INTERNATIONAL STUDENT APPLICATION FOR ENROLMENT
AT PIGEON MOUNTAIN PRIMARY

Student's Name_____
(Surname) (Given Names) (Name usually called)
This name will appear on Certificates etc

☐ GIRL
☐ BOY **Date of Birth**_____ **Place in family**_____ **of** _____

Students Address in New Zealand_____

_____ Home Phone No_____

Student Lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other _____ (ie. Relative)

Duration of enrolment: _____ **Year(s)** **1 Term** **2 Terms** **3 Terms** **(please circle one)**

Previous NZ School (if any)_____ **Religious Education: can the child attend** ? **Yes ☐ or No ☐**

Mother's/Guardian's Name_____ Work Phone No_____
(Surname) (Given Names)

Occupation _____ Mobile Phone_____

Father's/Guardian's Name_____ Work Phone No_____
(Surname) (Given Names)

Occupation _____ Mobile Phone_____

Parents Details if not in country _____
(Surname) (Given Names) (Address)

Overseas Contact Phone No_____ Email _____

ETHNIC BACKGROUND *(Please tick ✓)*

☐ Chinese Hong Kong ☐ Chinese Taiwan ☐ Chinese (Other) ☐ Korean

☐ Singaporean ☐ Sth Africa ☐ Other_____ (Please specify)

Country of Birth_____ Date of Entry to NZ_____

What is your child's first language if other than English _____ and indicate their level of spoken English

☐ No spoken English ☐ A little English ☐ Good English

Please detail the reasons you wish the student enrolled at this school_____

_____

Does your child have learning / physical difficulties (e.g. Speech, Hearing/Grommets, Vision etc)_____

_____

HEALTH DETAILS
Does your child have any health problems ?_____
In an emergency we have your permission to call an ambulance or transport your child by private vehicle to the nearest Accident and Emergency if we have been unable to notify you or emergency contacts.

EMERGENCY CONTACTS (Used only in an emergency, if neither parent/caregivers can be contacted)

Contact 1st _____ Phone No_____

Names 2nd _____ Phone No _____

Doctor _____ Phone No _____

Signature: _____ Date: _____

(Office Use Only) *Birthdate Verified* ☐ *Passport copied* ☐ *Inoculation Cert copied* ☐ *Fees Paid* ☐**$**_____

***Approved / Declined** by* _____ *Date:*_____ *Anticipated Starting Date*_____

Year Level ☐ *Room Number* ☐ *Teacher* ☐

Entry Date_____ ***Registration No***. ☐