



INTERNATIONAL STUDENT APPLICATION FOR ENROLMENT 2017

PART ONE - GENERAL INFORMATION

Tick the 2017 Form Level and Term which you are applying for.

| | | | | | |
|------|--|---|---|---|---|
| Form | <input type="checkbox"/> Form 3 (Y 9) (Age 13-14) | <input type="checkbox"/> Form 4 (Y 10) (Age 14-15) | <input type="checkbox"/> Form 5 (Y 11) (Age 15-16) | <input type="checkbox"/> Form 6 (Y 12) (Age 16-17) | <input type="checkbox"/> Form 7 (Y 13) (Age 17-18) |
| Term | <input type="checkbox"/> Term 1 (24/01/17) | <input type="checkbox"/> Term 2 (01/05/17) | <input type="checkbox"/> Term 3 (24/07/17) | <input type="checkbox"/> Term 4 (16/10/2017) | |

STUDENT DETAILS

| | | | |
|---------------|----------------------|----------------|----------------------|
| Family Name | <input type="text"/> | Mobile | <input type="text"/> |
| First Name(s) | <input type="text"/> | E-mail | <input type="text"/> |
| Nationality | <input type="text"/> | Ethnicity | <input type="text"/> |
| Date of Birth | <input type="text"/> | Place of Birth | <input type="text"/> |
| 1st Language | <input type="text"/> | 2nd Language | <input type="text"/> |

STUDENT PASSPORT DETAILS

| | | | |
|---------------|----------------------|---------------------------|----------------------|
| Surname | <input type="text"/> | First Name(s) | <input type="text"/> |
| Passport No. | <input type="text"/> | Place of Issue | <input type="text"/> |
| | | NZ Immigration Client No. | <input type="text"/> |
| Date of Issue | <input type="text"/> | Date of Expiry | <input type="text"/> |
| | | Visa / Permit Number | <input type="text"/> |

CURRENT SCHOOL DETAILS

| | | | |
|--------------------|----------------------|------------------------------|----------------------|
| Name of School | <input type="text"/> | | |
| School Address | <input type="text"/> | | |
| Phone Number | <input type="text"/> | School E-mail | <input type="text"/> |
| Name of Headmaster | <input type="text"/> | Class Level for Current Year | <input type="text"/> |

PARENT DETAILS (Please record details of the student's natural parents, this is used for emergency contact)

| | | | |
|------------------|----------------------|------------------|----------------------|
| Father's Surname | <input type="text"/> | Home Phone | <input type="text"/> |
| First Name(s) | <input type="text"/> | Work Phone | <input type="text"/> |
| Address | <input type="text"/> | Mobile | <input type="text"/> |
| | | Email | <input type="text"/> |
| Occupation | <input type="text"/> | Name of Employer | <input type="text"/> |
| Mother's Surname | <input type="text"/> | Home Phone | <input type="text"/> |
| First Name(s) | <input type="text"/> | Work Phone | <input type="text"/> |
| Address | <input type="text"/> | Mobile | <input type="text"/> |
| | | E-mail | <input type="text"/> |
| Occupation | <input type="text"/> | Name of Employer | <input type="text"/> |

FAMILY, FRIEND OR GUARDIAN DETAILS

Do you have family, a friend or intended caregiver living in New Zealand? Yes If yes, please complete below: No

Surname Home Phone
First Name Mobile
Address Work Phone
Relationship to student E-mail

LIVING ARRANGEMENTS IN NEW ZEALAND

All International Student living arrangements must be checked and approved by Auckland Grammar School.

Do you require assistance from Auckland Grammar School in obtaining a homestay? Yes No If no, please fill in the details below:

I am or plan to live at the following address under the supervision and care of a:

Relative* Family Friend* Homestay organised by an agent Parent(s) Other Please explain
Surname Home Phone
First Names Mobile
NZ Address Work Phone
E-mail

NOTE: *The Parent(s) must additionally complete the Designated Caregiver Form to enable a Student to live with a Relative or close Family Friend.

INSURANCE

All International Students must have appropriate medical and travel insurance while studying in New Zealand.

