

ST JOSEPH'S SCHOOL
ENROLMENT FORM INTERNATIONAL STUDENTS



STUDENT DETAILS

Last Name: _____ Sex: Female Male (Please circle)
First Name: _____ Preferred Name: _____
Date of Birth: _____ Place in Family: _____
Name of Eldest Child in this School: _____
Address: _____ Suburb: _____
Phone No: _____ Country of Legal Residence: _____
Country of Birth: _____ Nationality: _____
Passport No: _____ Entry Date to New Zealand: _____
Visa Status: _____ Expiry Date: _____
_____ _____
Home Language: _____ Religion _____

FAMILY DETAILS

Student lives with: e.g. Mother, Father, Caregiver etc. _____

FATHER'S DETAILS

Last Name: _____ First Name: _____ Occupation: _____
Postal Address: _____
Home Phone No: _____ Business No: _____
Email address: _____ Fax No: _____
Ethnicity: _____ Home Language: _____
Father speaks English Yes No (Please circle)

MOTHER'S DETAILS

Last Name: _____ First Name: _____ Occupation: _____
Postal Address: _____
Home Phone No: _____ Business No: _____
Email Address: _____ Fax No: _____
Ethnicity: _____ Home Language: _____
Mother speaks English Yes No (Please circle)

Is either parent intending to apply for Permanent Residency, Work Permit or Long Term Business Visa?

_____ Yes No (Please circle)

DESIGNATED CAREGIVER DETAILS

Last Name: _____ First Name: _____
Address: _____ Suburb: _____
City: _____ Email: _____
Phone No: _____ Cell Phone: _____
Occupation: _____ Work Phone: _____

EMERGENCY CONTACTS

First Contact Name: _____ Phone No: _____
Second Contact Name: _____ Phone No: _____

HEALTH INFORMATION

Does your child have any known medical conditions? Yes No (Please circle)

Please specify _____

New Zealand children are vaccinated against the following diseases. Please circle the ones your child has been vaccinated against:

Whooping Cough	Diphtheria	Tuberculosis	Tetanus	Measles
Mumps	Rubella (German measles)	Polio	Hepatitis B	

If your child has not been vaccinated against any of the diseases above, and the opportunity arises for your child to be vaccinated at school, do you consent to your child being vaccinated? Yes No (Please circle)

Please state which diseases vaccination consent is given for _____

Does your child have any allergies? (For example, food allergies like peanuts or wheat, or medical allergies like penicillin or bee stings) Yes No (Please circle)

Please state allergies _____

Does your child carry any medication for this allergy? _____

Name any other medication your child requires _____

Are there any family medical conditions that we should know about to ensure the safety of your child?

Measles	Mumps	Polio	Malaria	Chicken Pox
Tuberculosis	Hepatitis	HIV	Diphtheria	Meningitis

If your child has not been vaccinated against any of the diseases above, and the opportunity arises for your child to be vaccinated at school, do you consent to your child being vaccinated? Yes No (Please circle)

Please state which diseases vaccination consent is given for _____

LEARNING AND BEHAVIOUR

Does your child have any learning or behaviour needs? Yes No (Please circle)

Please specify: _____

What is your estimate of your child's level of English?

- a) No English b) A little English c) Good English (Please circle)

HEALTH AND TRAVEL INSURANCE

Health and Travel Insurance provider and details:

Policy No: _____ Start Date: _____ Expiry Date: _____

PARENTAL CONSENT

I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by the school policies.

I acknowledge all the information is true and that withholding relevant information or providing false information may result in the termination of the enrolment. I also acknowledge the school has no liability for any injury, loss, theft or misadventure.

Signature of Parent: _____ Date: _____

Enrolment Accepted/Declined

Signed (Principal) _____ Date: _____

Date started at SJS:	Enrolment No:	Room:	Year Level:	House Colour:	Teacher:
Copy of Student's Passport Received <input type="checkbox"/>	Copy of Student's Visa Received <input type="checkbox"/>	Copy of Parent's Passport Received <input type="checkbox"/>	Copy of Parent's Visa Received <input type="checkbox"/>		
Copy of Insurance Received <input type="checkbox"/>	Signed Tuition Agreement Received <input type="checkbox"/>	Signed Refund Procedure Received <input type="checkbox"/>			