
CHRIST THE KING SCHOOL

Enrolment Form International Students

STUDENT DETAILS

Last Name: Gender: (Please tick) Female Male
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:
Visa Status: Passport No:
Expiry Date: Home Language:
Entry Date to New Zealand: Religion:

FAMILY DETAILS

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

FATHER'S DETAILS

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

MOTHER'S DETAILS

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

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

(Please tick) Yes No

DESIGNATED CAREGIVER DETAILS (if a close relative)

Last Name: First Name:

Address:

Suburb: City:

Phone No: Cell Phone:

Occupation: Work Phone:

Email:

GUARDIAN DETAILS (if student in a Home Stay)

Last Name: First Name:

Address:

Suburb: City:

Phone No: Cell Phone:

Occupation: Work Phone:

Email:

EMERGENCY CONTACTS OR EDUCATION PROVIDER (if appropriate)

First Contact Name: Phone No:

Second Contact Name: Phone No:

HEALTH INFORMATION

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

Please specify

New Zealand children are vaccinated against some of the following diseases.

Please tick the ones your child has been vaccinated against:

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tuberculosis (TB) |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Rubella (German measles) | <input type="checkbox"/> Polio | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Malaria | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Other | |

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? (Please tick) Yes No

Please state which diseases vaccination consent is given for.....

Immunization certificate sighted (Please tick) Yes No

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

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?

.....
.....

LEARNING AND BEHAVIOUR

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

Please specify:

What is your estimate of your child's level of English? (Please tick)

- a) No English b) A little English c) Good English

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:

Year: Room Number: Teacher:

Enrolment Accepted/Declined

Principal's signature:..... Date: