

International Student Application Form

Student details

Full Name: _____ Date of birth: _____
Last First Preferred name Dd/mm/yy

Address: _____
Street Address

City Country ZIP Code

Phone: + () _____ Email: _____ Skype ID: _____

Passport no. _____ Expiry date _____ Country of issue: _____

Parent details

Father's surname: _____ Father's given name: _____

Occupation _____ Best contact phone number: + () _____

Email address: _____ Do you read/speak English? YES NO

Mother's surname: _____ Mother's given name: _____

Occupation _____ Best contact phone number: + () _____

Email address: _____ Do you read/speak English? YES NO

Referring agent information

Company's name: _____ Contact person: _____

Company's address: _____ Phone number: + () _____

Email address: _____ Website: _____

Has the agent provided you with the following information?

- | | | |
|--|------------------------------|-----------------------------|
| 1, Woodford House prospectus | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2, Policy and Code of Conduct for International Students | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3, Summary of the NZ Code of Practice | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Education

Please attach certified copies (in English) of your last TWO school reports

Current school: _____ Grade/
Year level: _____ City: _____ Country: _____

Year level applying for : Year 7 Year 8 Year 9 Year 10 Year 11 Year 12

Intended start date: _____ Intended finish date: _____

How many years have you been learning English? _____ years

Have you taken any international English competency test YES NO Result (if yes)
i.e. IELTS, TOELF, TOEIC? _____

Subject of choices: (refer to junior/senior curriculum books)

Option 1 _____

Option 2 _____

Option 3 _____

Option 4 _____

Option 5 _____

Future job or career goals: _____

Language(s) you have studied apart from English	Number of years studied	Level (i.e. beginner, elementary, intermediate, advanced)
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_____	_____	_____
_____	_____	_____

Musical instrument(s) you have studied	Number of years studied	Level/grade exam achieved
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_____	_____	_____
_____	_____	_____

Sport(s) you play or have played	Number of years played	Level (i.e. social, school, representative)
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_____	_____	_____
_____	_____	_____

Accommodation

You are applying to be:	<input type="checkbox"/> A full boarder	<input type="checkbox"/> A day girl
What is your room preference if boarding?	<input type="checkbox"/> Single room	<input type="checkbox"/> Double room
Do you have any dietary request?	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan
	<input type="checkbox"/> Gluten free	<input type="checkbox"/> Lactose intolerant
	<input type="checkbox"/> Other (please specify)	
Do you have any allergies?		
Do you have any special religious observance?		
Are you comfortable with small children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you comfortable with pets i.e. dogs, cats?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, what are your concerns that we should be aware of?		

Please tick the boxes that you think best describe your personality:

<input type="checkbox"/> Outgoing	<input type="checkbox"/> Mature	<input type="checkbox"/> Optimistic	<input type="checkbox"/> Untidy
<input type="checkbox"/> Independent	<input type="checkbox"/> Patient	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Responsible
<input type="checkbox"/> Adaptable	<input type="checkbox"/> Quick-tempered	<input type="checkbox"/> Formal	<input type="checkbox"/> Shy
<input type="checkbox"/> Quiet	<input type="checkbox"/> Active	<input type="checkbox"/> Neat	<input type="checkbox"/> Humorous

Please tick the activities/hobbies that you enjoy:

<input type="checkbox"/> Adventure Racing	<input type="checkbox"/> Life Saving	<input type="checkbox"/> Soccer	<input type="checkbox"/> Zumba
<input type="checkbox"/> Athletics	<input type="checkbox"/> Orienteering	<input type="checkbox"/> Touch rugby	<input type="checkbox"/> Badminton
<input type="checkbox"/> Cricket	<input type="checkbox"/> Strength and Conditioning	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Canoe Polo
<input type="checkbox"/> Cross Fit	<input type="checkbox"/> Swimming	<input type="checkbox"/> Net ball	<input type="checkbox"/> Hockey
<input type="checkbox"/> Equestrian	<input type="checkbox"/> Tennis	<input type="checkbox"/> Basketball	<input type="checkbox"/> Skiing
<input type="checkbox"/> Futsal	<input type="checkbox"/> Triathlon	<input type="checkbox"/> Yoga	<input type="checkbox"/> Shooting
<input type="checkbox"/> Rugby	<input type="checkbox"/> Lactose intolerant	<input type="checkbox"/> Gluten free	<input type="checkbox"/> Squash

<input type="checkbox"/> Maori Cultural Performing	<input type="checkbox"/> Speech and Drama	<input type="checkbox"/> Debating	<input type="checkbox"/> Solo Singing
<input type="checkbox"/> Dance	<input type="checkbox"/> School production/Stage challenges	<input type="checkbox"/> Chamber Music	<input type="checkbox"/> Orchestra
<input type="checkbox"/> Acapella	<input type="checkbox"/> Flute choir	<input type="checkbox"/> Rock band	<input type="checkbox"/> Chapel Choir

