



Cambridge
High School

NEW ZEALAND
INTERNATIONAL

INTERNATIONAL STUDENT APPLICATION FORM AND CONTRACT OF ENROLMENT SECONDARY SCHOOL

Once completed please scan and send to chsinternational@camhigh.school.nz

PART ONE: APPLICATION FORM

Note: It is important that you include all relevant information about the student in your application. This information is used to ensure that the student is supported properly upon arrival and to match them with suitable homestays, teachers, and courses. Where information is included relating to health issues or learning needs, disclosure of this information will not automatically disqualify the Student from Enrolment. However, failure to disclose information or providing misleading information may result in the withdrawal of an Offer of Place or termination of a Contract of Enrolment.

Student Details (Name must be as it appears on your passport)

Family Name			
First Name		Date Of Birth	
Preferred Name	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
Email			
Address (In Home Country)			
First Language		Country of Citizenship	
Passport Number		Expiry Date	
Intended Start Date		Intended End Date	
Applying For Year Level	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13

Parent One or Legal Guardian (Name must be as it appears on your passport)

NOTE: It is requirement of New Zealand regulations that schools must maintain effective communication with parents and legal guardians. To comply with the requirements, contact information provided in this section MUST be the contact information for the parents or legal guardian.

Title	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	Occupation	
Family Name				Date Of Birth			
First Name			Relationship to Student				
Street Address							
Postal Address							
Home Phone		Mobile					
Email							
First Language		Country of Citizenship					
Passport Number		Expiry Date					

Initialed by:(parent)(student)

Parent Two or Legal Guardian (Name must be as it appears on your passport)

NOTE: It is requirement of New Zealand regulations that schools must maintain effective communication with parents and legal guardians. To comply with the requirements, contact information provided in this section MUST be the contact information for the parents or legal guardian.

Title	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	Occupation	
Family Name						Date Of Birth	
First Name					Relationship to Student		
Street Address							
Postal Address							
Home Phone					Mobile		
Email							
First Language					Country of Citizenship		
Passport Number					Expiry Date		

Emergency Contact (In home country, other than parents)

Contact's Name						
Relationship to Student						
Mobile Phone					Home Phone	
Email						

Agent Information (If using an agent)

Agency Name						
Agent's Name						
Email					Phone	

Medical Information

Name of Doctor (in home country)						
Phone Number of Doctor						

Does the student have any history of previous illness that may affect their enrolment, including mental illness? Yes No

If 'Yes' please provide details including doctor or hospital reports (attach more pages if required)

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Initialed by:(parent) (student)

Has the student been vaccinated for any diseases?

Yes No

If 'Yes' please provide a copy of the vaccination certificate.

Please tick the appropriate box if you suffer from or have suffered from any of the following medical conditions:

- | | | | |
|--|---|--|------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Back/Neck problems | <input type="checkbox"/> Glandular Fever | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> HIV or Aids | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis A, B or C | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Depression/Anxiety | |
| <input type="checkbox"/> Covid-19 | <input type="checkbox"/> Autism Spectrum Disorder | | |
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Allergy to bee/wasp stings | | |

Other (Please describe)

Does the student have any medical implants (such as metal implants) that may affect receiving medical treatment while in New Zealand?

Yes No

If 'Yes' please provide details (attach more pages if required)

Is the student currently on any medication?

Yes No

If 'Yes' please provide details (attach more pages if required)

Please note: If you suffer from conditions requiring medication, it is advisable to bring your own medication to NZ. You will be required to notify the school regarding any medications that you bring with you.

Does the student smoke?

Yes No

Is there anything further regarding the health of the student that the school needs to be aware of in enrolling and supporting the student as an international student?

Yes No

If 'Yes' please provide details (attach more pages if required)

Do you agree to the school providing over-the-counter medication *such as acetaminophen, paracetamol, or ibuprofen?

Yes No

If 'No' please specify what medications you do NOT want the student to receive

Initialled by: (parent) (student)

Learning Information

Current School

Grade/Year Level

If the student does not currently attend school, please give reasons and date of last attendance

Please describe your learning goals for studying in a New Zealand school (attach more pages if required)

How many years of schooling, not including pre-school education, has the student had?

During this time, has the student not attended school for 1 month or longer?

Yes No

If YES, please give details (dates and reason)

Does the student have any learning or behavioural difficulties which may require extra school support or services

Yes No

If 'Yes' please provide details including any psychologist assessments and reports that are available (attach more pages if required)

Please provide a copy of the latest two school reports for the student with this application

General Details

Has the student previously applied for entry to the school?

Yes No

If YES, when?

Has the student ever had a family member or relative enrolled at the school?

Yes No

Name

Year Attended

Has the student previously studied at any other NZ school?

Yes No

If yes, please state the name of the school

Dates

For how many years has the student studied English?

Months

Years

Do the student's parents speak or read English?

Speak Yes No

Read Yes No

Has the student been convicted or been the subject of any matter before any Court?

Yes No

Initialed by: (parent) (student)

If 'Yes' please provide details (attach more pages if required)

[Redacted area]

Does the student intend to apply, or has the student applied for a visa that would make them eligible for enrolment as a domestic student at a school in New Zealand? Yes No

If 'Yes' please provide details (attach more pages if required)

[Redacted area]

Please attach a hand-written letter from the student introducing themselves and explaining their reasons for wanting to study at this school.

Accommodation Requirements

Accommodation Choice Homestay Designated Caregiver (Relative or Friend) Live with Parent

Interests Music Movies/TV Reading Outdoor Activities Sports Travel

Other Interests [Redacted area]

Does the student have any food allergies or special dietary requirements? Yes No

If YES, please provide details? [Redacted area]

Does the student have any other special requirements for accommodation? (Pets, cultural or religious, phobias?) Yes No

If 'Yes' please provide details (attach more pages if required)

[Redacted area]

Please write a brief letter introducing yourself to your host family and attached it to this application.

Designated Caregiver Details (If staying with a relative or close family friend)

Name of Caregiver	[Redacted area]		
Address (in NZ)	[Redacted area]		
Home Phone	[Redacted area]	Mobile Phone	[Redacted area]
Email	[Redacted area]		
Relationship to Student	[Redacted area]		

Initialed by: (parent) (student)

Insurance Details

Do you wish to purchase insurance through the school? Yes No

If you are providing your own insurance, please provide an English copy of the policy details to the school once purchased

If you wish to purchase your insurance through the school, please ensure the medical information section on this form is completed fully and accurately to ensure appropriate coverage for the student for any pre-existing conditions they may have.

Subject Choices

Please note: Subject choices in this application are an indication only and actual subjects will depend upon availability and prior learning. The school reserves the right to decide subject placement and year level throughout enrolment in consultation with students and families.

Subject	Year Level	Subject	Year Level
1.		4.	
2.		5.	
3.		6.	

Checklist of documents and Information you must include with your application

<input type="checkbox"/>	Photograph of the student	Passport size photograph
<input type="checkbox"/>	A copy of the student's last two school reports	
<input type="checkbox"/>	A hand-written letter from the student introducing themselves, and explaining their reasons for wanting to study at the school	
<input type="checkbox"/>	A copy of the student's passport including passport number and expiry date	
<input type="checkbox"/>	A copy of the student's insurance policy details, if booking their own, with English translation (this may be submitted after enrolment is confirmed but must be prior to departure from the home country)	
<input type="checkbox"/>	A copy of the student's vaccination certificate	

Initialed by: (parent) (student)