



Fairfield Intermediate School

OFFICE USE ONLY:
Year: 7 / 8
Enrolment No:
Year 7 Room:
Year 8 Room:

INTERNATIONAL STUDENT ENROLMENT APPLICATION FORM

PO Box 12 026, Chartwell, Hamilton, 3248 New Zealand
Phone: 0064 7 855 9718 x 860
Mobile: 021 820013
Email: pbraithwaite@fairfieldintermediate.school.nz
Website: www.fairfieldintermediate.school.nz

Attach passport
size photo here

YOUR SON'S / DAUGHTER'S DETAILS

Family name:
First name:
Middle names:
NZ Chosen name (if applicable):
Birth Date: day / month / year Gender (please circle): Male /Female
Country of birth:
Country of citizenship:
First language:
Date of entry to New Zealand:

FAMILY DETAILS

Mother:
Occupation:

Father:

Occupation:

Home Country:

Residential Address:

Number/Street

Suburb:

Province:

City/postcode:

Postal Address (if different from above):

Number/Street:

Suburb:

Province:

City/postcode

Home phone:

Mobile: Father: Mother:

Work phone: Father: Mother:

Email (Father):

Email (Mother):

NEW ZEALAND CAREGIVER DETAILS

Do you want Fairfield Intermediate to appoint a homestay family for your son/daughter?

yes / no.

Caregiver 1:

Occupation:

Caregiver 2:

Occupation:

NZ caregiver address: Number / Street :

Suburb:

City:

Home phone:

Mobile :

Business phone: Caregiver 1: Caregiver 2:

Email (Caregiver 1): Caregiver 1: Caregiver 2:

Email (Caregiver 2):

Emergency contact person:

Emergency Contact Number:

AGENT'S DETAILS

Family name:

First name:

Business address:

Number/Street:

Suburb:

Province:

City/postcode

Home phone:

Mobile :

Business phone:

Email:

MEDICAL DETAILS

Anything we need to be aware of (e.g. allergies, asthma, ADHD, Chronic fatigue, diabetes, migraine, epilepsy etc.)

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Has your child had any of the following illnesses? (Please circle)

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|--------------|-----------------|------------|-----------|-------|------------|
| Measles | Rubella | Chickenpox | Mumps | Polio | Malaria |
| Tuberculosis | Rheumatic Fever | Meningitis | Hepatitis | HIV | Diphtheria |

- Please note that should your son/daughter require extra assistance due to a medical condition or behavioural needs it will be at the parents expense or the student may be sent home.
- Please supply a copy of your son's/daughter's vaccination certificate

EMERGENCY PROCEDURES / CONDITIONS:

Should a parent of the student suffer a major trauma and/or death, and family require the student enrolled at Fairfield Intermediate School to return home immediately, a staff member of Fairfield Intermediate School will fly home with the said student, at the expense of the student's family, if the family is not able to make other travel arrangements.

I,, as the parent of the student, agree to the above conditions.

Signed: (Parent)

CONDITIONS OF ENROLMENT

- ◆ I give my permission for this school to seek information regarding my child from previous schools.
- ◆ I consent to the personal information, which I have provided, being used for school related purposes and as required by protocols between schools and external agencies.
- ◆ I understand that information may be used by:

Senior Management, Guidance, Teaching and Administrative staff of the school, Ministry of Education, other agencies where disclosure is required for the maintenance of law and order as defined in Principle 11 of the Privacy Act 1993.
- ◆ I understand that I have the right to see and correct if necessary the information which I have provided.

- ◆ I give permission for my child's photograph to be used by the school during the course of the two years he/she is at Fairfield Intermediate as part of our school wide technology, eg newsletter, web site etc.
- ◆ I give permission for my child to be involved in research from accredited educational institutions approved by the Principal.

I/We acknowledge that by signing this application to enrol at Fairfield Intermediate School, I/we agree that our son/daughter is required to follow all school rules and regulations.

Mother's signature: Date:

Father's signature: Date:

Student's signature: Date:

APPLICATION CHECKLIST

Documentation required (copies only please):

Passport size portrait photo (attach to front of application). Yes / No

A. Copies of passport with:

- | | | |
|----|---------------------------|----------|
| 1. | Photograph of student | Yes / No |
| 2. | Date of entry to NZ Stamp | Yes / No |
| 3. | Student Visa if available | Yes / No |

B. Enrolment Form with:

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| Contact details for Parents | - Address | Yes / No |
| | - Telephone | Yes / No |
| | - Email | Yes / No |

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|---|-------------|----------|
| C. Contact details for student in New Zealand | - Address | Yes / No |
| | - Telephone | Yes / No |
| | - Email | Yes / No |

D. All signatures as marked on forms - Yes / No

E. Copy of vaccination certificate supplied Yes / No

F. Medical and Travel insurance:

Medical and travel insurance is compulsory for international students coming to New Zealand.

Please provide medical and travel insurance details **in English** upon approval of this application unless you request Fairfield Intermediate to obtain insurance:

Parents to obtain medical and travel insurance Yes / No

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.

BACKGROUND AND EXPECTATIONS

Student to complete (if possible):

1. Why do you want to come to Fairfield Intermediate School?

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2. What are you good at (e.g. sports, reading, writing, art etc.) and what do you need more help with or would like to get better at doing?

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3. What are your hobbies, interests and dreams for the future?

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Parents to complete (if possible):

1. What is the most important thing you would like your child to achieve while they are at Fairfield Intermediate School?

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2. What skill in English do you think is the most important for your child to develop?

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3. In **Reading** what would you like your child to be able to competently do?

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4. In **Writing** what would you like your child to be able to competently do?

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5. In **Speaking and Listening** what would you like your child to be able to competently do?

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6. How important is it to you that your child takes part in Extra Life at Fairfield Intermediate School? (eg Sports teams / Academies)

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7. What do you feel is your child's **weakest area** in English (Reading, Writing, Speaking/ Listening?)

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7b. What would you like to see your child be able to do in this area eventually?

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8. Does your child have a school exam in English that they need to sit when they return home to their country?

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