



Glenfield Intermediate School

138 Chivalry Road
Glenfield
Auckland 0629

Telephone: +64 9-4446582
Facsimile: +64 9-4434528
Website: www.glenfieldint.school.nz

International Student Enrolment Form 2019

To apply for enrolment at Glenfield Intermediate, please complete this application form and forward it to:
International Student Department – enquiries@glenfieldint.school.nz

Start Date: ___/___/___	Finishing Date: ___/___/___	Enrolment Year : <u>7 / 8</u>
Deposit Paid: _____	Balance Paid: _____	

Student

Family Name: _____ First Name: _____
 Birth Date: _____ Preferred Name: _____
 Ethnic Group: _____ Country of Origin: _____ First Language: _____
 Gender: Male / Female Previous School (if in NZ): _____

Parents

Mother: Family Name: _____ First Name: _____ Occupation: _____
 Father: Family Name: _____ First Name: _____ Occupation: _____
 Address: _____

Contacts: Home Phone: _____ Work Phone: _____
 Mobile Phone: _____ Email: _____
 Emergency Contact Number in home country: _____
 Who is the emergency contact person? (Must not be a parent): _____

Caregiver / Home stay (If applicable)

Family Name: _____ First Name: _____
 Relationship to student: _____
 NZ Immigration Status: _____ Occupation: _____
 Address: _____

Contacts: Home Phone: _____ Work Phone: _____
 Mobile Phone: _____ Email: _____
 Emergency Contact Name: (Must not be the caregiver): _____ Phone No: _____

TECH	HOUSE	ETAP	ENROL	ENROLMENT NO.	ROOM NO.

Medical and travel insurance is compulsory for international students coming to New Zealand.

(NZ- Please provide a copy of the policy **in English**) Insurance Company: _____

If 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.

Images: I give permission for my child's visual image to be used in:

School Publications: Yes No and / or School Website: Yes No

Medication: I give permission for Panadol to be administered if required: Yes No

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

(eg Asthma, Diabetes, Epilepsy, Rheumatic Fever, Hepatitis A, B or C, HIV, Glandular Fever, Migraines, Heart Conditions, ADHS, Nose Bleeds, Skin conditions)

If Yes please state: _____

Does your child have any allergies? _____

Does your child carry any medication for this allergy? _____

Name any other medication your child requires: _____

Family Doctor's name: _____

Glenfield Intermediate School expects to be able to meet the learning needs of children enrolled at the school.

Does your child have any special learning or behavioural needs? Yes No

If Yes please state: _____

AGENT DETAILS (If Applicable)

If Yes please state name of Agency: _____ *Contact person:* _____

Address: _____

Fax: _____ Email: _____

Phone: _____ Mobile: _____

I the parent, guarantee the above information is correct and that any false and or misleading information given in this application may affect the validity of my child's enrolment.

Copies of passport, entry stamp, student visa and insurance papers required with the enrolment card.

Signed: _____ **(Parent)** – enrolment **must be signed by parent**

Name: _____ Date: _____

Interview Notes