



Wrights Avenue, Timaru, New Zealand

Telephone: +64 3 688 6074

Fax: +64 3 6842250

Website www.craighead.school.nz

Email: Julie.mclean@craighead.school.nz

Application to Enrol as an International Student

Name of Student: _____
(Family Name) (First Name) (Preferred Name)

Date of Birth: _____ **Country of Birth:** _____

Ethnic Group: _____ **Passport Number:** _____ **Expiry:** _____

Parents' Names: Father: _____ Mother: _____

Residential Address: _____

Telephone Number: _____ **Fax:** _____ **Mobile:** _____

Parents' Email Address: _____

Emergency Contact (if different from above): _____

Agent Contact: _____

Period of intended study: Term 1 Term 2 Term 3 Term 4 Full Year. **Level:** Year 7 8 9 10 11 12 13 (Circle choice)

Name of Previous School Attended: _____

Evidence of English Language Ability: _____

The School reserves the right to place the student in courses according to their ability and academic performance after diagnostic testing.

Will the student be living in the Boarding House? Yes No **Homestay?** Yes No **With Parent?** Yes No

International students are required to have Health, travel and personal effects Insurance. This can be arranged by the school.

Health Problems: _____

For the purposes of the Privacy Act 1993, I hereby acknowledge:

Information collected in this form will be used by The Board of Trustees of Craighead Diocesan School for the purposes of providing a database of information that will be used for the pastoral care, guidance and monitoring of the student.

I have read, understood and accept the policies, rules and proceedings regarding International Students at Craighead Diocesan School and agree to abide by them.

Student Signature: _____ **Parent:** _____ **Date:** _____