



TAKAPUNA GRAMMAR SCHOOL

210 Lake Rd PO Box 33 1096 Takapuna Auckland 0740 New Zealand
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 www.takapuna.school.nz

International Student Enrolment Form

YEAR LEVEL: (please circle the year level which applies)

Year 9 (13yrs) Year 10 (14yrs) Year 11 (15yrs) Year 12 (16 – 17yrs) Year 13 (17 – 18yrs)

START DATE: (please circle)

Term 1 Term 2 Term 3 Year: Length of Course:

Please state to whom the Offer of Place and Invoice should be sent should the application be accepted.

Parents Agent Guardian New Zealand Contact

PERSONAL DETAILS

Family Name: First Names:
 Preferred Name: First Language: (spoken at home)
 Student Email: Nationality:
 Gender: Male / Female (please circle) Date of Birth:
 Sports and Interests:
 Passport Number: Expiry Date:

PARENTS' DETAILS

Mother's Name: Occupation:
 Address:
 Father's Name: Occupation:
 Address:
 Telephone: Fax:
 Work Ph: Mobile:
 Email:



GUARDIAN'S DETAILS OR NEW ZEALAND CONTACT (if applicable)

Full Name: (Mr/Mrs/Ms) _____

Occupation: _____

Address: _____

Telephone: _____

Fax: _____

Work Ph: _____

Mobile: _____

Email: _____

AGENT'S DETAILS

Agent's Name: _____

Company Name: _____

Address: _____

Phone: _____

Fax: _____

Mobile: _____

Email: _____

ACCOMMODATION DETAILS (please fill in either 1, 2 or 3)

1. Homestay Requested (please answer questions below)

Have you lived away from home before? _____

Do you smoke? _____

Do you play any musical instruments? If so which ones? _____

Do you plan to return home during the Christmas holidays? _____

Do you have any special food preferences or diet requirements? _____

Are there any special items you plan to bring with you? _____

What are your hobbies and interests? _____

Do you have any special health or medical needs? _____

Is there anything special you would like in a homestay? _____

You will be contacted by the Homestay Coordinator a few weeks prior to your arrival with the details of your host family.
 Please send your flight details when you have them.



2. LIVING WITH PARENTS (if different address to the one given over please give details)

Name of parent you are living with if only one parent: (Mr/Mrs) _____

Address: _____

Phone: _____

Mobile: _____

Email: _____

3. DESIGNATED CAREGIVER (if staying in accommodation NOT organised by Takapuna Grammar School)

Name: (Mr/Mrs/Ms) _____

Occupation: _____

Address: _____

Telephone: _____

Fax: _____

Work Ph: _____

Mobile: _____

Email: _____

TRAVEL AND MEDICAL INSURANCE (compulsory)

Do you wish to purchase insurance through Takapuna Grammar School? Yes No

If you wish to purchase your own Travel and Medical Insurance you will need to provide a copy of the policy prior to starting at Takapuna Grammar School. It must cover you from before you leave your home country and show the start and finish date of the policy.

We use Unicare Insurance www.uni-care.org

EDUCATIONAL RECORD

Name of last school attended: _____

Year Level: _____

Country: _____

Length of time at this school: _____

Subjects studied in final year: _____

Number of years English has been studied: _____

Do you intend to sit NCEA exams? Yes No Please include copies of any NCEA results already obtainedWhat is your planned future career? _____

• If not intending to sit NCEA exams please get parents to sign below to indicate that they are aware that senior classes finish in mid November

Parent's Signature: _____

Parent's Name: (please print) _____



ACCEPTANCE OF TERMS

Before your application can be considered, please sign the following acknowledgements (to be signed by a parent or legal guardian of a student under the age of 20 years).

1. You guarantee the good behaviour of the student in New Zealand.
2. You accept the right of the school to place the student at a particular pastoral year level. The decision of subject and placement will be made after testing at Takapuna Grammar School. This decision will be based on the student having the necessary English competency and/or pre-requisites necessary to participate effectively in a given programme.
3. You have read, understood and signed the enclosed 'Tuition Agreement' which shall apply if your application is successful.
4. It is a condition of enrolment that the student has Travel and Medical Insurance. Please indicate any learning, behavioural, medical problems, disabilities or special education needs which the school should be aware of.

Please Note: "Failure to disclose relevant information or the provision of false information may result in termination of enrolment."

I guarantee that the details above are accurate. I have read the "Information for International Students" material provided and accept the terms and conditions of enrolment as an International Student at Takapuna Grammar School. I am aware of the annual course fee and of the fees refund policy (see Tuition Agreement).

Signed

Date

Parent/Legal Guardian

I agree to comply with school regulations and to act responsibly and with concern for others.

Signed

Date

Applicant

With this application you should enclose the following. Tick the boxes to show you have done this.

- A copy of your examination results for the last year, including any public English tests attempted. If you have attended a school in New Zealand please send us your NCEA results.
- Your latest reports from your school. This should include comments on general ability, grades or marks and competence in English.
- A handwritten letter by you stating why you want to come to New Zealand and to Takapuna Grammar School, and what you hope to achieve in your future education. You should also tell us about yourself and your family. If you are changing New Zealand schools please state why you want to change.
- A copy of your passport details and any existing New Zealand visas that you hold.

Please send completed application forms to:

Mrs Lesley Brennan, Takapuna Grammar School, PO Box 33 1096, Takapuna, Auckland 0740, New Zealand

Ph 0064 9 486 9858, Fax 0064 9 486 7118, Email l.brennan@takapuna.school.nz