

INTERNATIONAL STUDENT APPLICATION FORM



WILLIAM COLENZO COLLEGE

21 Arnold Street, Napier, New Zealand.

www.colenso.school.nz



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 Homestays, 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:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> _____
Email:	
Address: (In home country)	
First language:	Country of citizenship:
Passport number:	Expiry date:
Intended start date:	Intended end date:
Applying for year level: <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	

Parent One or Legal Guardian: (Name must be as it appears on your passport)	
NOTE: It is requirement of New Zealand regulations that schools must maintain effective communication with parents and legal guardians. To comply with the requirements, contact information provided in this section MUST be the contact information for the parents or legal guardian.	
Title: Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/>	Occupation:
Family name:	Date of birth:
First name(s):	Relationship to student:
Street address:	
Postal address:	
Home phone:	Mobile: Email:
First language:	Country of citizenship:
Passport number:	Expiry date:

Parent Two or Legal Guardian: (Name must be as it appears on your passport)	
NOTE: It is requirement of New Zealand regulations that schools must maintain effective communication with parents and legal guardians. To comply with the requirements, contact information provided in this section MUST be the contact information for the parents or legal guardian.	
Title: Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/>	Occupation:
Family name:	Date of birth:
First name:	Relationship to student:
Street address:	

Postal address:			
Home phone:	Mobile:	Email:	
First language:	Country of citizenship:		
Passport number:	Expiry date:		

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

If using an Education Agent, please complete this section	
Agency name:	
Agent name:	
Agent email address:	Phone:

Medical Information: It is very important that this section is completed accurately	
Name of doctor (in home country):	
Phone number of doctor:	
Does the student have any history of previous physical or mental health illness or problems that may affect their enrolment?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details including doctor or hospital reports (attach more pages if required).	
Has the student been fully vaccinated for Covid-19? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes', please provide: Name of the vaccine: _____ Number of doses: _____	
Please attached evidence of vaccination to this application.	
Has the student been vaccinated for diseases other than Covid-19? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide a copy of the vaccination certificate/s.	

Please tick the appropriate box if you suffer from or have suffered from any of the following medical conditions:	
<input type="checkbox"/> Asthma <input type="checkbox"/> HIV or Aids <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Depression/Anxiety	<input type="checkbox"/> Back/Neck problems <input type="checkbox"/> Diabetes <input type="checkbox"/> ADD or ADHD <input type="checkbox"/> Autism Spectrum Disorder
<input type="checkbox"/> Glandular Fever <input type="checkbox"/> Hepatitis A, B or C <input type="checkbox"/> Allergies <input type="checkbox"/> Asperger's Syndrome	<input type="checkbox"/> Allergy to bee/wasp stings <input type="checkbox"/> Epilepsy <input type="checkbox"/> Food Allergies <input type="checkbox"/> Covid-19
<input type="checkbox"/> Migraines <input type="checkbox"/> Heart Condition <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Other: (Please describe)	
Does the student have any medical implants (such as metal implants) that may affect receiving medical treatment while in New Zealand?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details (attach more pages if required).	
Is the student currently on any medication?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details (attach more pages if required).	
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.	
Does the student smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: it is illegal for those under 18 to purchase tobacco products in New Zealand.	
Is there anything further regarding the health of the student that the school needs to be aware of in enrolling and supporting the student as an international student?	

<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details (attach more pages if required).
Do you agree to the school providing over-the-counter medication *such as acetaminophen, paracetamol, or ibuprofen?
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'No' please specify what medications you do NOT want the student to receive:

Learning Information	
Current school:	Grade/year level:
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?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details including any psychologist assessments and reports that are available (attach more pages if required).	

General Details	
Has the student previously applied for entry to the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?	
Has the student ever had a family member or relative enrolled at the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Year attended:
Has the student previously studied at any other NZ school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please state the name of the school:	Dates:
For how many years has the student studied English?	[] Months [] Years
Do the student's parents speak or read English?	Speak <input type="checkbox"/> Yes <input type="checkbox"/> No Read <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student been convicted or been the subject of any matter before any Court?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details (attach more pages if required).	
Please attach a hand-written letter from the student introducing themselves and explaining their reasons for wanting to study at this school.	

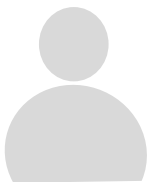
Accommodation Requirements
Accommodation choice: <input type="checkbox"/> Homestay <input type="checkbox"/> Designated caregiver (relative or family friend) <input type="checkbox"/> Live with parent
Interests: <input type="checkbox"/> Music <input type="checkbox"/> Movies/TV <input type="checkbox"/> Reading <input type="checkbox"/> Outdoor Activities <input type="checkbox"/> Sports <input type="checkbox"/> Travel
Other interests:
Does the student have any food allergies or special dietary requirements?
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details (attach extra pages if required).
Does the student have any other special requirements for accommodation? (Pets, cultural or religious requirements, phobias)
Please write a brief letter introducing yourself to your host family and attach it to this application .

Designated Caregiver Details (If staying with a relative or close family friend)	
Name of caregiver:	
Address (in NZ):	
Home phone:	Mobile:
Email:	
Relationship to student:	

Insurance Details
Do you wish to purchase insurance through the school? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you are providing your own insurance, please provide an English copy of the policy details to the school once purchased.</i>
<i>If you wish to purchase your insurance through the school, please ensure the medical information section on this form is completed fully and accurately to ensure appropriate coverage for the student for any pre-existing conditions they may have.</i>

Please note: Subject choices in this application are an indication only and actual subjects will depend upon availability and prior learning. The school reserves the right to decide subject placement and year level throughout enrolment in consultation with students and families.

Subject Choices			
Subject	Year Level	Subject	Year Level
1.		4.	
2.		5.	
3.		6.	

Checklist of documents and Information you must include with your application		
Photograph of the student		Passport size photograph
A copy of the student's last two school reports		
A hand-written letter from the student introducing themselves, and explaining their reasons for wanting to study at the school		
A copy of the student's passport including passport number and expiry date		
A copy of the student's insurance policy details, if booking their own, with English translation (this may be submitted after enrolment is confirmed but must be prior to departure from the home country)		
A copy of the student's vaccination certificate		

DECLARATION

By signing this declaration you confirm that all information provided on this application form is true and complete.

Parent/Guardian 1: Name

SignatureDate:

Parent/Guardian 2: Name

SignatureDate:

Student: Name

SignatureDate:

