



# Beach Haven Primary School

## International Student Enrolment Application

### 1. Student details

Family name:

First name:

Preferred name:

Language Spoken at home:

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):

### 2. Enrolment

Dates of enrolment:

### Office Use

Enrolment #:

NSN#:

Classroom #:

### 3. Details of parent/legal guardian enrolling student

Family name:

First name:

Preferred name:

Date of birth:  
(date/month/year)

Nationality  
(as shown in  
passport):

Passport number:

Passport expiry:

Address (in home country):

Tick if same as student or enter below

Home phone:

Cell phone:

Email:

### 4. 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.

## 5. Health

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

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:

Medical conditions (please list):      Enter any medication required:

Allergies (please describe):      Enter any medication required:

Does the student suffer from any disability?       Yes       No

If yes, please give details:

# ACCOMMODATION

## 6. Students under 10 years old

Students under 10 years of age must live with a parent or legal guardian, or in an approved school hostel.

My child will be living with me (parent/legal guardian).

## 7. Group students (if applicable)

Group students under 10 years of age must live with a parent or legal guardian.

## 8. 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:

## 9. Designated caregiver living with student in New Zealand (if applicable)

Relationship to student:

Family name:

First name:

Preferred name:

Is the designated caregiver a New Zealand citizen or resident?

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:

# ABOUT THE STUDENT

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## 10. 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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## 11. Education

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

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

School name:

Dates enrolled/attended:

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# DECLARATIONS

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**13. Please read these statements carefully and ensure you understand them.**

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I have been informed about and received a summary of the Code of Practice for International Students.  Yes  No

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I have received a copy of the school's Guide for International Students.  Yes  No

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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:

\_\_\_\_\_

Parent/legal guardian signature:

\_\_\_\_\_

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

# DOCUMENTATION

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

- Student's passport and visa details

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

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- Designated caregiver agreement

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- Immunisation certificate (in English) for student

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- Tuition Agreement

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- Evidence of medical and travel insurance (in English)

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If you have any questions or would like to sit down and discuss the application process in greater detail, please don't hesitate to contact our International Student Co-ordinator.

Anna Mills

Phone: 09 483 7615 ext 702

Email: [office@beachhaven.school.nz](mailto:office@beachhaven.school.nz)