



Nga Tawa Diocesan School

INTERNATIONAL STUDENT APPLICATION

PLEASE ENSURE THIS FORM IS COMPLETED IN FULL		Please attach passport photo here
DETAILS OF STUDENT		
Date of Birth: / /		
Last Name (as on passport):		
First Name (as on passport):		
Known As:		
Country of Birth:	Country of Birth:	
First Language:		
Student Email:		
Student Mobile Number		

PASSPORT/VISA DETAILS
Passport Number:
Passport Expiry Date:
Country of Issue:

PARENTS DETAILS	
Mother's Last Name:	Fathers Last Name:
Mother's First Name:	Father's First Name:
Address:	Address:
Occupation:	Occupation:
Telephone Day: ()	Telephone Day: ()
Telephone Night ()	Telephone Night ()
Mobile Number:	Mobile Number:
Fax Number:	Fax Number:
Email Address:	Email Address:

EMERGENCY CONTACT (friend or other family member we can contact in an emergency)	
Name:	Relationship:
Mobile Number:	Telephone Day:
Telephone Night:	

INSURANCE DETAILS

All International students wishing to study at Nga Tawa Diocesan School MUST have appropriate Travel and Medical insurance which covers their complete period of enrolment with Nga Tawa Diocesan School, including travel to and from New Zealand.

Please read Nga Tawa Diocesan School International Student Policies and Guidelines Document section 14. We can provide StudentSafe International, details of policy can be found at www.studentassist.co.nz. We highly recommend this policy.

Do you wish to purchase insurance through Nga Tawa Diocesan School.

Yes No

If you ticked No above you **must** attach a copy of the policy wording for your insurance in English (or translated into English) to this form. **Applications without a copy of insurance details will NOT be processed.**

FOOD PREFERENCE

Do you have any dietary restrictions,

Yes. If yes, please explain:

No.

If you are vegetarian, are you willing to eat:	Fish:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Poultry:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Dairy products	<input type="checkbox"/> Yes	<input type="checkbox"/> No

MEDICAL DETAILS**CONFIDENTIAL HEALTH INFORMATION**

PRIVACY INFORMATION: The information supplied on this form will be used to assist medical personnel in the event of a sudden illness or injury. It will not be disclosed to anyone else. **Please complete this form fully and accurately; the health of your daughter may depend upon it.** Write N/A if any question is not applicable. Please attach additional sheets if necessary. Sign and Date the bottom of the form.

Any special medical or learning needs:

Name of Family Doctor:			
Phone Number: ()		Fax Number: ()	
Please tick the following boxes if your daughter suffers from any of the following medical conditions:			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Back/Neck Problems	<input type="checkbox"/> Glandular Fever	Allergic to <input type="checkbox"/> Bee/Wasp Stings
<input type="checkbox"/> Migraines	<input type="checkbox"/> Hepatitis A or B	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Conditions
<input type="checkbox"/> Other Allergies	<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Other (please state below)
Details of allergies:			
Details of other medical conditions or recent injuries or illness :			
Please Note: If you suffer from any of the above conditions, it is advisable to bring your own medications to NZ. As part of signing this application I give permission for Nga Tawa Diocesan School to contact my doctor if further information is required or in the case of an emergency.			

Please give details of any medications currently being used or carried for use if needed (include dosage details).

Condition medication is for:	
Name to medication	Dosage and time/s to be taken
Do you have any physical restrictions, impairments or allergies that will limit placement options or participation in everyday family and / or school activities?	
<input type="checkbox"/> No.	
<input type="checkbox"/> Yes. If yes, please explain:	
Does your daughter wear: <input type="checkbox"/> Glasses <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Hearing Aid	

All students should have completed their Childhood immunisation Programme before commencing secondary school. Has your daughter had the following vaccinations?

