

Berkley

Normal Middle School

International Student Enrolment Form 2018

26 Berkley Avenue
Hillcrest
Hamilton 3216
Phone: 07 856 6537

Email: office@berkley.school.nz
Website: www.berkley.school.nz

Please ensure that all the information is complete and correct. Failure to properly complete the form may result in a delay in processing.

Part One: PERSONAL INFORMATION

Student Name:

Birth Date: **Gender (Please circle):** Male / Female

Home Country: **Ethnic Group:**

First Language: **Passport Number:**.....

Date of Entry to NZ: **Visa Expiry Date:**

Parent's Names:

(Mother) **(Father)**

Address: (NZ)

.....

Home Phone: **Work Phone:**

Mobile: **Email:**

Overseas Emergency Contact (Not in New Zealand)

Name: **Relationship to student:**

Mobile: **Email:**

New Zealand Emergency Contact

Name: **Relationship to student:**

Phone number: **Mobile:**

Email:

Part Three: HOBBIES, INTERESTS, SPORTS

What sports do you play? ((Please list your level of experience next to each sport – e.g. social player, school team, regional representative etc)

Sport:..... Level of Experience:

Sport: Level of Experience:

Do you sing or play any musical instruments? (Please state how long you have been playing for next to each instrument)

Sing: Yes / No If Yes, how long for?

Instrument played: How long for?

Instrument played: How long for?

Are you in a band or a choir? (If yes please state)

What are your hobbies or Interests? (e.g. music, dancing, computer games etc)

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Are there any other sports or hobbies that you would like to be involved in while you are in New Zealand? (Please state) :

Part Four: HEALTH INFORMATION (PARENTS TO COMPLETE)

Does your child have any pre-existing medical conditions or concerns? Yes / No

If Yes please state:

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

A copy of your child’s vaccination document will must be presented along with the enrolment form.

Does your child have any allergies/ (e.g. food allergies like peanuts or wheat, or medical allergies like penicillin or bee stings):

Does your child carry any medication for this allergy?

Name any other medication your child requires:

Part Six: OTHER INFORMATION

Have you travelled to other countries before? (Please state which ones)

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Have you lived away from your family before?

What is your religion?

Do you need to attend church or another place of worship on a regular basis? (please circle) Yes / No

If yes, please state which church

Is there a particular part of your culture that is very important to you that we should know about?

.....

.....

.....

Are there are special items you plan to bring with you?

What is your favourite food?

Is there any particular food that you cannot eat?

Do you have any special dietary requirements (e.g. vegetarian, don't eat chicken or pork etc)

.....

Is there any particular New Zealand food that you are looking forward to eating?

.....

Enrolment Check List

(The following documents must be presented to the school office before the student can attend school)

- **Medical/Travel Insurance Policy**
- **Passport**
- **Vaccination Document**

Student Signature:

Parent/Caregiver Signature: