship:
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3. Contact Details

Address in New Zealand	Address in Home Country
Landline/Mobile:	Landline/Mobile
Facsimile:	Facsimile:
Email:	Email:

4. Emergency Contact Details

Name:	
Relationship:	
Address:	
Telephone:	
Email:	

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5. Qualification

Name of the qualification(s) you wish to enroll in:	Level
1st	
2nd	
3rd	
Please mention the month/year you would prefer to start:	

6. Academic Information

Secondary School/High School/Foundation

Name of the Secondary/High School attended:	
Country:	
Qualification gained:	
Last year of Secondary/High School:	

Tertiary Study (university, Technical College, Other)

Name of the University/Institute:	
Country:	
Qualification gained:	
First year at the University/Institute:	

7. Career Background

Do you have any work experience relevant to the program you are applying for? Yes No

If yes, please attach relevant references and/or job offer letters for each position listed below:

Position Held	Name of Employer	Period of Employment

8. English Proficiency

What is your first language?		
IELTS	Score:	Date obtained:
Other (Please specify)	Score	Date obtained:
<input type="checkbox"/> I have booked an IELTS or TOEFL test on: _____ (provide date)		
<input type="checkbox"/> I am applying without an English Language test and would like my previous education to be considered as evidence of my English language ability.		
<input type="checkbox"/> I will undertake an English Test at New Zealand School of Education/Seafield School of English		

9. Services

If you have a disability and/or medical condition (including allergies) that may require NZSE/SEAFIELD to provide assistance, please outline your needs below. **(NOTE: This information will remain confidential and should not affect your application).**

9.1 Medical Insurance (Travel/Medical insurance is compulsory for international students in New Zealand)

- I would like NZSE/SEAFIELD to arrange my medical insurance
- I will arrange my own medical insurance (Please provide a copy to NZSE/SEAFIELD)

9.2 Accommodation

Do you want New Zealand School of Education/Seafield School of English to arrange your accommodation?

- Yes No

If 'Yes', you must submit your homestay booking form at least two weeks before your arrival date and pay for the accommodation fees with your tuition fees?

If 'No' and you are under 18 please provide details of your nominated Designated Caregiver:

Full name of the Designated Caregiver :	
Relationship to the student:	
Address:	
Phone Number:	


9.3 Airport Pick-up

Do you want New Zealand School of Education/Seafield School of English pick you up from the Airport?

- Yes No

If 'Yes', you must let NZSE/SEAFIELD know your flight details at least two weeks before your arrival date and pay for the airport pickup fees with your tuition fees?

9.4 Submitting your application

Where are you currently located?	
Are you applying through an NZSE/SEAFIELD Registered Agent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes please provide the following:	
Agent Name/Address: (Along with stamp)	

10. Where did you hear about NZSE/SEAFIELD? (Please tick)

<input checked="" type="checkbox"/> NZSE/SEAFIELD Registered Agent	<input type="checkbox"/> NZSE/SEAFIELD Staff	<input type="checkbox"/> Family/Friends
<input type="checkbox"/> Internet (please name website)		
<input type="checkbox"/> Advertisement (please specify where)		
<input type="checkbox"/> Other (please specify)		

11. Privacy

- I agree to abide by the Terms and Conditions of the New Zealand School of Education/Seafield School of English.
- The organization collects and stores information from this form to comply with the requirements of the Ministry of Education (student statistical returns), New Zealand Qualifications Authority (Record of Learning registration and Unit Standard outcomes), Tertiary Education Commission (funding returns), Industry Training Organisations (funding and academic outcomes) and Agencies who support particular students through scholarships and prizes, payment of fess or other awards (if you are a recipient of one of these awards) and employers. The information is also used to select students for qualifications, to manage internal administrative processes, and for internal reporting. Information about students may be supplied to, and sought from, other educational organisations for the purpose of verifying academic records.
- In addition, when required by statute, the Institute releases information to Government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development, and the Accident Compensation Corporation (ACC).
- I acknowledge that attendance of any class without having paid the full tuition fee is in breach of NZSE/SEAFIELD policy and am aware that NZSE/SEAFIELD will take necessary steps to recover the outstanding fees.

12. Declaration by Applicant

- I acknowledge and understand that if NZSE/SEAFIELD arranges my travel/medical insurance, the insurance agreement will be held between me and NZSE/SEAFIELD nominated insurance company. I undertake to read the policy document and agree to the conditions and terms.
- I have read the outline of the Privacy Act provided in the Student Handbook and understand how it will be applied at NZSE/SEAFIELD. I authorize NZSE/SEAFIELD to collect, use and disclose personal information about me in accordance with that outline and the Privacy Act 1993.
- In signing this enrolment form you undertake to pay all fees at they become due, and to meet any late fees and collection charges associated with debt recovery. The Organisation’s policy on withdrawal and refund of fees may be obtained from the Enrolment Officer.
- I declare that the information I have supplied on this form and the attached documentation to be true and complete. I acknowledge that NZSE/SEAFIELD may suspend my enrolment if false information has been supplied or requested information is not supplied by the due date.
- I promise that I will make myself familiar with the requirements with regard to student behavior as set out in the Student Handbook. I will obey the statutes, rules and regulations of NZSE/SEAFIELD. I acknowledge that if I breach the statutes, rules and regulations of NZSE/SEAFIELD, I will be subject to the disciplinary procedures and penalties imposed under the NZSE/SEAFIELD Statute and General Academic Statute.

I, _____ DOB: _____, authorize Senior Enrolment Officer at New Zealand School of Education/Seafield School of English to discuss my student visa application for this provider with Immigration New Zealand; to obtain information regarding the processing of the visa application and the decision on the application.

Student Signature

Date

For under 18s Only

Parent/guardian
Or designated caregiver’s signature

Date

NOTE: Reference to, and locations of the NZSE/SEAFIELD regulations and policies are outlined in the Student Handbooks

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