



St Andrew's College

Date of application: _____

Application for Admission: Foreign Fee-paying Student

Student's Details

Surname: _____

Given names: _____

Preferred name: _____

Address during term (if known): _____

First language: _____

Previous schools attended in NZ (if any): _____

Date of birth: _____

Male

Female

Date of arrival in NZ: _____

Telephone: _____

Ethnicity: _____

Religion: _____

Nationality: _____

Language spoken at home: _____

Year level: _____

Year level: _____

Student is applying to enter St Andrew's College at year level in term of calendar year

Application is for: Day student

Boarder

Homestay

Father's Details

Surname: _____

Given names: _____

Address: _____

Telephone (home): _____

Occupation: _____

Business address: _____

Telephone (business): _____

Mobile (personal): _____ Preferred contact?

or

Mobile (business): _____ Preferred contact?

Fax: _____

Email (home): _____ Preferred contact?

or

Email (business): _____ Preferred contact?

Mother's Details

Surname: _____

Given names: _____

Address: _____

Telephone (home): _____

Occupation: _____

Business address: _____

Telephone (business): _____

Mobile (personal): _____ Preferred contact?

or

Mobile (business): _____ Preferred contact?

Fax: _____

Email (home): _____ Preferred contact?

or

Email (business): _____ Preferred contact?

New Zealand Guardian's Details (if applicable)

Surname: _____

Given names: _____

Telephone (home): _____

Business address: _____

Email (home): _____ Preferred contact?

or

Email (business): _____ Preferred contact?

Address: _____

Occupation: _____

Telephone (business): _____

Mobile (personal): _____ Preferred contact?

or

Mobile (business): _____ Preferred contact?

Fax: _____

Family association with the College

Please tick as applicable:

- Grandchild of former student? Name: _____ Years of attendance: _____
- Child of former student? Name: _____ Years of attendance: _____
- Sibling of former student? Name: _____ Years of attendance: _____
- Sibling of current student? Name: _____ Current year level: _____
- Other family association? Name: _____ Years of attendance: _____

Documents to include with this application

1. Recent school reports (translated into English)
2. Recent photograph of student
3. Statement of student's ability in English, from their English teacher
4. An original piece of writing, signed as authentic by Head of English
5. A copy of student's birth certificate or passport
6. A valid Student Visa / Permit
7. Application fee for foreign fee-paying student of \$250 (non-refundable)

APPLICATIONS ARE ACCEPTED THROUGHOUT THE SCHOOL YEAR.

Refund Policy

The College regards payment of the full fee as a contract for a full year. Students leaving during the year, unless for a good and valid reason, will not be entitled to a refund. The Rector will determine if grounds for a refund exist.

Photographs

I agree that photographs taken of this student may be used by the College for marketing and publicity purposes Yes No

Privacy Act

Please read and sign the Privacy Act statement below (both parents to sign please).

The information on this form is collected and stored for St Andrew's College records. It is used to provide for the educational and general advancement of the student and for the purpose of carrying out the activities of the College. The information will also allow us to keep in touch with you until the application is considered during the year before entry.

Any information collected by the College may be provided to education authorities (under Section 7 (4) of the Privacy Act 1993) or to the student, parent, caregiver or guardian at the College's discretion. The College may also release information to parties outside the College at the discretion of the Rector, where it relates to the education, health, welfare or safety of the student.

Students and parents can, at any time, view their personal information and request correction.

If this application for admission does not succeed, the information on this form will be kept on our records unless otherwise indicated.

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____



St Andrew's College

International Student Health Declaration

Student's name: _____ Date of birth: _____

Male Female

Does your child have any existing medical conditions or concerns? Yes No

If yes, please give details: _____

New Zealand children are vaccinated against all of the following diseases. Please indicate by ticking the boxes which diseases your child has been vaccinated against:

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

If your child has not been vaccinated against some or all of the above diseases, and the opportunity arises for vaccination at school, do you consent to this taking place? Yes No

Please state the diseases for which vaccination consent is given: _____

Does your child have any allergies (e.g. peanuts, wheat, penicillin, bee stings)? Yes No

If yes, please give details: _____

Does your child carry any medication for this allergy? Yes No

Name any other medication your child requires: _____

Has your child had any of the following illnesses? (please tick appropriate boxes)

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

Are there any family medical conditions we should know about to ensure the safety of your child (e.g. allergies)?

Yes No

If yes, please give details: _____

Does your child have a history of psychological illness (e.g. eating disorder, depression)? Yes No

If yes, please give details including current state of psychological wellbeing and current treatment/medication: _____

Comment on any other special health or medical needs your child has: _____

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Student Visa / Permit requirements regarding health

If you are intending to study in New Zealand for 12 months or more, a **medical and x-ray certificate** will be required as part of your application for a student visa. This form can be obtained on the New Zealand Immigration Service website:

www.immigration.govt.nz. In addition, students from countries identified as a tuberculosis risk must provide a chest x-ray if intending to study in New Zealand for more than six months.

Medical Insurance

The Ministry of Education in New Zealand requires all international students to have medical and travel insurance, and insurance for the duration of their time in New Zealand. The parent or guardian is required to arrange this insurance on behalf of the student. It will cost approximately NZ\$500 per annum. This insurance must be arranged before the student arrives in New Zealand. The College will check that this insurance has been arranged before the student starts.

Declaration

I declare that I have read and understood all of the above, and have accurately completed all questions regarding the health of my child. I understand that this information will be provided to those responsible for the care of my child, including the accommodation provider and care provider / guardian.

Signature of parent:

Name of parent:

Relationship to child (mother, father, legal guardian):

Date: