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**BERKLEY**  
 Normal Middle School EST. 1971  
 TAKE UP THE CHALLENGE

## BERKLEY NORMAL MIDDLE SCHOOL

### International Student Application Form & Contract of Enrolment

Student Details (Name must be as it appears on your passport)	
Family name:	
First name:	Date of birth:
Preferred name:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> _____
Email:	
Address: (In home country)	
First language:	Country of citizenship:
Passport number:	Expiry date:
Intended start date at Berkley:	Intended end date at Berkley:

Parent One or Legal Guardian: (Name must be as it appears on your passport)	
<i>NOTE: It is requirement of New Zealand regulations that schools must maintain effective communication with parents and legal guardians.</i>	
Title:    Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/>	Occupation:
Family name:	Date of birth:
First name:	Relationship to student:
Street address	
Postal address	
Home /Mobile phone:	
Email:	
First language:	Country of citizenship:

Parent Two or Legal Guardian: (Name must be as it appears on your passport)	
Title:    Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/>	Occupation:
Family name:	Date of birth:
First name:	Relationship to student:
Street address:	
Postal address:	
Home /Mobile phone:	Email:
First language:	Country of citizenship:

**Emergency Contact (In home country, other than parents):**

Contact's name:

Relationship to the student:

Mobile phone:

Home phone:

Email address:

**Agent Information (If using an agent)**

Agency name:

Agent Agency:

Agent email address:

Phone:

**Medical Information**

Does the student have any history of previous physical or mental health illness or problems that may affect their enrolment?

 Yes  No

If 'Yes', please provide details including doctor or hospital reports (attach more pages if required).

Has the student been vaccinated for diseases?  Yes  No

If 'Yes', please provide a copy of the vaccination certificate/s.

Please tick the appropriate box if you suffer from or have suffered from any of the following medical conditions:

- Asthma       Diabetes       Epilepsy       Migraines       Back/Neck problems  
 Glandular Fever       Depression/Anxiety       ADD/ADHD       Asperger's Syndrome  
 Autism Spectrum Disorder       Depression/Anxiety       Behavioural Difficulties       Mental Illness  
 Allergy to bee/wasp stings       Learning Difficulties       Mobility issues       Allergies  
 Other: (Please describe)

Is the student currently on any medication?  Yes  No

If 'Yes', please provide details (attach more pages if required).

*Please note: If you suffer from conditions requiring medication, it is advisable to bring your own medication to New Zealand. You will be required to notify the school regarding any medications that you bring with you.*

Is there anything further regarding the health of the student that the school needs to be aware of in enrolling and supporting the student as an international student?  Yes  No

If 'Yes', please provide details (attach more pages if required).

**Medical Treatment agreement** – In the event of any injury/illness, I agree that a school first aider can treat my child and administer the following medications if required. Please circle each of the options below:

Paracetamol       Ibuprofen       Antihistamine

Learning Information	
Current school:	Grade/Year level:
If the student does not currently attend school, please give reason and date of last attendance:	
Please describe your learning goals for studying in a New Zealand school (attach more pages if required).	
How many years of schooling, (Do not include pre-school education) has the student had?	
During this time, has the student not attended school for 1 month or longer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details (dates and reason):	
Please provide a copy of the latest school report for the student with this application.	
Does the student have any learning difficulties which may require extra school support or services?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details (attach more pages if required).	
Does the student have behavioural difficulties which may require extra school support or services?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details (attach more pages if required).	

General Details	
Has the student previously studied at any other NZ school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state the name of the school:	Dates:
How many years has the student studied English?	[ ] Months [ ] Years
Please indicate the students' level of English:	<input type="checkbox"/> Complete beginner <input type="checkbox"/> Able to hold simple conversations <input type="checkbox"/> Able to understand enough to know what is going on in the classroom
Do the student's parents speak or read English?	Speak <input type="checkbox"/> Yes <input type="checkbox"/> No Read <input type="checkbox"/> Yes <input type="checkbox"/> No

Accommodation Requirements:
The student will live with: <input type="checkbox"/> Parent or legal guardian OR The student will live with a residential caregiver: (Please select the type of residential caregiver the student will live with) <input type="checkbox"/> Designated caregiver (relative or family friend) or <input type="checkbox"/> Homestay

**Designated Caregiver Details** (If the student is staying with a relative or close family friend)

Name of caregiver/s:

Address (in NZ):

Home/ Mobile phone:

Email:

Relationship to student:

**Enrolment Declaration**

I wish to make application for my child to enrol at Berkley Normal Middle School as an International Student. I understand the conditions of enrolment that are outlined in this enrolment document and agree to abide by them, in particular I agree that:

- All policies of the school, including school behaviour code, will be followed by the student and supported by parents/caregivers
- The school uniform will be worn fully and correctly
- I have read and understood the refund policy attached to this enrolment form.

Parent/Guardian Signature:

Student Signature:

Date:

**Enrolment Check List**

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

- **Medical/Travel Insurance Policy** ●
- **Passport** ●
- **Student Visa** ●
- **Vaccination Document** ●
- **Latest School Report** ●