



# Colwill School Enrolment Form International Student

## STUDENT DETAILS

Name:		Name in your own language:	
Caregiver name:	Home Ph:	Date of Birth:	
Residential address:	Mobile No.	Male	Female
	Fax No.	Year	Room
Student to live with: (✓)		Starting from:	
Both parents	Legal guardian	Homestay	Relatives
Father	Mother	Agent	other
		To:	
		NZ entering date:	

## EMERGENCY CONTACTS

Name _____ Relationship to child _____ Phone No. _____	Name _____ Relationship to child _____ Phone No. _____
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## OVERSEAS INFORMATION

### Parents

to ensure accuracy please copy details in your own language

Father _____ Mother _____ Mob. _____ Mob _____ Address _____ Phone No. _____ Fax _____ Email address: _____	Father _____ Mother _____ Mob. _____ Mob _____ Address _____ Phone No. _____ Fax _____ Email address: _____
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## INFORMATION

ESOL Foundation class from _____ to _____	Fee paid from _____ up to _____
Medical conditions Allergies <input type="checkbox"/> permission to give <b>Panadol</b> as required.	Passport No. _____ Passport expiry date _____
Insurance company name	Insurance policy number
Student insurance Date: _____ from _____ up to _____	
Student Permit/Visa Date: _____ from _____ up to _____	Student Permit/Visa reissue Date: _____ from _____ up to _____

## OTHER CONCERNS

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## Enrolment Procedure Checklist

- |  |  |        |        |        |        |       |       |       |       |
|--|--|--------|--------|--------|--------|-------|-------|-------|-------|
| <input type="checkbox"/> Deposit \$ _____ Receipt _____ Date _____ | <input type="checkbox"/> Fees paid in full Receipt _____ Date _____  |        |        |        |        |       |       |       |       |
| <input type="checkbox"/> Offer of place                            | <input type="checkbox"/> Designated caregiver's indemnity form   |        |        |        |        |       |       |       |       |
| <input type="checkbox"/> Immigration                               | <input type="checkbox"/> Police Vet form   |        |        |        |        |       |       |       |       |
| <input type="checkbox"/> Enrolment contract                        | <input type="checkbox"/> School report   |        |        |        |        |       |       |       |       |
| <input type="checkbox"/> ESOL form                                 | <input type="checkbox"/> Homestay authorisation  |        |        |        |        |       |       |       |       |
| <input type="checkbox"/> Schedule of fees                          | <input type="checkbox"/> Homestay registration form  |        |        |        |        |       |       |       |       |
| <input type="checkbox"/> Refund conditions                         | <input type="checkbox"/> Homestay visit <table border="0"><tr><td>Term 1</td><td>Term 2</td><td>Term 3</td><td>Term 4</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></table> | Term 1 | Term 2 | Term 3 | Term 4 | _____ | _____ | _____ | _____ |
| Term 1   | Term 2   | Term 3 | Term 4 |        |        |       |       |       |       |
| _____  | _____  | _____  | _____  |        |        |       |       |       |       |
| <input type="checkbox"/> Parents notified                          | <input type="checkbox"/> Insurance   |        |        |        |        |       |       |       |       |
| <input type="checkbox"/> General Colwill information               | <input type="checkbox"/> Internet permission form(s)   |        |        |        |        |       |       |       |       |
| <input type="checkbox"/> Online policy (given to Parents)          | <input type="checkbox"/> Online publication form   |        |        |        |        |       |       |       |       |

### PARENT/CAREGIVER UNDERTAKING

1. I will support the school to ensure that my child will (a) be punctual; (b) wear correct uniform (clearly named); (c) obey school rules.
2. Where my child damages school property I will make some form of restitution.
3. I give permission for the personal and educational data collected relating to my child to be stored and used as defined in the Privacy Act 1993 and disclosed to the next school my child attends.
4. I will advise the school office of any **change of address or contact telephone numbers**. I will also advise the school office in the event of any custody changes that may affect my child.

Parent/Caregiver's signature: \_\_\_\_\_

Date: \_\_\_\_\_

### OFFICE USE ONLY

Interviewer to complete this section