



GENERAL INFORMATION

YEAR OF PROPOSED ENTRY TO SACRED HEART COLLEGE 20____

- Year 7 (Age 11-12) Year 8 (Age 12-13) Year 9 (Age 13-14) Year 10 (Age 14-15)
 Year 11 (Age 15-16) Year 12 (Age 16-17) Year 13 (Age 17-18)

TERM 1 / 2 / 3 / 4 (Circle one only)

Attach a current passport style photo here

STUDENT INFORMATION

Family (Surname) Name _____ Christian Name (First Name) _____
 Preferred Name _____ Nationality _____
 Date of Birth _____ Passport Number _____
 First Language _____ Student Email _____

FAMILY INFORMATION

Father's Name _____ Mother's Name _____
 Home Address _____ Home Address _____

 Work Phone _____ Work Phone _____
 Home Phone _____ Home Phone _____
 Mobile No _____ Mobile No _____
 Fax No _____ Fax No _____
 E-mail _____ E-mail _____
 Occupation _____ Occupation _____

RELIGION

Sacred Heart College is a Catholic, Marist and Champagnat school and welcomes International Students of all faith who come ready to respect and participate in its Special Character.

Your Religion _____ If Catholic, Your Parish _____
 Date of First Communion _____ Date of Confirmation _____

STUDENT EDUCATIONAL INFORMATION

Name of last school attended _____ Country _____
 Year level _____ Length of time at last school _____
 Subjects studied in final year at last school _____
 Favourite subjects _____
 English speaking ability (please circle one):
 Beginner / Elementary / Intermediate / Advanced
 Sports interest _____
 Planned future course of study at Tertiary level _____
 Planned future career _____

NEW ZEALAND CONTACT PERSON (GUARDIAN) DETAILS

All International Students who attend Sacred Heart College, regardless of their age at the time of enrolment, MUST have a New Zealand contact person acting as a guardian (not legal guardian). This is the person who is resident in New Zealand and provides support for the student while here. For International Students who live with a designated caregiver, please complete the Designated Caregiver Information.

Please tick **one** of the following options:

- I would like Sacred Heart College to help arrange a New Zealand Contact Person acting as my son’s guardian. I understand that I will be charged a guardianship fee
- I have placed my son with a designated caregiver, and have completed and signed the Designated Caregiver Statement
- I have already arranged for a New Zealand Contact Person acting as my son’s guardian, their details are recorded below

Name _____	Relationship to Student _____
Home Address _____	Postal Address (if different) _____
_____	_____
Home Phone _____	Business Phone _____
Mobile _____	Email _____

DESIGNATED CAREGIVER INFORMATION

A Designated Caregiver must be a close family friend or relative. The accommodation must be approved by Sacred Heart College and a copy of the Designated Caregiver’s visa and passport is required. A Police Vet check will be carried out on all persons 18 years of age and over living in the Designated Caregiver’s accommodation.

Name of Caregiver _____	Relationship to Student _____
Address _____	Home Phone _____
_____	Work Phone _____
_____	Mobile Phone _____
E-mail _____	Fax No _____

Statement of Designated Caregiver Arrangement:

I/we select _____ (name of Designated Caregiver) to provide accommodation for my son to attend Sacred Heart College as an International Student from _____ to _____, subject to the approval of the College prior to enrolment or on student’s arrival at the college. I/we understand that Sacred Heart College will make every endeavour to ensure the safety and welfare of my/our son while studying in the College. Should the College have any concerns regarding the welfare of the student they may refer the matter to me for further action or refer the matter to the relevant child welfare authorities in New Zealand. Should this arrangement change I/we undertake to inform Sacred Heart College immediately.

Print name: Mr/Mrs _____

Signed: _____ Date _____
(must be signed by student’s Father, Mother or Legal Guardian only)

WHERE DID YOU HEAR ABOUT SACRED HEART COLLEGE

- Recommendation from a student
- An education fair
- An advertisement in a magazine or newspaper
- Recommendation from an agent
- Website
- Other _____

ACCOMMODATION IN NEW ZEALAND

Please tick **one** of the following options:

- HOSTEL I wish to apply for the Sacred Heart College Hostel
- HOMESTAY I require Sacred Heart College to help arrange a homestay, **OR:**
 Homestay will be arranged by my agent / guardian
- RELATIVES I will be staying with relatives / family friends
- PARENT I will be staying with one or both of my parents

Name and address of accommodation in New Zealand if known

STUDENT MEDICAL INFORMATION

Does the Student suffer from any of the following medical conditions (please tick):

- ADD/ADHD Allergies Asthma Appendicitis Hepatitis Chicken Pox Rheumatic Fever
 Epilepsy Migraine Tonsillitis Tuberculosis Diabetes Glandular Fever

Other (please state) _____

Has the Student ever had major surgery? Yes No If yes, details _____

Has the Student suffered from serious concussion? Yes No If yes, details _____

Does the student take any medication on a regular basis? Yes No If yes, details _____

Has this student had the following vaccinations?

- Hepatitis B Measles Mumps Rubella Tetanus Tuberculosis Whooping Cough
 Polio Diphtheria

Who should be contacted in case of Emergency _____

Phone No _____ Mobile _____

In case of emergency if the College/Hostel is unable to contact the above named, the College/Hostel will seek appropriate medical assistance. I/we give permission for the above information to be passed onto a Doctor or hospital and accept the responsibility to reimburse the College/Hostel for reasonable costs incurred.

Parents name (Please Print): Mr/Mrs _____

Signed: _____ Date _____

INSURANCE

Medical Insurance is compulsory for International students in New Zealand. Please tick one of the following options:

- I would like the School to arrange medical and travel insurance on my behalf and bill me for this together with school fees.
- I have not yet taken out medical and travel insurance, but agree to do so and will provide proof of this to the school on acceptance of this application.
- I already have medical and travel insurance and have included a copy of the policy, showing the following details, with this application:

- Insurance company
- Policy type
- Policy start date
- Policy end date
- Schedule of Benefits

AGENT DETAILS

Agent Name _____

Company _____

Postal Address _____

Telephone _____

Mobile Phone _____

Fax _____

Email _____

Please attach business
card here.**AIRPORT PICK-UP AND TRANSFER**

Do you need Sacred Heart College to arrange airport greeting and transfer to your New Zealand accommodation?

 Yes No Your arrival details: Date _____ Time _____ Flight information _____**DIRECTIONS FOR ACCOUNTS, CORRESPONDENCE AND REPORTS**

Accounts should be addressed to:

Name _____

Postal Address _____

Correspondence should be addressed to

Name _____

Postal Address _____

Copies of reports should be sent to Mother Father Agent Guardian/caregiver Homestay**CONTRACTUAL AGREEMENT**

I have read and agree to the conditions set out in the Sacred Heart College International Students Tuition Contract and Tuition Fees Refund Policy as outlined in part five of the Sacred Heart College International Student Handbook.

Signed:**STUDENT:** _____ **Date:** _____**PARENT 1: (NOT AGENT OR GUARDIAN)** _____ **Date:** _____**PARENT 2: (NOT AGENT OR GUARDIAN)** _____ **Date:** _____**CHECK LIST****Your application will not be processed unless all information required is supplied. Please ensure you have:**

- Enclosed copy of Passport
- Enclosed a copy of the most recent full school report, translated into English if necessary
- Fully completed all sections of the application form

PLEASE SEND APPLICATION TO

Director of International Students

Sacred Heart College

250 West Tamaki Road

Glendowie

Auckland 1071

New Zealand

Phone Number:

Fax Number:

Email:

Website:

(09) 529 3660 extn.882

(09) 529 3661

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