


General Information / Contact	 International Student Application Form	
	Family Name:	
	Child's Given name:	
	Boy / Girl	Date of Birth (dd/mm/yyyy): / /
	Country of Birth:	
	Country of Residence (if Different from above):	
	Languages spoken by the child:	
	Mother's Full Name:	
	Father's Full name:	
	Email(s):	
Phone Contact(s): (Country code / area code / ph. Number)		
Enrolment Information	Date you wish to enrol your child:	Proposed Length of Stay:
	Religion of Child (if any)	
	Religion of Parent(s) (if any)	
	Please state any special health needs, or learning needs that the child has (physical disabilities; diagnosed medical conditions, learning disabilities, etc).	
	Note: Please read attached International Student Information (including requirements, fee structure, term dates, etc), prior to submitting this application. Please email application to: office@stteresas.ac.nz	

Eligibility

You must provide documentation to prove eligibility to attend a School in New Zealand. In most cases Domestic Students provide a FULL NZ Birth Certificate or NZ Passport. All other students must provide their own Passports and their Parents' Passports to verify their immigration status. When submitting this completed Enrolment Form include immigration documentation. Only complete the section below if your child is enrolling at a New Zealand school for the first time and they do not have a New Zealand Birth certificate or Passport.

Are you a permanent resident:

Do you have refugee status:

Date of arrival in New Zealand :

Pre School

Did your child regularly attend ECE? Please indicate by ✓	<input type="checkbox"/> Yes, for the last years		
	<input type="checkbox"/> Not regularly, only occasionally or with no on-going schedule		
	<input type="checkbox"/> No, did not attend ECE.		
Did your child attend one or more ECE service in the six months prior to starting school?			
If attending more than one service <i>at the same time</i> , please enter hours per week (a - f) for up to three services or complete with a tick (g - j) for the last service/s attended.		Service 1 (hrs/ week)	Service 2 (hrs/ week)
a. Kōhanga Reo			
b. Playcentre			
c. Kindergarten <i>or</i> Education and Care Centre			
d. Home based service			
e. Playgroup			
f. The Correspondence School – Te Aho o Te Kura Pounamu			
g. Attended, but only outside New Zealand (please tick)			
h. Attended, but don't know what type of service (please tick)			
i. Did not attend (please tick)			
j. Unable to establish if attended or not (please tick)			

Vaccinations

Vaccination Information (Certificates / Documentation must be provided), Please indicate by ✓

Fully immunised

Not fully immunised. If this is the case please tick boxes for those diseases with immunity.

<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>	Measles
<input type="checkbox"/>	Polio	<input type="checkbox"/>	Pertussis	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Hib	<input type="checkbox"/>	Rubella

Ethnicity

Ethnicity - Please advise the ethnicities that you identify with (up to 3).+ Examples: NZ European, NZ Maori, Samoan, Tongan, Fijian, Cook Island Maori, Filipino, Asian, Australian.

1.	2.
3.	

If you have indicated NZ Maori you must indicate an Iwi (You may list up to three)

1	2
3	

All languages spoken at home:

Schooling

If your child is transferring from another school please advise:

Last School:

Current Year Level:

Medical

Does your child have any medical conditions, or is taking medication, or have any allergies that we need to be aware of.

Dental

Dental: Do you wish for your child to be treated by the Community Dental Service
Please indicate by ✓

YES NO

* If you have indicated no please advise the name of your child's dentist.

DENTIST:

Custody

Custody: Please advise us if there are any custody or joint custody arrangements, or access agreements that the school needs to be aware of.

Siblings

NAME	DATE OF BIRTH

Check List ✓

Birth Certificate or Passport	
Immunisation Documentation	
Preference Certificate (except for Non Preference Enrolments)	

I give the following permissions for my child:

NAME:

For St Teresa's School to take my child on occasional Education Outside of the Classroom (EOTC), and sports related trips away from the school grounds. The cost of these trips will be incorporated into the 'specific donations'.

In the event of physical injury, for my child to be transported, as necessary, to an appropriate medical centre / hospital. I/we will be responsible for any costs incurred.

In the event of any dental injury, for my child to be transported to the nearest Available dental surgery for treatment. I/we will be responsible for the costs incurred.

I agree to my child's photograph, work samples, etc to be shared online or in print. First names, and sometimes age, only will be used.

I give permission for my child to access the internet for learning activities (supervised)

I give permission for my child to be screened by the Hearing & Vision testing programme (Regional Health Board)

I give permission for our names to be included on a fundraising contact list. The lists will include the children's names, addresses, phone numbers and parent's names.

I give permission for my/our email address to be used by the uniform team, should they need to contact me

PARTICIPATION IN GENERAL SCHOOL PROGRAMME

I/we accept as a condition of enrolment that my child (named above) will participate in the general school programme that gives the school its special character.

I agree that all the above permissions shall continue until I/we withdraw my/our consent by notice to the school or until the student ceases to be enrolled in the school, whichever happens first. I confirm that I have the necessary authority to give this permission.

SIGNED: DATE

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The supply of the information in this form is mandatory for children attending St Teresa's School, 299 Karori Road, Wellington. The failure to provide the information may affect your child's enrolment at St Teresa's School. The information is being collected to ensure that St Teresa's School meets any legal requirement applicable to the school and to ensure that children enrolled at St Teresa's School are provided medical attention in the event of physical injury. The information collected will be held on the premises of St Teresa's School. Any person providing personal information to St Teresa's School has rights of access to, and correction of, personal information in accordance with the Privacy Act 1993 and Privacy Principles set out in that Act.