

APPLICATION TO ENROL

Verification

AS AN INTERNATIONAL STUDENT	(Office use only)
Name of Student: Family Name First name (s)	Student passport and school report
Date of Birth:	details photocopied and filed.
Preferred Name: Ethnicity:	
Gender: M/F (please circle)	
Date of First Entry into New Zealand://	
Name(s) of previous school(s) in New Zealand: Dates of Attendance at those schools:	
Length of time International Student wishes to enrol for:	
from/ to/ Country of Birth:	
Passport Country of Issue:	
Passport Number: (please send copy of passport details, visa details not necessary at this stage)	
First language	

Estimated level of English (please circle)	
Beginner, Elementary, Pre Intermediate, Upper Intermediate, Advanced	
Academic goals of study at John Paul College	
Highest School qualifications to date	
(please include transcripts with your latest school report)	
Contact details of parent/legal guardian in home country:	
Parent or Legal Guardian's names:	
Address:	
Phone: Mobile:	
Fax: Email:	
Will the student (named above) be living with a parent?	Details: Parent
Yes No	passport verified and
If Yes -	photocopied
Details of the Parent the international student (named above) who will reside with student while attending John Paul College .	Proof of
	Residential Details
Name of Parent:(Please Print Full Name)	
New Zealand Address:	
Phone:(0_) Mobile Phone:	
Email	

If No - Details of the Designated Caregiver (<i>if applica</i> above) will reside with while attending John Paul Name of Caregiver/s: Address:	il College	Check the designated Caregivers status period of study
Phone: (0_) Mobile Ph Email		
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Health status: International Students enrolled at John Paul Coll Does the International Student (named above Yes No If No - please provide details of health conce	e) have good health?	Medical Insurance Details checked, photocopied and filed
 Medical and Travel Insurance: International Students must have appropriate and while studying in New Zealand. Does the student have a Medical and Travhis/her time of study in New Zealand? Yes No If Yes please provide details: 		
Company:	Policy No:	
Expiry date:		

If no please tick:	
• I will take out medical and travel insurance and will send the provider a copy of the policy in English before I leave my home	
Or	
• I would like the school to arrange medical and travel insurance on my behalf and include this in my Fees Invoice.	

John Paul College expects to be able to meet the learning needs of children enrolled at the school. If any learning issues are not disclosed at time of enrolment, the school reserves the right to not accept the student within the first five days of school attendance. • Does the international student (named above) have any special learning or behavioural needs?	
Yes No	
Details if applicable:	
I have been informed about, and have received a summary of the Code of Practice for International Students: Yes No	Copy of Summary Code sent.
I have been informed about all costs involved with enrolment and the school's policy regarding fee protection and refunds (see Information Booklet): Yes No	
I have received a copy of the school Prospectus and International Education Information Booklet and have read and understood them Yes No	Prospectus, Information Booklet sent.

- I have read understood and accept the policies, rules and procedures regarding international students at John Paul College and agree to abide by them.
- I agree that all disputes will be dealt with in accordance with New Zealand law.
- I confirm all the information contained in this application is true and correct to the best of my knowledge and belief:
- I acknowledge that the provision of false information or the withholding of relevant information may result in termination of enrolment.
- I will inform the school if there are any changes to the details of this application.

Student's signature:	-	
Student's name:		
Parent's signature		
Parent's name:	-	
Date:		

