

# Takapuna Normal Intermediate School



## APPLICATION FOR ENROLMENT AS AN INTERNATIONAL STUDENT

This application is made by.....  
(please circle one) (Agent/Parent/Designated Caregiver/ Caregiver)

of (normal residential address).....  
.....

for the admission of.....(Name of student)  
as a student at Takapuna Normal Intermediate School. Takapuna Normal Intermediate School agrees to provide tuition in the New Zealand curriculum.

Full name of the student:

Family name:.....

First Names:.....

Known as.....

Gender : Male/Female (please circle one)

Date of Birth:...../...../.....

Year 7 or Year 8 (please circle one)

Parent/Designated Caregiver/Caregiver in New Zealand :

Home details:

Name :.....

Address :.....  
.....

Phone: Home..... Work.....Cell Phone.....

email:.....

Country of Citizenship: .....

Languages spoken at home:.....

Current School: .....

Current Year of Schooling: .....

Number of years studying English: .....

Emergency and Medical details:

Please record the details of any medical condition (disabilities, allergies, special medication, etc). This information is required for emergencies or welfare purposes.

.....  
.....

Name of Doctor in NZ (if known) .....

Name of Emergency Contact Person in NZ.....

Phone.....

Personal and community interests, music, hobbies or sports and achievements:

.....  
.....  
.....

Names of any brothers or sisters who attended or are attending Takapuna Normal Intermediate School:

**Medical and travel insurance** is compulsory for International Students coming to New Zealand. Please provide your medical and travel insurance details (copy of policy also required) :

Insurance Company.....Policy Type.....

Policy start date...../...../.....Policy end date...../...../.....

Or

I have not yet taken out medical and travel insurance, but agree to do so and will provide proof of this to the school on acceptance of this application for enrolment.

Does your child have any pre-existing medication conditions or concerns? Yes/No

If Yes please state: .....

The following is a list of diseases. Please circle the ones your child has been vaccinated against :

Whooping Cough/Diphtheria/Tuberculosis/Tetanus/Measles/Mumps/Rubella/German Measles/Polio/ Hepatitis B

Please briefly describe any other special health or medical needs that your child may have?

If Yes, please describe :

.....

Does your child have any specific learning needs or difficulties that could affect his or her progress? Yes/No (please circle one)

.....

Please attach your child's most recent school reports.

**PARTICULARS OF PARENTS**

Please record the details of the student's natural parents:

Father's surname:..... Father's first name:.....

Father's address:.....

Father's telephone number: Work.....Home.....Fax:.....

Mother's surname:.....Mother's first name.....

Mother's address:.....

Mother's telephone number: Work.....Home.....Fax:.....

Parent's Email address : .....

**PARENT GUARANTEES**

I hereby guarantee:-

1. That the above information is correct.
2. That I will assume responsibility for school fees.
3. That my child will attend school regularly.
4. That my child will abide by the school's rules.

I understand that:

1. That any false and/or misleading information given in this application may affect the validity of my child's enrolment.
2. That information on this form will be used by the school for educational purposes only.
3. That I am giving my permission for the school to include my child in routine health checks when the school deems them to be necessary. Should medical advice be needed in an emergency, the school has will have the authority to consult a registered medical practitioner.
4. That I will bear the cost of any extra services the student requires if the school determines that the student has special needs that were not disclosed or known at the time of enrolment.
5. That the school has the right to change choices of options.
6. That the school expects high standards of student behaviour, as outlined in the school rules.
7. The school refund policy
8. The New Zealand Government's Permanent Residency rules.
9. The school's withdrawal and termination procedures
10. We have read the school's accommodation policy for students not living with their parent(s) e.g. where the student is only allowed to live in a school-approved homestay only, and that this is a condition of enrolment and that the enrolment may be terminated if this condition is breached.
11. That the school must be advised promptly if there is a change in the contact details of the student's parents/caregivers.
12. That this contract is made in New Zealand and is governed by New Zealand law and the jurisdiction of the New Zealand courts.
13. That if the student is living with his or her parents at the time of enrolment, the student will continue to live with his or her parents for the duration of his or her time as a student at Takapuna Normal Intermediate School, and that if this changes the parents will advise the school promptly.

Signature of Parent:..... Date:...../...../.....

Full Name of Parent:.....

**To enrol your child it is essential that you bring with you the following :**

<b>Requirement</b>	<b>Check</b>	<b>Office</b>
<b>Application Pack :</b> <ul style="list-style-type: none"> <li>• Completed Application Form</li> <li>• International Student Fees Policies Schedule 1, 2 and 3, signed</li> <li>• Tuition Agreement, signed</li> <li>• Statutory Declaration, signed</li> <li>• Indemnity Document for Designated Caregiver, signed if appropriate</li> </ul>		
Full payment of International Studies Fee of \$14,260.00 (Takapuna Normal Intermediate School and Ministry of Education Fee \$12,400.00 plus G.S.T. of \$1,860.00).		
Your child's Passport		

Copies of your child's recent school report		
Health/ Immunisation Checklist		
Relevant Medical Information		
Medical Insurance		