



# Timaru Boys' High School

## International Student Enrolment Application

Student details	Year of Enrolment:
Family name:	
First name:	
Preferred name:	Duration of Study:
Date of birth: (date/month/year)	Nationality (as shown in passport):
Passport number:	Passport expiry:
Visa type/status:	Language spoken:
Date of first entry into New Zealand:	Name of Current School:
Address (in home country):	
Phone (in home country):	

### Mother/Caregiver [1] Details

Family name:	
First name:	Occupation:
Preferred name:	Relationship to student:
Date of birth: (date/month/year)	Nationality (as shown in passport):
Passport number:	Passport expiry:
Address (in home country):	<input type="checkbox"/> Tick if same as student or enter below
Home phone:	Cell phone:
Email:	

### Father/Caregiver [2] Details

Family name:	
First name:	Occupation:
Preferred name:	Relationship to student:
Date of birth: (date/month/year)	Nationality (as shown in passport):
Passport number:	Passport expiry:
Address (in home country):	<input type="checkbox"/> Tick if same as student or enter below
Home phone:	Cell phone:
Email:	

## AGENT DETAILS

Name of Agency:	
Family name:	
First name:	
Email:	
Home phone (in home country):	Cell phone:
NZ Phone (if applicable):	Cell phone:
Address (in home country):	
Address (in New Zealand): (if applicable).	

### Insurance

Your son must have medical and travel insurance to cover the period of study, from leaving home to returning home. Please provide copies of these insurance policies in English.

## ACCOMMODATION

### Students 10–17 years old

Students aged 10–17 years must live with a parent or legal guardian, or a residential caregiver.

- My son will be living with me (parent/legal guardian).
- My son will be living with a designated caregiver (relative or close family friend designated in writing by me, the parent/legal guardian)  
Complete the **Indemnity Declaration for Designated Caregiver**.
- My son will be living with a homestay caregiver.  
Complete the **Indemnity Declaration for Homestay Caregiver**.
- My son will be living in the school's hostel.

### Parent/legal guardian living with student in New Zealand

Family name:	
First name:	Occupation:
Preferred name:	Relationship to student:
First name:	
Preferred name:	
Date of birth: (date/month/year)	Nationality (as shown in passport):
Passport number:	Passport expiry:
Visa type/status:	
Date of first entry into New Zealand:	

Address (in home country):  Tick if same as student or enter below

Home phone (in home country):

Cell phone:

Email:

Address (in New Zealand):

This is the address where you and the student will be living.

Home phone (in New Zealand):

Cell phone:

### Designated caregiver living with student in New Zealand

Relationship to student:

Family name:

First name:

Preferred name:

Is the designated caregiver a New Zealand citizen or resident?

Yes (keep answering from "email" below)  No (if no, please complete details below)

Date of birth:  
(date/month/year)

Nationality  
(as shown  
in  
passport):

Passport number:

Passport  
expiry:

Visa type/status:

Date of first entry into New  
Zealand:

Address (in home country):

Home phone (in home country):

Cell phone:

Email:

Address (in New Zealand):

This is the address where the designated caregiver and the student will be living.

Home phone (in New Zealand):

Cell phone:

### Group students

Group students under 10 years of age must live with a parent or legal guardian, or in an approved school hostel.

## AVIATION COURSE

I wish to enrol my son in the Timaru Boys' High School Aviation course

Yes

No

# ABOUT THE STUDENT

## General information

Briefly tell us about your aspirations for your son while they live in New Zealand, e.g. reasons for coming to New Zealand.

Briefly, tell us about your son's interests e.g. sports, cultural, music.

## Health

Has your son ever suffered from:	Severity	Medication Required
Asthma(Circle one)	Yes/No	
Diabetes	Yes/No	
Epilepsy	Yes/No	
ADD / ADHD	Yes/No	
Migraine	Yes/No	

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

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

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

Has the student been in contact with any contagious diseases within the last 3 months? If yes, please give details:

Medical conditions (please list):                      Severity                      Enter any medication required:

Allergies (please describe):                      Severity                      Enter any medication required:

Does the student suffer from any disability                      Enter any medication required:

Vaccinations	Date received:	Vaccinations	Date received:
Diphtheria:		Whooping Cough:	
Poliomyelitis:		Meningococcal B:	
Tuberculosis:		Other:	
Has the student had a Tetanus injection in the last 5 years?		Yes/No	

**Do you give permission for maintenance of immunity against tetanus whilst he is at school? Yes/No**

**List the medications that the student will be bringing with him:**

## In Case of Illness, Accident or Emergency

I give permission for my son 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)

---

---

## Swimming

My son is a confident swimmer Yes/No

---

---

## 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 any special learning needs?  Yes (if yes, please describe below)  No  
e.g. Dyslexia

---

---

---

## DECLARATIONS

---

### Please read these statements carefully and ensure you understand them.

I have been informed about and received a summary of the Code of Practice for International Students.  Yes  No

I have received a copy of the school's Guide for International Students.  Yes  No

I understand the costs involved with enrolment, and the school's policy regarding fee refunds and protection.  Yes  No

### Permission for Education Outside the Classroom:

I give permission for my son 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  Yes  No

### Declaration:

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.  Yes  No

**Cybersafety:** I have read the Cybersafety Use Agreement document and am aware of the school's initiatives to maintain a cybersafe learning environment, including the responsibilities involved.  Yes  No

**Student:** *I have read and understand my responsibilities and agree to abide by this Cybersafety Use Agreement. I know that if I breach this use agreement there may be serious consequences.*  Yes  No

### Student Signature:

---

I confirm all the information contained in this enrolment application is true and correct to the best of my knowledge. I acknowledge that if I have provided false information or withheld relevant information, the school may terminate the enrolment.

I will inform the school if there are any changes to the details of this application.

Parent/legal guardian name: \_\_\_\_\_

Parent/legal guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

# DOCUMENTATION

Please provide the following documents (copies or originals) with this application:  
*(School to add or delete items as required).*

- Student's passport and visa details
- Passport of person who will be living with the student and visa details
- Designated caregiver agreement
- Immunisation certificate (in English) for student
- Tuition Agreement
- Evidence of medical and travel insurance

## 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.