



# PASADENA INTERMEDIATE SCHOOL

## International Student Enrolment Application

### Student details

Family name:

First name:

Preferred name:

Date of birth:  
(date/month/year)

Nationality  
(as shown in  
passport):

Passport number:

Passport expiry:

Visa type/status:

Date of first entry into New  
Zealand:

Address (in home country):

Phone (in home country):

### Details of parent/legal guardian enrolling student

Family name:

First name:

Preferred name:

Date of birth:  
(date/month/year)

Nationality  
(as shown in  
passport):

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Passport number:

Passport expiry:

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Address (in home country):  Tick if same as student or enter below

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Home phone:

Cell phone:

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Email:

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## Enrolment

Length of enrolment:

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## Insurance

Your child must have medical and travel insurance to cover the period of study, from leaving home to returning home. Please provide copies of these insurance policies in English.

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## Health

Vaccinations (please list OR provide a vaccination certificate in English):

Date received:

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Has the student had a Tetanus injection in the last 5 years?

Yes

No

Has the student been in contact with any contagious diseases within the last 3 months?

Yes

No

If yes, please give details:

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Medical conditions (please list):

Enter any medication required:

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Allergies (please describe):

Enter any medication required:

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Does the student suffer from any disability?

Yes

No

If yes, please give details:

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## ACCOMMODATION

### Students 10–17 years old

Students aged 10–17 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 designated caregiver section.
  - My child will be living with a homestay caregiver.  
Complete the homestay caregiver section.
  - My child will be living in the school's hostel.
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## Parent/legal guardian living with student in New Zealand

Family name:

First name:

Preferred name:

Date of birth:  
(date/month/year)

Nationality  
(as shown  
in  
passport):

Passport number:

Passport  
expiry:

Visa type/status:

Date of first entry into New  
Zealand:

Address (in home country):  Tick if same as student or enter below

Home phone (in home country):

Cell phone:

Email:

Address (in New Zealand):

This is the address where you and  
the student will be living.

Home phone (in New Zealand):

Cell phone:

## Designated caregiver living with student in New Zealand

Relationship to student:

Family name:

First name:

Preferred name:

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Is the designated caregiver a New Zealand citizen or resident?

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Yes (keep answering from "email" below)  No (if no, please complete details below)

Date of birth:  
(date/month/year)

Nationality  
(as shown  
in  
passport):

Passport number:

Passport  
expiry:

Visa type/status:

Date of first entry into New  
Zealand:

Address (in home country):

Home phone (in home country):

Cell phone:

Email:

Address (in New Zealand):

This is the address where the  
designated caregiver and the  
student will be living.

Home phone (in New Zealand):

Cell phone:

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## ABOUT THE STUDENT

### General information

Briefly tell us about your aspirations for your child while they live in New Zealand, e.g. reasons for coming to New Zealand.

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Briefly, tell us about your child's interests e.g. sports, cultural, music.

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## Education

Does your child have any special learning needs?  Yes (if yes, please describe below)  No

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## Previous school(s) in New Zealand (please answer if applicable)

School name:

Dates enrolled/attended:

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## 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 understand the costs involved with enrolment, and the school's policy regarding fee refunds and protection.  Yes  No

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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:

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Parent/legal guardian signature:

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Date: \_\_\_\_\_

## DOCUMENTATION

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

Student's passport and visa details

Passport of person who will be living with the student and visa details

Designated caregiver agreement

Immunisation certificate (in English) for student

Tuition Agreement

Evidence of medical and travel insurance

EOTC consent form

Digital Citizen Responsible Use Agreement