M.M.R (Measles, Mumps, Rubella)	<input type="checkbox"/>	(year)
Polio	<input type="checkbox"/>	(year)
Hepatitis B	<input type="checkbox"/>	(year)
Tetanus	<input type="checkbox"/>	(year)
Vaccination dates not known	<input type="checkbox"/>	

Signed: _____ Date: _____

Consent for Health Care:

I give permission for my daughter to receive the following health care whilst a student at Nga Tawa Diocesan School:

- * To receive treatment in the event of an emergency, this includes calling an ambulance.
- * To receive Medical/Nursing attention as and when required.
- * To receive prescribed medication as recommended by the school doctor.
- * To receive, from the school nurse, Paracetamol, Ibuprofen (Nurofen), Sudafed PE (nasal decongestant) and Razene (Cetrizine HCL – antihistamine) as required.
- * To contact my doctor if further information is required or in the case of an emergency.

Name of student: _____

Parent/Guardian: _____

Signature: _____

Date: _____

BACKGROUND INFORMATION

High School Record			
Number of Years Spent at High School:		List the High School you have Attended and for How long:	
List the subjects you have studied at High School:			
Subject	Years Studied	Subject	Years Studied
Evidence Of Academic Performance			
Please supply the following documentary evidence of your academic background. This evidence MUST accompany your application for it to be processed. The evidence must be in English (or translated into English). It will not be returned to you.			
<ol style="list-style-type: none"> 1. Certified copies of your Academic Record including grades 2. Copies of recent school reports. 3. A Written Reference. (In English from your last school or other independent person, who can comment on your character, ability, work ethic and suitability for study abroad.) 			
English Language Ability			
Has English been the language of your high school study? Please provide evidence or documentation of your study in English. (School reports, signed statement from a teacher etc....)			
How many years have you Studied English Language?			
What is your current English language ability? Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Higher Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>			
Please state any English language competency tests you have achieved (IELTS, TOFEL etc) and give your score or grade.			
Long-Term Educational Goals			
Please write a brief explanation of your long term educational goals and plans for the future			
Do Your Plans Include Any Of The Following: (please tick)			
More than one year at Nga Tawa Diocesan School		Entry to a NZ University	Further Study in a country other than NZ or your home country?
Entry to NZ Polytechnic		Return to further study in your home country	Pathway to further study and work in New Zealand?
Special Or Additional Needs			
Please provide details of any special or additional needs the applicant may have.			
Accuracy Of Information Supplied			
IMPORTANT Please ensure that the information supplied is accurate. Information, supplied on this page will be used to make decisions about student enrolment. Any information supplied and found subsequently to be incorrect can result in the cancellation of a student's enrolment, or the requirement that a student attend an appropriate language course before the student can be enrolled.			

PLANNING YOUR TIME AT NGA TAWA DIOCESAN SCHOOL

SUBJECT AVAILABILITY AND CONFIRMED COURSES.

The final course of study for International Students will be approved by the International Director once the student has arrived in New Zealand and will depend upon a number of factors including:

1. Applicants English language ability
2. Applicant's ability in chosen subjects.
3. Timetable restrictions.
4. Availability of places within a course at time of application.
5. Consideration of the student's long term goals.

CHOOSING A COURSE OF STUDY

1. List the subjects you would prefer to study at Nga Tawa Diocesan School.
2. You will need to select at least five subjects in the senior school.
3. List subjects in priority order so that the most important subject to you will be number one and the least important will number five etc.
4. Choose from curriculum overview – see Policies and Guidelines Document

Preferred Subject Choices:

1		6	
2		7	
3		8	
4		9	
5		10	

Cultural And Sporting Interests

Please list any cultural or sporting interests you would like to pursue while at Nga Tawa Diocesan School. See list in Nga Tawa Diocesan School International Student Policies and Guidelines Document.

Make sure all details on this form are completed and signatures from the correct people are included.

We confirm that all of the information we have provided in this application is true and correct. We also confirm that we have not withheld any relevant information in masking this application.

We acknowledge that the provision of false or misleading information or the withholding of relevant information may invalidate our application.

SIGNATURE OF APPLICANT: (Student) _____

AND

**SIGNATURE FOR APPLICANT:
(Parent/Guardian of student
under 18 years)**

Father: _____

Mother: _____

Please send completed application's and Tuition agreement to:

**Mrs Lesley Carter
Director International Students
Nga Tawa Diocesan School
Private Bag 1101
MARTON 4741
NEW ZEALAND**

**Phone: +64 6 327 4806
Fax +64 6 327 5985**