



ENROLMENT FORM 2010

SHORT STAY INTERNATIONAL STUDENT (stay up to 8 weeks)

STUDENT DETAILS

Family name	First name/s (<u>underline preferred name</u>)	Name in your own language	Date of birth
Address where child is living	Home phone number	Male	Female
Suburb	Mobile phone number	Student enrolling for which year?	Year 7 <input type="checkbox"/> Year 8 <input type="checkbox"/>
Student lives with: Both parents <input type="checkbox"/> Mother <input type="checkbox"/>	Father <input type="checkbox"/> Guardian <input type="checkbox"/>	Legal Guardian <input type="checkbox"/> Other <input type="checkbox"/> <i>please describe relationship</i>	Homestay <input type="checkbox"/> Agent <input type="checkbox"/>
			Date starting Date Finishing Total Weeks

HOMESTAY DETAILS

HOMESTAY DETAILS

Name in full	Mobile phone number	Work phone number	Place of work
Occupation			

PARENTS' ADDRESS (OVERSEAS)

AGENT DETAILS

Name in full	Relationship to child
Address	Daytime contact number
e-mail address	

PICK UP AND DROP OFF DETAILS

Concerns:

Agent's Signature: _____ Date: _____

OFFICE USE ONLY

<input type="checkbox"/> Register	<input type="checkbox"/> Teacher	<input type="checkbox"/> ICT	<input type="checkbox"/> Split Class	<table border="1"> <tr><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td></tr> </table>	A	B	C	D	E	F	<input type="checkbox"/> Enrolment Number	<input type="checkbox"/> Room Number
A	B	C			D	E	F					
<input type="checkbox"/> PF5	<input type="checkbox"/> Team Leader	<input type="checkbox"/> Library										
<input type="checkbox"/> Records Requested	<input type="checkbox"/> DP	<input type="checkbox"/> Cashier										
<input type="checkbox"/> ESOL	<input type="checkbox"/> Dental Nurse											



Glenfield Intermediate School

ENROLMENT FORM 2010

SHORT STAY INTERNATIONAL STUDENT (stay up to 8 weeks)

MEDICAL INFORMATION *Note medical conditions or concerns here*

Do you consent to your child being given Panadol if required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Passport Sighted? YES NO
All relevant medical records produced. YES <input type="checkbox"/> NO <input type="checkbox"/>	Student Permit Sighted? YES NO
New Zealand Medical Policy sighted (copy attached) YES <input type="checkbox"/> NO <input type="checkbox"/>	Passport No. _____
Medical Document signed YES <input type="checkbox"/> NO <input type="checkbox"/>	Expiry Date: _____
Insurance Company Name: _____	Date entered NZ: _____
Insurance Policy number: _____	
Insurance Dates: From _____ To _____	

Concerns: