



# Rangiora New Life School

## APPLICATION TO ENROL AS AN INTERNATIONAL STUDENT

Verification  
(Office use  
only)

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Family Name) (First Name)

Ethnicity \_\_\_\_\_ Visa Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Length of time International Student wishes to enrol for:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to Gender: \_\_\_\_\_ Male / Female

Passport,  
student visa  
and student  
permit  
photocopied

Will the student (named above) be living with a parent or legal guardian?

Yes No

Details: i.e.  
Passport  
verified and  
photocopied

Emergency contact details of the **Natural Parent / Legal Guardian** for the International Student named above.

Name of Parent or Legal Guardian: \_\_\_\_\_  
(Please Print Full Name)

NZ or Home and EMAIL ADDRESS as applicable: \_\_\_\_\_

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

Passport  
Copied

Proof of  
Residential  
Details

Details of the **Designated Caregiver** or **Homestay** family (*if applicable*) the International Student (named above) will reside with while attending Rangiora New Life School.

Name of Homestay Providers: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (03) \_\_\_\_\_ Mobile Phone 02\_ \_\_\_\_\_

Details of the **Agent** responsible for the International Student (named above):

Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

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

<p>All International Students enrolled at Rangiora New Life School must have sound health and Medical Insurance.</p> <ul style="list-style-type: none"> <li>• Does the International Student (named above) have sound health? Yes      No</li> <li>• Will they have unlimited medical insurance coverage while in New Zealand?      Yes      No</li> <li>• Please give details of any known allergies or medical conditions: _____</li> </ul>	<p>Medical Insurance Details Checked and Photocopied</p>
<p>Rangiora New Life School expects to be able to meet the learning needs of children enrolled at the school.</p> <ul style="list-style-type: none"> <li>• Does the International Student (named above) have any special learning or behavioural needs?      Yes      No</li> </ul> <p>Details if applicable: _____</p> <p>Number of years International Student has studied English: _____</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>
<ul style="list-style-type: none"> <li>• I have read, understood and accept the policies, rules and procedures regarding International Students at Rangiora New Life School and agree to abide by them.</li> <li>• I agree that all disputes will be dealt with in accordance with New Zealand law.</li> <li>• I confirm all the information contained in this application is true and correct to the best of my knowledge and belief:</li> <li>• I will inform the school if there are any changes to the details of this application.</li> </ul> <p>Parent / Legal Guardian's Signature: _____</p> <p>Date: _____</p>	



