



BOTANY DOWNS

Secondary College

**International Student
International Enrolment**

2011

Office use only:

Form complete	Address	DOB	Insurance	School Report	Medical	ICT	Visa	Start Date	Data Entered
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Student Details

First Name(s): _____

Surname: _____

Gender: Male Female

Preferred Name: _____

Date of Birth: _____

First Language: _____

Student mobile No.: _____

Country of Citizenship: _____

Passport No.: _____

Attach recent
Passport
photograph

Education

Present School: _____

Level of study requested:

Present Year Level (e.g. Yr 8) : _____

Year 9 10 11 12 13

Intended Start Date: _____

Selected subjects in order of preference:

Have you attended any previous school in NZ?

Yes No

1. 2.

3. 4.

(Please give details including dates)

5. 6.

Reasons For Application

State briefly why you wish to study at Botany Downs Secondary College.

To be sent with application

- Copies of records of last two years of schooling.
- Personal character reference written by teacher or Principal.
- A 100 word (or as much as the student is able to write) essay in English, written without help, entitled: "Why I want to study in New Zealand".

Parent Details

Surname: _____

First Name: _____

Occupation: _____

Contact Details:

Home: _____

Business: _____

Fax: _____

Email: _____

Surname: _____

First Name: _____

Occupation: _____

Contact Details:

Home: _____

Business: _____

Fax: _____

Email: _____

Designated Caregivers In NZ (i.e. the person(s) who the student will live with in NZ.)

If you are applying for homestay then do not fill in this section.

Surname: _____

First Name: _____

Relationship to student: _____

Home Address: _____

Occupation: _____

Workplace: _____

Contact Details:

Home: _____

Business: _____

Fax: _____

*Email: _____

Surname: _____

First Name: _____

Relationship to student: _____

Home Address: _____

Occupation: _____

Workplace: _____

Contact Details:

Home: _____

Business: _____

Fax: _____

*Email: _____

* N.B. E-mail address for receipt of school correspondence/report

Are there any specific custody orders that the school should be made aware of? Yes No

If yes please provide details: _____

Emergency Contact

(This is a contact who can be phoned if the primary caregivers cannot be reached)

Surname: _____

Phone Number (Home): _____

First Name: _____

Business: _____

Relationship to student: _____

Mobile: _____

Agent / Guardian Details

If you are represented by an agent or guardian, provide their details below:

Name: _____ Phone Number (Work): _____
Name of agency: _____ Mobile: _____
E-mail: _____ Business: _____

Insurance Details

The student cannot be enrolled until insurance details have been provided.

The New Zealand government requires that the student has full Travel & Medical Insurance.

Do you wish Botany Downs Secondary College to arrange insurance on your behalf? Yes No

If YES, select insurance company: Uni-Care / Southern Cross: 'Max' / 'Essentials'

If NO, state name of your insurance provider: _____

Please attach a copy (with English translation) of policy details.

Background Information About The Student

Name of brothers / sisters who are / were at Botany Downs Secondary College?

Name(s): _____ House: _____ Year: _____

Do you wish your child to be in the same House? Yes No
(The school will make every endeavour to meet this request, but it is dependent on class numbers).

Interests and activities

Music /Drama/Dance

Are you currently learning an instrument? Yes No
Indicate instrument and level / year: _____

Do you currently sing in a choir? Yes No

Other music/ drama/dance involvement: _____
What would you like to participate in at BDSC? _____

Sports

What sports do you currently play? _____

What sport would you like to participate in at BDSC? _____

Other

Other Achievements: _____

School or Club Responsibilities: _____

Family: _____

Pets: _____

Please Note

Should your application be successful, you will receive an "Offer of Place".

There is a registration fee of \$NZ500.00 which must be paid when an "Offer of a Place" is made. This is not refundable if you decide against coming, but is deducted from your school fees if you accept our "Offer of a Place". You will need to pay the year's fees before a visa will be granted.

If you accept the offer of a place then this application for tuition and the attached tuition agreement shall be the terms and conditions of agreement by which tuition shall be provided to the student, and the parent and guardian shall be bound by these terms.

Immigration: Full details of visa and permit requirements, advice on rights to employment in New Zealand while studying, and reporting requirements, are available through the New Zealand Immigration Service, and can be viewed on their website at <http://www.immigration.govt.nz>

PLEASE REMEMBER that your student permit is issued by the Immigration Service on the condition that you attend Botany Downs Secondary College. If you attempt to enrol at another school you are acting illegally and risk having your student permanently withdrawn.

Parent declaration

I/We hereby undertake to the Botany Downs Secondary College Board of Trustees to observe the conditions and expectations as outlined in the School Code of Conduct and Enrolment Documentation, so far as they affect me and the student enrolled.

I/We, accept as a condition of enrolment that the student named in this application will participate in the general school programme that gives Botany Downs Secondary College its special character.

I/We agree that the student will be living with their parent, a designated caregiver or with a school-approved homestay family, while in New Zealand and attending Botany Downs Secondary College.

I/We agree to inform the school of any changes in my/our contact details and/or residential address, and of any change to the student's living arrangements.

I/We agree that all travel by the student outside of Auckland will be approved in advance by Botany Downs Secondary College.

I/We agree that the student will not own or drive a motor vehicle while a student at Botany Downs Secondary College.

I / we agree to the use (including disclosure) of the above information by the staff of the college for any purpose related to the education and well-being of the student concerned.

I/We declare that the student does not have any special educational or behavioural needs that would require additional educational provisions or special equipment or specialist services in New Zealand.

I / we declare that the information provided on this enrolment application is true and correct.

Signature

Mother: _____

Father: _____

Office use only:

Date: _____

Enrolled By: _____