



TIMARU BOYS' HIGH SCHOOL
INTERNATIONAL STUDENT ENROLMENT FORM

Year 20 _____

FOR ADMIN PURPOSES ONLY

Form Class: _____

Date Starting: ____/____/____

NSN NUMBER:

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Student Details: (Please attach current photograph)		Intended Start Date:	
FAMILY NAME:		DATE OF BIRTH:	
GIVEN NAME (S):		PLACE OF BIRTH:	
PREFERRED NAME:			
HOME ADDRESS:		COUNTRY OF CITIZENSHIP:	
POSTCODE:		PASSPORT NUMBER:	
HOME PHONE:		STUDENT CELL PHONE #:	
CURRENT SCHOOL:		CURRENT YEAR LEVEL:	
To be enrolled as a Day Student <input type="checkbox"/>		Boarder <input type="checkbox"/>	
Caregiver One:			
FULL NAME:			
Relationship to student:		Occupation:	
Email Address:		Cell Phone:	
Name of Workplace:		Work Phone:	
Caregiver Two:			
FULL NAME:			
Relationship to student:		Occupation:	
Email Address:		Cell Phone:	
Name of Workplace:		Work Phone:	
Agent Details:			
FULL NAME:			
ADDRESS:		Home Phone:	
POSTCODE:		Cell Phone:	
Relationship to student:		Work Phone:	
Email Address:		Name of Workplace:	
Emergency Contact (in NZ)		Emergency Contact (home country)	
NAME:		NAME:	
Address:		Address:	
Day Phone:	Night Phone:	Day Phone:	Night Phone:

Academic Programme:

Level of entry:

Year 9

Year 10

Year 11

Year 12

Year 13

Please list the subjects you would like to study at Timaru Boys' High School, in order of preference:

1 _____

2 _____

3 _____

4 _____

5 _____

What is your first language? _____ Second Language: _____

How long do you wish to study at Timaru Boys' High School? _____

Do you wish to study further at a University in New Zealand? Yes/No

Do you wish to attend University in another country? Yes/No

Student's Health Record:

Doctor: _____ Surgery Phone Number: _____

Dentist: _____ Surgery Phone Number _____

<i>Has the student ever suffered from:</i>		<i>Severity</i>	<i>Medication required</i>
<i>Asthma (Circle one)</i>	<i>Yes/No</i>		
<i>Diabetes</i>	<i>Yes/No</i>		
<i>Epilepsy</i>	<i>Yes/No</i>		
<i>ADD / ADHD</i>	<i>Yes/No</i>		
<i>Migraine</i>	<i>Yes/No</i>		

Any other medical or surgical condition (e.g. bed wetting, eye trouble): _____

Any mental health issues? Yes / No If yes, please state: _____

<i>Chicken Pox</i>	<i>Yes/No</i>	<i>Rheumatic Fever</i>	<i>Yes/No</i>	
<i>German measles</i>	<i>Yes/No</i>	<i>Scarlet Fever</i>	<i>Yes/No</i>	
<i>Mumps</i>	<i>Yes/No</i>	<i>Whooping Cough</i>	<i>Yes/No</i>	

<i>Does the student suffer an allergic reaction to:</i>	<i>Severity</i>	<i>Medication required:</i>
<i>Sting:</i>		
<i>Food:</i>		
<i>Medication:</i>		
<i>Other:</i>		

Has your son been inoculated against the following? (please give date of last injection)

<i>Diphtheria:</i>	<i>Tuberculosis:</i>
<i>Poliomyelitis:</i>	<i>Whooping Cough:</i>
<i>Tetanus:</i>	<i>Meningococcal B:</i>
<i>Other:</i>	

Do you give permission for maintenance of immunity against tetanus whilst he is at school? Yes / No (circle one)**List the medications that the student will be bringing with him:** _____**In Case of Illness, Accident or Emergency:**

I give permission for my child to receive non prescription medicines such as Panadol, when necessary, from a staff member who holds a current First Aid Certificate	Yes / No (Circle one)
If my son is in a serious accident, I give permission for the school to either take my child to a Medical Centre or call an ambulance.	Yes / No (Circle one)

Please note: It is compulsory for International Students to have both Health and Travel Insurance whilst studying in New Zealand

Student's Academic Interests & Achievements:

Student's Sporting and Cultural Interests:

e.g: Brass Band, orchestra, drama

Learning Support:

Does your son have any learning needs, e.g. intellectual, physical, social, behaviour disorder, autism, etc? **If yes, please provide details and attach any reports.**

Yes / No (Circle one)

Does your son have learning difficulties assessed by an outside agency? RTLB, ORRS, etc? **If yes, please provide details and attach any reports.**

Yes/No (Circle one)

Swimming:

My son is a confident swimmer

Yes / No (Circle one)

Permission for Education Outside the Classroom:

The Education Outside the Classroom Procedures require that we ask you for written permission for your student to participate in Level 1 off site events that occur during the school day or finishing after school. These events have an element of risk deemed to be no greater than the average family activity. Examples include: Interschools, Careers day, or an Art class trip to a gallery. The homestay will still be given information sheets (cost, time, date) by the teacher in charge. Full written permission is still required for each individual where the activities risk is deemed to be greater than a Level 1, including any overnight stay. Examples include; tramping, rock climbing, water activities. Teachers in charge will complete Risk Analysis Management procedures for these events in accordance with school policy.

Parent / Caregiver Signature _____

Aviation Course:

I wish my son to be considered for the Aviation Programme that is a joint venture between Timaru Boys' High School and the Timaru Aero Club. Should my son be accepted for this course, I undertake to sign the necessary consent forms, pay all associated costs and to provide the necessary Insurance Cover, thus ensuring the school is not liable in the event of an accident.

☐ 6 months

☐ 12 months

☐ 2 year PPL

Signature: _____

Date: _____

Declaration

I wish to enrol the above named student. I have read the School Prospectus and undertake to ensure that my son abides by the regulations and expectations of the school and Board. All Board policies are available for parent consideration at the school office or on the school website. I have disclosed all information about my son which is in any way relevant to my son's enrolment, in particular (but without limitation), relating to my son's medical history or psychological condition, any allergies, any behavioural or emotional difficulties, any family issues which may impact negatively on my son, and/or any custody or guardianship issues. I agree to allow the school to use named and unnamed images of my son for school communication and marketing.

Signature _____

Mother / Father / Caregiver

Date: ____/____/____

Signature _____

Agent

Date: ____/____/____

Cybersafety (to be signed when student commences at Timaru Boys' High School):

I have **read** and understand my responsibilities and agree to abide by this Cybersafety Use Agreement both at school and in my Homestay situation. I know that if I breach this use agreement there may be serious consequences.

Name of student: _____

Year Level: _____

Signature: _____

Date: _____

Section for Director of International Students:

I have read this Cybersafety Use Agreement document and am aware of the school's initiatives to maintain a cybersafe learning environment, including the responsibilities involved and have clearly communicated this to the student.

Name: _____

Signature: _____ Date: _____

NB: A full version of the Cybersafety Use Agreement is available and can be viewed at www.timaruboysschool.nz

TO BE COMPLETED AT INTERVIEW

(Between student and Director of International Students)

Academic

Subjects Enjoyed:

Areas for Improvement:

Interests

Music/Drama/Art

Sporting

RELEVANT HOME CIRCUMSTANCES (including place in family)

COPIES OF REPORTS TO BE SENT TO:

OTHER INFORMATION:

SUBJECT OPTION COURSES

1.	2.	3.
4.	5.	6.