I would like the School to provide me with Medical and Travel Insurance
I will arrange suitable Medical and Travel Insurance before arrival **

NOTE : ** Students MUST provide evidence to the School of their medical and travel insurance policy before departing from their home country.

HEALTH STATEMENT & EMERGENCY PERMISSION

This information is for use by the School ONLY if the application is successful

All students should have completed their Childhood Immunisation Programme before commencing secondary school in New Zealand.

Has your son had the following vaccinations? Please tick :

MMR (Measles, Mumps and Rubella) Polio Sips
Tetanus (and in what year?) 20_____ Hepatitis B (3 injections)

Name of Doctor
Doctor E-mail

(Please record details of any medications/conditions (allergies, disabilities, special medication etc.)

Does the student have a physical condition that might affect classroom learning eg hearing loss, need for glasses, motor skills loss etc. If yes, please explain: Yes No

IN CASE OF AN ACCIDENT OR EMERGENCY if the School CANNOT CONTACT YOU, or if the illness is serious, the School Nurse may need to take your son to an Accident and Emergency Clinic or to a hospital.

I give permission for the School to make such arrangements as necessary for the treatment of my son in an emergency and agree to meet any costs incurred.

Signed by Parent(s) _____ Date _____

Parent(s) Name in Full _____

PART THREE - PRIVACY OF INFORMATION

The School follows the Information Privacy Principles in the Privacy Act 1993 relating to the collection, storage, use and disclosure of personal information.

I agree to Auckland Grammar School collecting personal information:

Name of Student in Full

I have been advised by Auckland Grammar School that the information I will provide will be used for:

- Student records
- Accounting purposes of the Auckland Grammar School Board of Trustees
- Communication with Alumni
- The Auckland Grammar School Old Boys' Association
- NZ Qualifications Authority examination information
- Special Education Services

I accept that this information may later be used for statistical and/or research purposes and agree to its use for that purpose, provided that if the information is published in any way it will not identify me or the individual concerned.

I understand that the information that I provide will be held at the offices of Auckland Grammar School at Mountain Road, Epsom, Auckland.

I am aware of the rights of access to and correction of this information.

We confirm that the details provided in this enrolment application and accompanying documentation are correct and complete.

Signed (Student) _____

Signed (Parent) _____

Student Name in Full _____

Parent Name in Full _____

PART FOUR - HOW DID YOU FIND OUT ABOUT AUCKLAND GRAMMAR SCHOOL?

From an Agency

Name of Agent

Name of Agency

City

Email

From a friend, relative or another student

From a website (specify which)

From an education fair (specify which)



APPLICATION CHECKLIST

Please complete your application carefully. Applications which provide all the requested information are generally processed promptly. Missing information will inevitably lead to delays.

Applications for admission must include the following:

- This fully completed International Student Application for Enrolment form**
- A certified copy of your Passport, and include any current New Zealand visa details (if applicable)**
- One recent passport-sized photo of yourself**
- Two character references.** One from each of the following:
Each of these should be in the original language together with a certified English translation
 - i) Headmaster and/ or class teacher
 - ii) Family friend or relative
- Copies of your latest School Report for all subjects, in the original language and a certified English translation.**
- Details of proposed Insurance policy, if not insuring via Auckland Grammar School.**

General Information - Particulars of Parents

The word 'parents' on other sections of the Application Form should be taken to include natural parents, guardian or caregiver. Caregiver is a term used by the Ministry of Education to describe the person(s) taking care of the student. The School understands that in most cases, this/these person(s) are the parent(s) of the student. This information is required for the Auckland Grammar School Board of Trustees Parents' Representative Roll. Addresses given remain confidential to the School. Every page of the Application Form must be signed by a parent, NOT an agent, relative or any other person. It is the responsibility of the Parent that he/she understands what is being signed.

Fully completed applications should be sent to:

International Department
Auckland Grammar School
Private Bag 99930,
Newmarket Auckland, 1149
NEW ZEALAND

E-mail: international@ags.school.nz
DDI: +64 9 950 2183
www.ags.school.nz