

International Student Application for Boarding Accommodation



1. Student details			
Family Name		First Name	
Preferred Name		Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality		Passport No.	
Email		Phone	

2. Personal information		
Questions	Yes, Please specify	No
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any food that you do not eat?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any religious affiliations?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any brothers or sisters? If so what are their names and ages and do they live at home?	<input type="checkbox"/>	<input type="checkbox"/>
Do you regularly take any prescription medicines?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prepared to discuss problems and accept the Boarding House rules?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to take part in Boarding House activities?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any mentor/caregiver living in New Zealand in case of emergency?	Name	<input type="checkbox"/>
	Email	
	Phone	
	Address	
Do you need Airport pickup?	Flight No.	<input type="checkbox"/>
	Depart	
	Arrive	

3. Student interest
Please list any hobbies, interests or sports you are involved in or would like to be involved in:

4. International student health information					
The ongoing health and wellbeing of your child is the reason we require the following information. Please answer all questions in full. All information on this form is CONFIDENTIAL for use only by Management, health professionals and counsellors.					
If the student has (or has ever) had, any of the following conditions please tick. If yes, indicate severity and state medication required.					
Have you had any of the following illnesses?					
	Yes	No		Yes	No
German Measles	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>
English Measles	<input type="checkbox"/>	<input type="checkbox"/>	Chicken-pox	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	<input type="checkbox"/>
Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	<input type="checkbox"/>	Heart Conditions	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Problems	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Hayfever	<input type="checkbox"/>	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	<input type="checkbox"/>

Student signature	Date
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5. Parental consent		
Child's Health Information	Yes	No
Is your child currently taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>
Details:		
Is there any family history we should be aware of?	<input type="checkbox"/>	<input type="checkbox"/>
Specify:		
Does your child have any allergies? E.g. food, medication, insect stings, plasters	<input type="checkbox"/>	<input type="checkbox"/>
Explain:		
Does your child have a recent Psychological report?	<input type="checkbox"/>	<input type="checkbox"/>
Details:		
Does your child have had an anti-tetanus course?	<input type="checkbox"/>	<input type="checkbox"/>
When:		
Does your child have been diagnosed with any learning or behavioural conditions? E.g. ADHD, Dyslexia, ASD.	<input type="checkbox"/>	<input type="checkbox"/>
Details:		
Do you give your son permission to go swimming?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child wear	Glasses <input type="checkbox"/>	Contact lenses <input type="checkbox"/>
		Does not apply <input type="checkbox"/>

6. Parental permission		
Consent may be withdrawn by writing to the school nurse.		
	Yes	No
Permission for annual influenza vaccine:	<input type="checkbox"/>	<input type="checkbox"/>
Permission for Paracetamol / Nurofen to be given if required:	<input type="checkbox"/>	<input type="checkbox"/>

7. Parental authority
<p>1. Island and the New Zealand schools does not accept any liability should you fail to disclose any vital pre-existing health information.</p> <p>2. I understand non-disclosure and false disclosure could result in the termination of your child enrolment at the school.</p> <p>3. I authorise the Headmaster to act on my/our behalf authorising treatment in conjunction with senior medical advise in the event of an emergency where medical treatment, including surgery, appears necessary for my child and reasonable efforts to consult me/us have not been successful.</p> <p>4. I understand my child may go on approved school trips. In the event of any accident of illness, I authorize the supervisors of the trip to provide or seek medical assistance as may be required.</p>

8. Boarding contract
<p>5. I have read and accept the boarding information and scale of boarding fees of the destination school.</p> <p>6. I guarantee the good behaviours of the student in New Zealand. I understand that unacceptable behaviour on the part of the student in boarding may lead to termination of the student's enrolment at school.</p> <p>7. I understand that the student will not leave the boarding for another permanent address without the permission of the boarding manager.</p> <p>8. I understand that the student will give at least two-week's notice before leaving the boarding. Failure to do this will incur a penalty of two-week's boarding fees.</p> <p>9. Students should not stay away overnight without the consent of the school.</p>

9. Parental signature	
Parents signed	Date
Full name	Phone No.
Relationship to student	Father <input type="checkbox"/> Mother <input type="checkbox"/>
<i>Island reserves the right to amend or change the terms and conditions in such cases we will inform all applicants.</i>	