



# TAURANGA Primary School

## International Student Enrolment Application

### Student details

Family name:

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):

Phone (in home country):

### Details of parent/legal guardian enrolling student

Family name:

First name:

Preferred name:

Date of birth:  
(date/month/year)

Nationality (as shown in passport):

Passport number:

Passport  
expiry:

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

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Home phone:

Cell  
phone:

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Email:

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## Enrolment

Length of enrolment:

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## Insurance

Your child 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.

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## Health

Vaccinations (please list OR provide a vaccination certificate in English):

Date received:

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Has the student had a Tetanus injection in the last 5 years?

Yes

No

Has the student been in contact with any contagious diseases within the last 3 months?

Yes

No

If yes, please give details:

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Medical conditions (please list):

Enter any medication  
required:

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Allergies (please describe):

Enter any medication  
required:

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Does the student suffer from any disability?

If yes, please give details:

Yes

No

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## ACCOMMODATION

### Students under 10 years old

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

My child will be living with me (parent/legal guardian).

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### Students 10–17 years old

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

My child will be living with me (parent/legal guardian).

My child 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 child will be living with a homestay caregiver.

**Complete the Indemnity Declaration for Homestay Caregiver.**

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### Group students

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

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

if different from the first page details

Family name:

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:

# ABOUT THE STUDENT

## General information

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

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

## Education

Does your child have any special learning needs?

Yes (if yes, please describe below)

No

## Previous school(s) in New Zealand (please answer if applicable)

School name:

Dates enrolled/attended:

# 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 Information Booklet for International Students  Yes  No

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

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:

Student's passport and visa details

Passport of person who will be living with the student and visa details

Immunisation certificate (in English) for student

Tuition Agreement

Evidence of medical and travel insurance

## Tauranga Primary School Parent permission statements:

### **Policies and Procedures**

I/we agree to abide by the policies and procedures of the school, you can view this online via our school website [www.tauranga.school.nz](http://www.tauranga.school.nz)

### **School Uniform**

I/we understand that the wearing of school uniform is a condition of enrolment at Tauranga Primary School. I will ensure my child is suitably dressed in regulation school uniform and wears the uniform with pride.

### **Child's Property**

I/we understand the school will take all reasonable steps to ensure the safekeeping of my child's property. The school will not accept liability for loss or damage to personal property. All property needs to be named.

### **School Trips and Visits**

I/we give permission for my/our child/ren to attend school trips and visits during their time at this school.

I understand, I will be notified of any such trips/events and I understand that I have the right to send a note exempting my child from a school trip/event.

### **Behaviour Management Plan**

I/we understand that the school has a Behaviour Management Plan that makes our school a safe place for all students and staff. I will support the school's behaviour initiatives.

I understand the school has in place EOTC (Education Outside The Classroom) guidelines. These include risk analysis procedures and the requirement to plan all school trips with a focus on child safety and enjoyment.

I/we also agree to pay for any intentional or willful damage that my child causes at the school.

Any overnight camp experiences will require additional permission procedures. All parents accompanying students on an overnight camp will be police vetted.

### **Attendance and Punctuality**

I/we agree to ensure our child attends school every day. In the event of illness/approved family commitments we will contact the school on the morning of the first day of absence to report their non-attendance and expected return date.

### **Cyber Safety and IT Use:**

I/we give permission for my/our child to use the school's IT equipment and access the internet for learning purposes. We will support the school should my child engage in unsafe online behaviour that is harmful to others or our school reputation.

I/we agree our child will be at school by 8:40am each day ready for their learning and picked up no later than 3:10pm each afternoon unless advised.

### **Other:**

- I/we give permission for my child's school work to be used in school displays or publicity material including online publication e.g. the school website and information booklet.
- I/we give permission for my child to take part in school programmes that involve the preparation of food.
- I/we give permission for photos, my child may be in, to be on our school website and Facebook page. Please note no last names are used in this forum.
- I/we give permission for my child's photo to be used in the promotion of the school.
- I/we give permission for the school to take action on my behalf, in the case of sudden illness or injury, that affects my child while in the schools care.

**Parent/Caregiver:**

**Date:**