



International Student Enrolment Form

To apply for enrolment at Bayview School, please complete this application form and forward it to:

International Student Department – office@bayview.school.nz

Start Date: ____/____/____	Finishing Date: ____/____/____	Enrolment Year : ____
Deposit Paid: _____	Balance Paid: _____	

Student

Family Name: _____ First Name: _____
Date of Birth: _____ Preferred Name: _____ Nationality: _____
Ethnic Group: _____ Country of Citizenship: _____ First Language: _____
Gender: Male / Female Passport No: _____
Date of first entry into NZ: _____ Visa Type: _____
Passport Expiry: _____ Visa Expiry: _____ Address while in NZ: _____

Parents

Mother: Family Name: _____ First Name: _____ Occupation: _____

Father: Family Name: _____ First Name: _____ Occupation: _____

Address: _____

Parents passport No: _____ Visa Type: _____ Visa expiry date: _____

Contacts: Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____ **Emergency**

Contact Number in home country: _____ **Who is the emergency contact person? (Must not be a parent):** _____

ACCOMMODATION (Students aged 5-17 years must live with a parent or legal guardian, or a residential caregiver)

- ☐ My child will be living with me (parent/legal guardian) My child will be living with a designated caregiver (relative or close family friend designated in writing by me, the parent/legal guardian).

(Complete the Indemnity Declaration for Designated Caregiver)

FOR OFFICE USE					
	HOUSE	ETAP	ENROL	ENROLMENT NO.	ROOM NO.

Caregiver / Homestay

Family Name: _____ First Name: _____

Relationship to student: _____

NZ Immigration Status: _____ Occupation: _____

Address (in New Zealand): _____

Contacts: Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

Emergency Contact Name: **(Must not be the caregiver)**: _____ Phone No: _____**Medical and travel insurance** is compulsory for international students coming to New Zealand.(NZ- Please provide a copy of the policy in **English**) Insurance Company: _____

If I have not yet taken out medical and travel insurance, but agree to do so and will provide proof of this to the school on acceptance of this application for enrolment.

MEDICATION:**Does your child have any pre-existing medical conditions or** Yes No**concerns?****(eg Asthma, Diabetes, Epilepsy, Rheumatic Fever, Hepatitis A, B or C, HIV, Glandular Fever, Migraines, Heart Conditions, ADHS, Nose Bleeds, Skin conditions)**

If Yes please state: _____

Does your child have any allergies? _____

Does your child carry any medication for this allergy? _____

Name any other medication your child requires: _____

Bayview School expects to be able to meet the learning needs of children enrolled at the school.**Does your child have any special learning or behavioural needs?** Yes No

If Yes please state: _____

AGENT DETAILS (If Applicable)If Yes please state name of Agency: _____ **Contact person:** _____

Address: _____

Email: _____

Phone: _____

Mobile: _____

DECLARATIONS:

Please read these statements carefully and ensure you understand them.

I have been informed about and received a summary of the Code of Practice
for International Students

Yes ☐

No ☐

I have received a copy of the school's International Student Parent/Caregiver
Handbook

Yes ☐

No ☐

I understand the costs involved with enrolment, the school's policy regarding
Fee Refunds and Protection

Yes ☐

No ☐

I confirm all the information contained in this enrolment application is true and correct to the best of
my knowledge.

I acknowledge that if I have provided false information or withheld relevant information, the school
may terminate the enrolment.

I will inform the school if there are any changes to the details of this application.

Parent/Legal Guardian name:

Parent/Legal Guardian signature: _____ Date:

DOCUMENTATION

Please provide the following documents (copies or originals) with this application:

- ☐ Student's passport and visa details
- ☐ Designated Caregiver agreement (if not living with parent)
- ☐ Tuition Agreement
- ☐ Evidence of medical and travel insurance
- ☐ Fee Refund & Protection Policy
- ☐ BYOD Agreement
- ☐
- ☐