<input type="checkbox"/> Cooking	<input type="checkbox"/> Gardening	<input type="checkbox"/> Painting	<input type="checkbox"/> Movies/Theatre
<input type="checkbox"/> Watching TV	<input type="checkbox"/> Reading	<input type="checkbox"/> Social dancing	<input type="checkbox"/> Sewing
<input type="checkbox"/> Travel	<input type="checkbox"/> Computer/phone games	<input type="checkbox"/> Watching sports	<input type="checkbox"/> Listening to music
<input type="checkbox"/> Chess	<input type="checkbox"/> Playing board games	<input type="checkbox"/> Hiking/Jogging	<input type="checkbox"/> Fashion

Insurance and Medical Information (to be completed by parent)

Would you like the school to arrange insurance for your daughter?

Yes

No

Please provide a copy of the relevant travel and insurance policy

Do you confirm that your daughter does NOT have any pre-existing medical conditions?

Yes

No

Any pre-existing medical conditions are not covered.

Please tick the box of any medical conditions that apply to your daughter

Asthma

Diabetes

Glandular fever

Neck, back, joint problems

Recurrent ear infections

Skin problems

Chickenpox, measles, mumps

Fits or convulsions/epilepsy

Sinusitis

Tonsillitis

Heart problems

Operations

If you tick any of the above boxes, please provide details:

Is your daughter currently on any medication?

Yes (Please list and explain)

No

Are there any physical or mental health conditions/concerns that might put your child at risk? i.e. depression, anorexia

Yes (Please explain)

No

Are there any special learning or behavioral needs to be aware of? i.e. dyslexia

Yes (Please explain)

No

Does your daughter wear glasses?

Yes

(When was the last vision test?)

No

Does your daughter have any hearing issues?

Yes (Please explain)

No

Do you give consent for non-prescription medication (e.g. paracetamol for pain) to be administered to my daughter at the discretion of the School Nurse and relevant staff?

Yes

No

Do you give consent for distance vision checks and hearing/ear checks being carried out on your daughter at school by the public health funded Vision and Hearing Technician?

Yes

No

I understand that this information is required by Woodford House for purposes relating to the safety and wellbeing of the student named above, and that the School may communicate this information to others when necessary for these purposes.

Yes No

I understand that ALL medications (prescription and non-prescription) must be handed to the School Nurse or Director of Boarding upon arrival at school. Students are not allowed to hold any medications in their rooms.

Yes No

I confirm that the information provided is true and accurate. I understand that if I do not disclose relevant information my child's place may be revoked. (Failure to disclose means that Middleton Grange School cannot provide the care and support your child needs.)

Yes No

Parent's signature:

Date:

Disclaimer and Signature

Student's Declaration

I, _____, certify that my answers are true and complete to the best of my knowledge.

I have carefully studied and agree to abide by the rules of the school as set out in the following documents:

Woodford House Policy and Code of Conduct for International Students	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student Handbook	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Boarding Handbook	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature: _____ Date: _____

Parents' Declaration

We, _____ (father) and _____ (mother) of (student) hereby declare that:

- The information provided in this form is true and correct.
- We have read and understood information about Woodford House and the Ministry Education (Pastoral Care of International Students) Code of Practice 2016 ([The Code](#))
- Regardless of the student's age, we agree to accept the authority of Woodford House and all the provisions as set out in the Woodford House Policy and Code of Conduct for International Students.
- We understand that the enrolment is not complete until all relevant personal information is provided and all relevant fees and charges are paid. Failure to disclose relevant information or provision of false information may result in termination of enrolment.
- We accept the right of Woodford House, in the best interests of the student, to determine the appropriate level of study for the student based on English and other assessment carried out by the school.
- We authorize staff employed by Woodford House to:
 - i. Receive information from relevant person, authority or corporate body concerning the student including but not limited to medical, educational and welfare information;

- ii. Provide consents in respect of any activities carried out and authorised by the school;
- iii. Provide necessary consents on behalf of the student in the event of a medical emergency where it is not reasonably practical or timely to contact the parents or designated caregiver.
- We accept that the school will follow the Ministry of Education's guidance for schools on stand-downs, suspensions and termination of enrolment. Please refer to: <https://education.govt.nz/school/managing-and-supportingstudents/student-behaviour-help-and-guidance/stand-downs-suspensions-exclusions-and-expulsions-guidelines/> and shall use its best endeavors to ensure the safety, health and wellbeing of the student.
- We understand that we can contact iStudent Complaints if our daughter experiences any grievances or disputes while at Woodford House. The Dispute Resolution Scheme (DRS) provide all the necessary details for students online at: <http://www.fairwayresolution.com/istudent-complaint>
- We agree that information collected on these application forms may be passed to government agencies in statistical form as required by the Education Act 1993 and other statutory requirements. When this occurs we agree to waive conditions in the Privacy Act 1993

Father's full name: _____ Father's signature _____ Date: _____

Mother's full name: _____ Mother's signature _____ Date: _____