

# APPLICATION FOR ENROLMENT AS AN INTERNATIONAL STUDENT AT

*To apply for enrolment at Cambridge Middle School please complete this application form and forward it to:*

**Ross Tyson**

*Cambridge Middle School. Clare Street , Cambridge*

*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.*

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## **PART ONE: PERSONAL INFORMATION**

Student

Name:.....

.....

Birth Date:..... Gender (*please circle*): Male / Female

Parents Names:

(Mother).....

...

(Father).....

Home

Country:.....

.....

Residential

Address:.....

.....

.....

.....

Postal Address (*if different from above*):

.....

Contacts:      *Home Phone*.....      *Work Phone*.....

*Fax*.....      *Email*.....

*Emergency Contact Number*.....

*Who is the emergency contact person? .....*

New Zealand Contact: *Name..... Phone.....*

*Relationship to Student.....*

Agent Details: *Name.....Phone.....*

Medical and travel insurance is compulsory for international students coming to New Zealand. Please provide your medical and travel insurance details:

*Insurance type..... company.....Policy*

*Policy start date.....Policy end date.....*

**OR (tick)**

☐ 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.

**OR (tick)**

☐ I would like the school to arrange medical and travel insurance on my behalf and bill me for this together with school fees.

**PART TWO: LIVING SITUATION IN YOUR HOME COUNTRY**

What type of home do you live in? (Apartment, House,  
etc).....

Where is your home located? (City, Town, Countryside,  
etc).....

How do you get to school? (Walk, Bus, Train,  
etc).....

Do you have any brothers or sisters?    Yes / No    (*please circle*)

If Yes please list their names and ages and indicate whether they live at home:

Name	Age	Male/Female	Living at Home (Y/N)

Who else lives in your home? (Mother, Father, Uncles, Aunts, Grandparents, etc)

Relationship to student	Name

Who usually looks after you?

.....

What work do your parents do?

(Mother).....

(Father).....

**PART THREE: HOBBIES, INTERESTS, SPORTS**

What sports do you play? *(Please list your level of experience next to each sport – e.g. social player, school team, regional representative, etc)*

Sport:.....Level of  
Experience.....

Sport:.....Level of  
Experience.....

Sport:.....Level of  
Experience.....

Do you sing or play any musical instruments? *(Please state how long you have been playing for next to each instrument)*

Sing: Yes / No If Yes, how long  
for?.....

Instrument played:.....How long  
for?.....

Instrument played:.....How long  
for?.....

Instrument played:.....How long  
for?.....

Are you in a band or a choir? *(If yes please  
state)*.....

What are your interests? *(E.g. astronomy, environmental  
issues)*.....

.....

.....

What are your hobbies? (*E.g. model trains, collecting stamps or stickers*).....

.....  
.....

Are there any other sports or hobbies that you would like to be involved in while you are in New Zealand? (*Please state*):

.....  
.....

Do you have any other particular talents, dislikes, or problems?.....

.....  
.....

**PART FOUR: HEALTH INFORMATION (PARENTS TO COMPLETE)**

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

If Yes please state:.....

...

New Zealand children are vaccinated against the following diseases. Please circle the ones 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 any of the diseases above, and the opportunity arises for your child to be vaccinated at school, do you consent to your child being vaccinated?

Yes / No Please state which diseases vaccination consent is given for:.....

.....  
.....

Does your child have any allergies? (E.g. **food allergies** like *peanuts or wheat*, or **medical allergies** like *penicillin* or *bee stings*):.....

Does your child carry any medication for this allergy?.....

Name any other medication your child requires:.....

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

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

Are there any family medical conditions that we should know about to ensure the safety of your child? (E.g. **food allergies**, *bee sting allergies*).....

Does your child have any other any special health or medical needs?.....

#### **PART FIVE: STUDY INFORMATION**

##### **Parents to complete**

☐ Please attach your child's most recent school reports **Reports Attached** (Please tick)

Does your child have any specific learning needs or difficulties that could affect their progress?

.....

What is your estimate of your child's level of English? (*Please circle*)

Beginner	Elementary	Pre-Intermediate	Intermediate	Upper Intermediate
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##### **Student to complete**

What are your favourite subjects at

school?.....

What do you find the most challenging about  
school?.....

What do you enjoy most about  
school?.....

What are your dreams and  
ambitions?.....  
.....  
.....

What do you hoping for or looking forward to in your New Zealand school?  
.....  
.....

What worries you about living and studying in New Zealand?.....  
.....  
.....  
.....

**PART SIX**                      **OTHER INFORMATION**

Have you travelled to other countries before? (*Please state which  
ones*).....

Have you lived away from your family  
before?.....

What is your  
religion?.....  
.....

Do you need to attend church or another place of worship on a regular basis? (*Please circle*) Yes  
/ No

If yes please state which church .....

Do you plan to return home in the term holidays? (*Please circle*)                      Yes / No

Is there a particular part of your culture that is very important to you that we should know about?

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

Are there any special items you plan to bring with  
you?.....

What is your favourite  
food?.....

Is there any particular food that you cannot  
eat?.....

Do you have any special dietary requirements (*E.g. vegetarian, don't eat chicken or pork,  
etc*).....

.....  
.....

Is there any particular New Zealand food that you are looking forward to  
eating?.....

**PART SEVEN                      HOMESTAY INFORMATION (PLEASE FILL THIS OUT IF THE  
EDUCATION PROVIDER WILL BE ARRANGING YOUR  
HOMESTAY)**

Most New Zealand families have pet cats or dogs that live in their homes. Are you  
allergic      to      any      pet      animals?      (*If      yes      please      state  
which*).....



Do you have a fear or phobia of any pet animals?.....

Do you mind sharing a room: *(Please circle any that apply)*

With another international student	With a child from your homestay family
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Do you mind living in a house with smokers?    Yes    /    No

What are you most looking forward to about your homestay family?

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.....

.....

Is there any special request you would like to make of your homestay? *(Please state)*.....

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