

Official Use Only

First Day of School: _____

Year 7 / Year 8

Last Day of school: _____

Previous School: _____

NORTHCROSS INTERMEDIATE SCHOOL



International (Fee Paying) Students

Enrolment Form

Name: _____

Year:

Year:

Room Number:

Year 7:

Room Number:

Year 8:

Northcross Intermediate School

Sartors Ave . Browns Bay, Auckland, New Zealand

Telephone+64 9 477 0167 . Fax +64 9 477 0347

Website: www.northcross.school.nz

International Website: www.nxinternational.com

STUDENT DETAILS

Family Name: _____

First Names: _____

Preferred Name: (for use on class lists, reports, accounts) _____

Date of Birth: _____ Male: Female:

Copy of Passport and/or Visa (as applicable): included:

Country of Birth: _____

Ethnicity: 1. _____ 2. _____

First Language: _____ Other Languages: _____

Date of Arrival in New Zealand: _____
(within last 3 Years)

MOTHER

Surname: (Mrs, Miss, Ms) _____

First Names: _____

Address: _____

_____ Post Code: _____

Occupation: _____

Phone (Home): _____ (Mobile): _____

(Work): _____ E-mail: _____

FATHER

Surname: _____

First Names: _____

Address (if different to mother): _____

_____ Post Code: _____

Occupation: _____

Phone (Home): _____ (Mobile): _____

(Work): _____ E-mail: _____

CHILD LIVING WITH:

Mother and Father: Mother: Father:

Designated Caregiver (selected by parents/indemnity signed & understood)

Do you want Northcross Intermediate to arrange a Homestay?

CONTACT DETAILS (IN NEW ZEALAND): Parent / Designated Caregiver / Homestay

Surname:(Mr,Mrs,Miss,Ms)_____

First Names:_____

Address:_____

Post Code: _____

Relationship to Student:_____

Occupation:_____

Phone (Home):_____

(Work):_____

(Mobile):_____

E-mail:_____

Surname:(Mr,Mrs,Miss,Ms)_____

First Names:_____

Address:_____

Post Code: _____

Relationship to Student:_____

Occupation:_____

Phone (Home):_____

(Work):_____

(Mobile):_____

E-mail:_____

ALTERNATIVE CONTACT: Other Family Member / Friend /Agent/First Language Support

Surname:(Mr,Mrs,Miss,Ms)_____

First Names:_____

Address:_____

Relationship to Student:_____

Occupation:_____

Phone (Home):_____ (Work):_____

(Mobile):_____ E-mail:_____

**OTHER INFORMATION** *(attach information or documentation as necessary)*

Custody Arrangements: Yes: N/A:

Access Restrictions: Yes: N/A:

Court Order: Yes: N/A:

Other Agencies Involved: Yes: N/A:

HEALTH

Doctor in home country:_____ Phone:_____

Doctor in New Zealand _____ Phone: _____

INSURANCE IS COMPULSORY FOR ALL INTERNATIONAL STUDENTS

Copy of International Student Travel Insurance included :

Do you want Northcross Intermediate School to arrange your insurance?

Known Medical Conditions: _____

Medication:_____

Allergies:_____

I give the school permission to give my child a Paracetomal (Panadol) Tablet: Yes No

I will advise the school and provide written permission should any additional medication need to be administered at school.

IMPORTANT;

Please read clause 5 of Northcross Intermediate School Board of Trustees International Students Policy.

DECLARATION

I understand that Northcross Intermediate School will take action on my behalf in case of sudden illness or injury and I agree to abide by Northcross Intermediate School Board of Trustees International Students Policy.

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information Northcross Intermediate School holds on my child. I approve of Northcross obtaining information from my child's previous school and forwarding information to the next school once the enrolment process has been completed for that school. The records from this information may be viewed on request at the school.

I agree that my child will be dressed in the school uniform and abide by all the School Bylaws as outlined in the annual Northcross Intermediate Prospectus for parents and Student Diary.

I also confirm I have read and understood the International Student Code of Behavior & Northcross Intermediate School Board of Trustees International Students Policy and conditions in which the enrolment may be terminated.

Signature of:

Parent: _____ Date: _____

Signature of:

Student: _____ Date: _____

AGENT: I declare that the parents and the student named on this enrolment form have been fully informed in their First Language by me of the school's terms, conditions, fees and policies:

Signature of:

Agent acting on behalf of the parents & student:

nzmentor

Date: _____

Study • Work • Travel • Visa

Signature of:

Northcross Intermediate School

_____ Date: _____

Position: _____

PREVIOUS SCHOOL:

School Name: _____

Copy of Current Class Report included & translated:

Current or past Relatives / Siblings at Northcross : Full Name: _____

OFFICE USE ONLY

Passport Title Page:

Visitors Visa and/or Student Visa (if applicable)

Designated Caregiver Document (if applicable)