



Fruitvale School

## APPLICATION TO ENROL AS AN INTERNATIONAL STUDENT

Verificati  
on  
(Office  
use  
only)

Name of Student:

\_\_\_\_\_ (Family  
Name) (First Name)

Date of Birth: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Date of First Entry into New Zealand: \_\_/\_\_/\_\_

Name(s) of previous school(s) in New Zealand: \_\_\_\_\_

Dates of Attendance at those schools:

\_\_\_\_\_

Length of time International Student wishes to enrol for:

from \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_

Passport,  
student  
visa and  
student  
permit  
photocopied

Contact details of parent/next of kin in home country:

Address:

\_\_\_\_\_

\_\_\_\_\_

—

\_\_\_\_\_

\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

<p>Will the student (named above) be living with a parent?</p> <p>Yes No</p> <p><b>If Yes -</b></p>	<p>Details: parent Passport verified and photocopi ed</p>
---	---

<p>Details of the <b>Parent</b> the International Student (named above) will reside with while attending Fruitvale School.</p> <p>Name of Parent: _____ (Please Print Full Name)</p> <p>New Zealand Address: _____ _____ _____</p> <p>Phone:(0_) _____ Mobile Phone: _____</p>	<p>Proof of Residential Details</p>
--	-------------------------------------

Eligibility for Health Services:

Most international students are not entitled to publicly funded health services while in New Zealand. If you receive medical treatment during your visit, you may be liable for the full costs of that treatment. Full details on entitlements to publicly-funded health services are available through the Ministry of Health, and can be views on their website at <http://www.moh.govt.nz>

International Students enrolled at Fruitvale School must be in good

health. • Does the International Student (named above) have good

health? Yes No

• If No - please provide details of health concerns

---

Medical and Travel Insurance:

International Students must have appropriate and current medical and travel insurance while studying in New Zealand.

• Does the student have a Medical and Travel insurance policy for the duration of his/her time of study in New Zealand?

Yes No

If Yes please provide details: \_\_\_\_\_

---

---

---

\_\_\_\_\_  
If no please tick:

Medical  
Insurance  
Details  
Checked  
and  
Photocopied

<p>• I will take out medical and travel insurance and will send the provider a copy of the policy in English before I leave my home <input type="checkbox"/></p> <p>Or</p> <p>• I would like the school to arrange medical and travel insurance on my behalf and include this in my Fees Invoice. <input type="checkbox"/></p> <p>Company: _____ Policy No: _____</p> <p>_____ Expiry date: _____</p>	
---	--

<p>Fruitvale School expects to be able to meet the learning needs of children enrolled at the school.</p> <p>• Does the International Student (named above) have any special learning or behavioural needs?</p> <p>Yes No</p> <p>Details if applicable: _____</p>	
<p>I have been informed about and received a summary of the Code of Practice for International Students:</p> <p>Yes No</p>	<p>Copy of Summary Code</p>
<p>I have been informed about all costs involved with enrolment and the school's policy regarding fee protection and refunds:</p> <p>Yes No</p>	<p>Refund &amp; Fees Protection Policies</p>
<p>I have received a copy of the school Prospectus and Policies relevant to International Students and have read and understood them</p> <p>Yes No</p>	<p>Prospectus Insert International Student Policy Complaints Policy</p>

• I have read understood and accept the policies, rules and procedures regarding International Students at Fruitvale School and agree to abide by them. • I agree that all disputes will be dealt with in accordance with New Zealand law. • I confirm all the information contained in this application is true and correct to the best of my knowledge and belief:

• I acknowledge that the provision of false information or the withholding of relevant information may result in termination of enrolment.

• I will inform the school if there are any changes to the details of this application.

Student's signature: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Date: \_\_\_\_\_