

Sunnybrae Normal School



International Student Application Form and Contract of Enrolment

Lorene Hurd, Principal
36 Sunnybrae Road
Hillcrest
Auckland, New Zealand
Phone: +649 443 5058

Email: office@sunnybrae.school.nz
studynz@sunnybrae.school.nz
Website: www.sunnybrae.school.nz

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 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	Male <input type="checkbox"/> Female <input type="checkbox"/>
Email:	
Address (in home country):	
Country:	
Post code:	
First Language:	Country of Citizenship:
Passport number:	Passport expiry date:
Intended start date:	Intended end date:
NZ /NHI Number:	Applying for Year Level: 1 2 3 4 5 6 <i>Circle as appropriate</i>

Initialed by: _____ (parent)

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

Note: *It is a requirement of NZ regulations that schools must maintain effective communication with parents/ legal guardians. To comply with the requirements, contact info provided **MUST** be contact info for the parents/legal guardian.*

Title: Mrs Miss Ms Mr Dr

Family Name:

First Name:

Date of birth:

Address (in home country):

Country:

Post code:

Home phone:

Mobile phone:

Email:

Relationship to student:

First Language:

Country of Citizenship:

Passport number:

Passport expiry date:

I/We are Applying for a Work Visa or Permanent Residency in 2022/2023

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

Note: *It is a requirement of NZ regulations that schools maintain effective communication with parents/legal guardians. To comply with the requirements, contact info provided in this section **MUST** be contact info for the parents/legal guardian.*

Title: Mrs Miss Ms Mr Dr

Family Name:

First Name:

Date of birth:

Street Address:

Country:

Post code:

Home phone:

Mobile phone:

Email:

Relationship to student:

First Language:

Country of Citizenship:

Passport number:

Passport expiry date:

I/We are Applying for a Work Visa or Permanent Residency in 2022/2023

Emergency Contact (other than parents):	
Contact's name:	
Relationship to the student:	
Mobile phone:	
Home phone:	
Email address:	

Initialed by: _____ (parent)

Agent Information (If using an agent)	
Agency name:	
Agent name:	
Agent email address:	Agent 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 <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' please provide details:
Please tick the appropriate box if you suffer from or have suffered from any of the following medical conditions:
<input type="checkbox"/> ADD or ADHD <input type="checkbox"/> Allergies <input type="checkbox"/> Food Allergies <input type="checkbox"/> Allergy to bee/wasp stings <input type="checkbox"/> Asthma <input type="checkbox"/> Back/Neck problems <input type="checkbox"/> Depression/Anxiety <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Glandular Fever <input type="checkbox"/> Heart <input type="checkbox"/> Hepatitis A, B or C <input type="checkbox"/> HIV or Aids <input type="checkbox"/> Migraines <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Other (please provide details)
Please tick which applies:
Fully immunised Yes <input type="checkbox"/> No <input type="checkbox"/> Permission to have Paracetamol Yes <input type="checkbox"/> No <input type="checkbox"/> Permission to have Antihistamine Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Yes No

If 'Yes' please provide details:

Is the student currently on any medication?

Yes No

If 'Yes' please provide details:

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.

Initialed by: _____ (parent)

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:

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:

Insurance Details

As per Code 16 (5) Insurance is compulsory for International Students coming to New Zealand. Please provide an English copy of the policy details with this application form.

Insurance Company

Policy Number

Insurance cover start date:

Insurance cover expiry date:

Consent

First Aid consent: Yes No

Pain relief consent (permission for staff to administer pain relief or other medication as listed on this child's records, if required): Yes No

Internet usage consent(access at school to computers, the Internet and other communication technologies) Yes No

Photo Usage Consent(newsletters, website and school social media apps)
Yes No

Initialed by: _____ (parent)

Part Two

Parents/Legal Guardians and Students' Declaration and Authorisation

- We declare that the information contained in this application is true and complete. We understand that any false or incomplete information submitted in support of this application may invalidate this application and may result in the withdrawal of an Offer of Place. We agree that we have received sufficient information to make an informed decision about enrolment at the School.
- We are aware that Sunnybrae Normal School will act according to the Code of Practice.

Key Terms: This Contract of Enrolment includes provisions:

- I. that allow the School to discipline the Student, including by expulsion
- II. that control and limit the Student's rights of refund when Enrolment ends early
- III. that require the Parents to make full disclosure of all relevant information and
- IV. that provide consent for the School to permit certain activities without further consent from the Parents.

This is an important legal document, please read all clauses carefully.

By signing this agreement you confirm that all of the information in the application form is true and complete.

Parents/Legal Guardians

By signing below, the Parents (as applicable) confirm that they have read the Agreement and agree to be bound by it in all respects. Note: Please also initial each page of the Agreement, including the schedules.

Name(s):

Signature(s):

Date:

School

By signing below, the authorised signatory of the School confirms that they are authorised to sign on behalf of the School, and confirms that the School will be bound by the Agreement in all respects.

Name(s):

Signature(s):

Date:

Initialed by: _____ (parent)