



HOWICK

INTERMEDIATE SCHOOL

De Bon Vouloir Servir – To serve with goodwill

INTERNATIONAL ENROLMENT FORM

STUDENT'S DETAILS (as shown on passport)									
Surname (Legal)		First Name		Middle Name			Preferred Name/Surname		
Date of Birth DD/MM/YY		Gender	Country of Birth			Ethnicity		First Language	
HOMESTAY/DESIGNATED CAREGIVER DETAILS					AGENT CONTACT DETAILS				
Full Name			Relationship to Student		Organisation/group Name				
Address:					Agent Full Name		Phone No/s		
Home Phone		Alternative Contact Number			Emergency Contact Name		Phone No/s		
Email Address (school notices will be sent to this address)					Relationship to Student				
HEALTH INFORMATION									
Medical Conditions/Allergies: (please indicate MILD, MODERATE, SEVERE And attach relevant information)								Medic Alert Register? Yes or No?	
Special Needs/ Learning Difficulties (Please indicate MILD, MODERATE, SEVERE and attach relevant information)									
Do you give permission for your child to be given a 'Panadol' if required?								Yes	No
Is your child fully immunised? (Diphtheria/Tetanus/Whooping Cough/Polio/Hep B at 6wks, 3mths, 4yrs) (5 month immunisations) (MMR/Measles, Mumps, Rubella at 4yrs)								Yes/No	
DOCUMENTATION (PASSPORT, STUDENT/VISITOR VISA AND HEALTH INSURANCE MUST BE SIGHTED)									
Student/Visitor Visa Serial Number			Date of Visa Expiry: dd/mm/yy			Intended Length of Stay			
						TO			
Date of Arrival in New Zealand: dd/mm/yy			Level of English: New Learner Some English Fluent						
Required Health Insurance Documentation (must be sighted) All overseas students are required to have travel and health insurance. This policy must include a 'fee protection' cause.									
Insurance Company					Start Date: dd/mm/yy		Expiry Date: dd/mm/yy		
Parent or Authorised Caregivers Consent to enrol short term at Howick Intermediate			Parent/Caregiver Full Name			Signature			
OFFICE USE ONLY									
Payment made		Receipt Number		Payment Period			Entered in eTAP by		Computer no.
\$									