



Cambridge High School, New Zealand

INTERNATIONAL STUDENT APPLICATION FORM AND CONTRACT OF ENROLMENT SECONDARY SCHOOL

Cambridge High School



New Zealand

PART ONE:

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. Please **type** in the boxes in **English**, then **print out to sign and scan** all documents to international@camhigh.school.nz

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
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: Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/>	Occupation:
Family name:	Date of Birth:
First name:	
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: Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/>					Occupation:
Family name:			Date of birth:		
First name:					
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 the student:	
Mobile phone:	
Home phone:	
Email address:	

Agent Information (If using an agent)

Agency name:	
Agent name:	
Agent email address:	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 (attach additional pages if required).

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"/> Allergy to bee/wasp stings	<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"/> 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 additional pages if required).

Is the student currently on any medication?

Yes No
If 'Yes' please provide details (attach additional 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.



Is there anything further 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 additional pages if required).

Do you consent 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:

Learning Information

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

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

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

Yes No
If 'Yes' please provide details (attach additional pages if required).

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: _____

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

Accommodation Requirements

Accommodation choice: Homestay Designated caregiver (relative or family friend) Live with parent

Interests: Music Movies/TV Reading Outdoor Activities Sports Travel

Other interests:

Does the student have any food allergies or special dietary requirements?

Yes No
If 'Yes' please provide details (attach additional pages if required).

Does the student have any other special requirements for accommodation? (Pets, cultural or religious requirements, phobias)

Yes No

Initialled by: _____ (parent) _____ (student) 3



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

Please write a brief letter introducing yourself to your host family and attached it to this application – download the PDF “Student Application Letter” to help.

Do you smoke?

Yes No

If 'Yes' please give details:

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

Name of caregiver:

Address (in NZ):

Home phone:

Mobile:

Email:

Relationship to 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

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

Subject Preferences			
Subject	Year Level	Subject	Year Level
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Please note: Subjects can be viewed
On www.camhigh.school.nz
And www.internationalstudents.school.nz

Along with your letter, and any additional information, please also scan to us a copy of your passport (Photo and details pages) and a recent photo ☺. A copy of your immunisation record would also be useful for our records.

Now you have completed part 1 – please complete part 2 “Terms and Conditions” (The legal Stuff) – and Part 3 (The Homestay Agreement) Or Part 4 (Designated Caregiver)

Initialled by: _____ (parent) _____ (student) 4