

## Berkley



### **Normal Middle School**

# International Student Enrolment Form 2020

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

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Part One:	PERSONAL INFORMATION
Student Nar	ne:
Birth Date:	
Home Coun	try: Ethnic Group:
First Langu	age: Passport Number:
Date of Entr	ry to NZ: Visa Expiry Date:
Parent's Na (Mother)	mes: (Father)
Address: (N	<b>Z</b> )
	e:
Mobile:	Email:
Overseas En	nergency Contact (Not in New Zealand)
Name:	
Mobile:	Email:
New Zealan	d Emergency Contact
Name:	
Phone numb	per: Mobile:

Part Two: <u>LIVING SITUATION</u>	IN YC	<u>JUR HUN</u>	<u>TE COUNTRY</u>		
What type of home do you live in? (Apartment, House etc)					
Where is your home located? (City, Town	, Country	/side, etc)			
How do you get to school? (Walk Bus, Train, etc)					
Do you have any brothers or sisters? Yes / No (please circle)					
If <b>Yes</b> please list their names and ages and indicate whether they live at home:					
Name:	Age:		Male/Female:	Living at Home (Y/N)	
Who else lives in your home? (Mother, Fa	ther, Und	cles, Aunts,	Grandparents, etc)		
Relationship to student  Name					
Who usually looks after you?					
What work do your parents do? (Mother)					
(Fath	ner)				

### Part Three: <u>HOBBIES, INTERESTS, SPORTS</u>

1	play? ((Please list yo al representative etc)	our level of experience	e next to each sport	– e.g. social player,
Sport:		Level of Experie	nce:	
Sport:		Level of Experie	nce:	
to each instrument)	•	ents? (Please state how long for?		1 7 0
Instrument played:		How long	for?	
Instrument played: .		How long	for?	
Are you in a band o	r a choir? (If yes plea	se state)		
What are your hobb	ies or Interests? (e.g.	music, dancing, com	puter games etc)	
Zealand? (Please st	ate):	t you would like to be		
		ATION (PARE)		·
•				
	en are vaccinated aga	ninst the following dis		
Whooping Cough	Diphtheria	Tuberculosis	Tetanus	Measles
Mumps	Rubella (Ger	man Measles)	Polio	Hepatitis B
Does your child have	ve any allergies/ (e.g.	ument must be presented food allergies like pe	anuts or wheat, or m	edical allergies like
Does your child carr	ry any medication for	this allergy?		
Name any other med	dication your child re	equires:		

Are there any family	y medical conditions	that we should know	about to ensure the sa	afety of your child?
(e.g. food allergies,	bee sting allergies)		•••••	
Permission for scho Paracetamol Yes		Antihistamine	*	
Does your child have	e any other special he	ealth or medical need	s?	
Does your child have	e any psychological	needs? Yes / No	)	
If so please state:				
Part Five: <u>STU</u>	JDY INFORMAT	TION (PARE)	NTS TO COMPL	<u>LETE)</u>
Does your child have progress? Yes	<b>v</b> 1	ng needs or difficultie	s that could affect the	eir
If yes please list -				
Does your child have	ve any behaviour issue	es? Yes / No		
If yes please list –				
What is your estimate of your child's level of English? (Please circle)				
Beginner	Elementary	Pre-Intermediate	Intermediate	Upper Intermediate
Student to complete What are your favor		ol?		
What do you find the most challenging about school?				
What do you enjoy most about school?				
What are your dreams and ambitions?				
What are you hopin	g for or looking forw	ard to in your New Ze	ealand School?	
What worries you a	bout living and study			

### Part Six: OTHER INFORMATION

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