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BOTANY DOWNS SCHOOL

International Enrolment Form

Student's Legal Surname	Student's Legal First Name(s)
Boy/Girl	Student's Preferred First Name
Date of Birth (Date/Month/Year)	Ethnic Group
Country of Birth	Country of Citizenship
Address (in Home Country)	Address (while living in New Zealand)
Phone Number	Phone Number
Mobile Number	Mobile Number
First Language	Agent's Name (if applicable)
Level of English (please circle as appropriate)	
None A few work	ds Fluent
Date first started School in Home Country	School and Year Level (in Home Country)
Date of Arrival in New Zealand	Passport Number and Expiry Date
Insurance Company and Expiry Date	Visa Expiry Date
Intended Start Date	Intended Length of Study

ACCOMPANYING PARENTS DETAILS				
Relationship to Child (Mother or Father)	To assist us with your stay in New Zealand, we are interested in your level of English.			
Surname	Can you speak English?			
	(please circle as	(please circle as appropriate)		
First Name	None	A Little	Fluent	
Country of Birth	Can you read English? (please circle as appropriate)			
Ethnicity	None	A Little	Fluent	
Email Address	Can you write in English? (please circle as appropriate)			
Mobile	None	A Little	Fluent	
es				
EMERGENCY CONTACTS IF UNABLE TO	CONTACT PA	ARENTS (e.g. relative, fr	iend, neighbour)	
IN HOME COUNTRY		IN NEW ZEALAND)	
Relationship to Child	Relationship	p to Child		
Surname	Surname			
First Name	First Name			
Home Phone	Home Phor	Home Phone		
Work Phone	Work Phone			
Mobile	Mobile			
Email	Email			
MEDICAL IN	FORMATION	<u> </u>		
Does your child have any medical conditions the school should be aware of? Yes/No (please circle one) If yes please explain				
Does your child have any allergies the school should be aware of? Yes/No (please circle one) If yes please explain				
Is your child currently taking any medication? Yes/No (please circle one) If yes please provide details				
Please note that any medication taken at school needs to be handed into the office with a written letter				

OTHER EDUCATIONAL DETAILS

Are there any learning/behaviour difficulties that the school should be aware of? Yes/No (please circle one)
If yes please provide details

OTHER DETAILS

This child's place in the family is

(eg 1 of 1, 1 of 2 etc)

Acceptance of Terms

Botany Downs School requires that all international students in Years 1 - 6 live with and continue to live with their parents for the entire duration of their study in New Zealand. I/We agree to abide by the rules and policies of Botany Downs School at all times.

I confirm that the address which I have provided to the school will be the usual place of residence for the above student when the school is open for instruction. I will advise the school of any subsequent change of address. I agree that all the information held by the school may be disclosed, by the school, to other relevant persons or agencies as the school deems necessary for the purpose of the child's educational welfare.

I have read, understood and signed the attached tuition agreement which shall apply if this application is successful.

I confirm that all the information provided in this application is correct.

Signed:	Date:
Full Name:	Relationship to Student:

Offers of course placement will be based on an assessment by the school or its agent of the extent which the proficiencies and aspiration of the Student are matched by the educational opportunities offered by the School. Should your application be successful, you will receive a letter of offer ("offer of place"). However, you will need to pay the year's fees before a visa will be granted. If you accept the offer of a place then this enrolment form and the attached tuition agreement shall be the terms and conditions of agreement by which tuition shall be provided to the student. The terms must be signed by a parent or legal guardian and the parent or legal guardian shall be bound by these terms and conditions.

With this enrolment form please attach:

- 1. A certified copy in English of your most recent school report.
- 2. Results of any public examinations your child has entered.
- 3. Details of proposed insurance.

Please insert a photo of the Student here:	
Email to: principal@botanydowns.school.nz	