



COCKLE BAY SCHOOL INTERNATIONAL ENROLMENT FORM

Student's Legal Surname Boy/Girl	Student's Legal First Name(s) Student's Preferred First Name
Date of Birth <i>(Date/Month/Year)</i>	Ethnic Group
Country of Birth	Country of Citizenship
Address <i>(in Home Country)</i> Phone No. Parent's Mobile	Address <i>(while living in New Zealand)</i> Phone No. Parent's Mobile Agents Name <i>(if applicable)</i>
First Language Level of English <i>(please circle as appropriate)</i> None A few words Fluent	
Date first started School in Home Country	School and Year Level <i>(in Home Country)</i>
Date of Arrival in New Zealand	Visa Expiry Date
ACCOMPANYING PARENTS DETAILS	
Relationship to child <i>(Mother or Father)</i>	To assist us with your stay in New Zealand we are interested in your level of English. Can you speak English? <i>(please circle as appropriate)</i> None A Little Fluent Can you read English? <i>(please circle as appropriate)</i> None A Little Fluent Can you write English? <i>(please circle as appropriate)</i> None A Little Fluent
Surname	
First Name	
Country of Birth	
Ethnicity	
Email address	
Mobile	

Office Use OnlyDate of Birth Verified *(copy of passport attached)* **Yes/No**

Start Date _____ Year Level _____ Room _____

EMERGENCY CONTACTS IF UNABLE TO CONTACT PARENTS
(e.g. relative, friend, neighbour)

IN HOME COUNTRY	IN NEW ZEALAND
Relationship to child	Relationship to child
Surname	Surname
First Name	First Name
Home phone	Home phone
Work phone	Work phone
Mobile	Mobile
email	email

MEDICAL INFORMATION

Does your child have any medical conditions the school should be aware of? **Yes/No** (please circle one)
If yes please explain

Does your child have any allergies the school should be aware of? **Yes/No** (please circle one)
If yes please explain

Is your child currently taking any medication? **Yes/No** (please circle one)
If yes please provide details

*Please note that any medication taken at school requires a signed
"Parent/Guardian's Request for CBS to Administer Medication" form available from the school office.*

OTHER EDUCATIONAL DETAILS

Are there any learning difficulties that the school should be aware of? **Yes/No** (If yes, please explain)

OTHER DETAILS

This child's place in the family is (eg 1 of 1, 1 of 2, 2 of 3 etc)

Acceptance of Terms

Cockle Bay School requires that all international students in Years 1 – 6 live with and continue to live with their parents for the entire duration of their study in New Zealand. I/We agree to abide by the rules and policies of Cockle Bay School at all times.

I confirm that the address which I have provided to the school will be the usual place of residence for the above student when the school is open for instruction. I will advise the school of any subsequent change of address. I agree that all the information held by the school may be disclosed, by the school, to other relevant persons or agencies as the school deems necessary for the purpose of the child's educational welfare.

I confirm that all information provided in this application is correct.

Signed: Dated:
(Parent)

Relationship to Student: