Chandler Avenue Royal Oak Auckland 1023 Phone (09) 624 2800 Email: admin@rops.school.nz www.royaloak.school.nz

**Student** 



# International Student Application for Enrolment at Royal Oak Primary School (minimum of 4 weeks study)

Family Name:		Date of Birth:
Given Names:		Gender (circle): Male / Female
Nationality:		First Language:
Father		
Family Name:		
Given Names:		
Address:		
Phone: Day:	Night:	Mob:
Fax:	. Email:	
Occupation:		
Mother		
Family Name:		
Given Names:		
Address:		
Phone: Day:	Night:	Mob:
Fax:	. Email:	
Occupation		

### Please circle which parent the child will be living with while studying in New Zealand

**Both Parents** 

Legal Guardian

Mother

Father

Please note that a Legal Guardian rights for the care, well being and imprisonment or impairment which ild. Proof of Legal Guardianship	d financial support o ch prevents the pare	of the child in the absence of	f parents due to death,
Address while in New Zeal	and		
Address:			
Phone: Day:			
Email address while in New Zeal	and :		
Alternative Emergency Co	ntact in New Ze	aland	
Family Name:			
Given Names:			
Address:			
Phone: Day:	Night:	Mob:	•••••
Relationship to Child:			
Agent			
Is this application being made thr	ough a Recruitment	Agent?	Yes / No
If yes			
Agent's Name :			•••••
Contact details: Ph:			
Email:			
Company they work for			

## Health

Does the child have any medical problems?	Yes / No	
If "Yes", please give details below. Please attach an additional sheet if necessary.		
Is your child fully immunised? (please provide immunisation record)	Yes / No	
Have you arranged medical insurance for your child?	Yes / No	
Special Needs		
Does the child have any special needs?	Yes / No	
If "Yes", please give details below. Please attach an additional sheet if necessary.		
Does your child have any special educational needs?	Yes / No	
If "Yes", please give details below. Please attach an additional sheet if necessary.		
Education History		
Has the child regularly attended a school?	Yes / No	
If "Yes", please give details below. Please attach an additional sheet if necessary. Plea of the child's most recent school report (in English).	se enclose a copy	

#### **E-Learning**

I am aware that my child will be involved in an E-Learning programme that includes digital citizenship, use of internet and published work and images online.

Yes

Length of Stud	dy				
Start Date:					
End Date:		•••••			
	given on this form details in this en	, _		undertake to inf	form the school
Student Name:					
Parent Name:					
Signed:			Date:	:	

#### **Additional Application Information**:

The following information must be included with your completed application form:

- ➤ Certified copy of the student's and parents' passports and visas
- > Evidence of Health Insurance documentation (please ensure this document is translated into English for school administration)
- > Student's Immunisation / Vaccination Record (please ensure this document is translated into English for school administration)
- ➤ Medical information (*if applicable*)
- ➤ Administration Fee \$275.00 (non-refundable)
- > A recent photograph of the child