



KAIPARA COLLEGE

International Student Application Form

Personal Details

Family Name: _____

First Name: _____

Sex: M / F Date of birth: _____

Student's Address in Home Country: _____

Telephone Number: _____ Fax Number: _____

Country Issuing Passport: _____

Passport Number: _____

Passport Date of Issue: _____ Date of Expiry: _____

Father's Full Name: _____ Occupation: _____

Father's Address: _____

Father's Home Telephone No: _____ Business Phone No _____ Fax No.: _____

Father's email Address: _____

Mother's Full Name: _____ Occupation: _____

Mother's Address: _____

Mother's Home Telephone No: _____ Business Phone No _____ Fax No.: _____

Mother's email address: _____

Agent Details

Company Name: _____ Consultant: _____

Phone No.: _____ Fax No.: _____ Email address: _____

New Zealand Contact: Name: _____ Phone No.: _____

Educational Information

Name of Present School: _____ Class / Level: _____

Subjects you are studying this year: _____

What level would you like to study at Kaipara College? Year 9 (Form 3) Year 10 (Form 4)

(circle one) Year 11 (Form 5) Year 12 (Form 6) Year 13 (Form 7)

What subjects would you like to study at Kaipara College? _____

What are your plans for future study? _____

How many years have you studied English? _____

Where did you study English? _____

Language Level: Beginner Intermediate Advanced

Guardian for Students Under The Age of 20

Who is responsible for your son/daughter in New Zealand? Agent Family Member Family Friend (Circle one)

Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Accommodation Information

You can make your own arrangements for accommodation or Kaipara College can organize Homestay Accommodation in the school area.

Do you want Kaipara College to organize Homestay accommodation: Yes No

If you are making your own arrangements please give the details:

Name: _____ Relationship: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Health

Do you suffer from any medical problems? Please give details including any medicine you have to take.

Have you arranged Health Insurance for your time in New Zealand? Who is the Health Insurer? _____

Agreement

- ◆ We have read and understood the information about services provided by Kaipara College for International Students.
- ◆ We have read and understood the conditions of admission to Kaipara College.
- ◆ We have read understood the policies on insurance, refunds and accommodation.

Parent's signature: _____

Student's signature: _____

Agent or Guardian's signature: _____

Date: _____

Please attach to this application:

- ◆ A copy of your latest school report translated into English.
- ◆ A testimonial of good character from your present school
- ◆ A photocopy of your passport details or a photocopy of your Birth Certificate

Date you would like to start at Kaipara College: _____

Kaipara College is a signatory to the New Zealand Code of Practice for the Pastoral Care of International Students

Send this Form to:

Kaipara College, Rautawhiri Road, Helensville, Auckland, New Zealand

Or fax it to:

+64 9 420 7485