



MOUNT ROSKILL GRAMMAR SCHOOL

Frost Rd, Mount Roskill, Auckland 1041 P: +64 (09) 621 0050 www.mrgs.school.nz

INTERNATIONAL STUDENT APPLICATION FORM

PART ONE: It is important that you include all relevant information about the student in your application. This information is used to ensure that the student is supported properly upon arrival and to match them with suitable homestays, teachers and courses. Disclosure of information relating to health issues or learning needs, will not automatically disqualify the Student from Enrolment.

Failure to disclose information or providing misleading information may result in the withdrawal of an Offer or termination of Contract.

STUDENT DETAILS (Name must be as it appears on your passport)

| | | | |
|---|--------------------|---------------------------------|-------------------------------|
| Family name: | First names: | | |
| Preferred name: | Date of Birth | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| | | <input type="checkbox"/> | |
| Country of citizenship | First language: | | |
| Address | | | |
| Email | | | |
| Passport number: | Expiry date: | | |
| Intended start date: | Intended end date: | | |
| Applying for year level: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 | | | |

NOTE: To comply with the New Zealand regulations to maintain effective communication with parents or legal guardians, contact information provided in this section **MUST** be the correct current contact information for the parents or legal guardian.

Mother or Legal Guardian 1:

Father or Legal Guardian 2:

| | |
|---------------------------|---------------------------|
| Family name: | Family name: |
| First name | First name |
| Date of Birth | Date of Birth |
| Address | Address |
| Address | Address |
| Home Phone: | Home Phone: |
| Mobile: | Mobile: |
| Email: | Email: |
| First language: | First language: |
| Country of citizenship: | Country of citizenship: |
| Passport number & expiry: | Passport number & expiry: |

Emergency Contact in home country(not parents)

Emergency Contact in NZ (if any)

| | |
|--------------------------|--------------------------|
| Contact's name: | Contact's name: |
| Relationship to student: | Relationship to student: |
| Mobile phone: | Mobile phone: |
| Home phone: | Home phone: |
| Email address: | Email address: |

Agent Information (If using an agent)

Agency name:

Phone:

Agent name:

Email:

Medical Information

Name of doctor (in home country):

Phone:

Does the student have any history of previous illness that may affect their enrolment, including mental illness?

☐ No ☐ Yes If 'Yes' please provide details

Vaccinations (Tick if the student has been vaccinated and supply the vaccination certificates)

☐ Hepatitis B ☐ Diphtheria ☐ Measles, Mumps, Rubella (MMR) ☐ Tetanus ☐ Meningitis ☐ HPV ☐ Poliomyelitis
☐ **Covid-19** (name of vaccine:) Number of doses:

Please tick the appropriate box if you suffer from or have suffered from any of the following medical conditions:

☐ Asthma ☐ Back/Neck problems ☐ Glandular Fever ☐ Allergy to bee/wasp stings ☐ Migraines
☐ HIV or Aids ☐ Diabetes ☐ Hepatitis A, B or C ☐ Food allergies ☐ Heart Condition
☐ Tuberculosis ☐ ADD or ADHD ☐ Epilepsy ☐ Other Allergies ☐ Eating Disorder
☐ Depression/Anxiety ☐ Other: (Please describe)

Does the student have any medical implants that may affect receiving medical treatment while in New Zealand?

☐ No ☐ Yes If 'Yes' please provide details

Is the student currently on any medication?

☐ No ☐ Yes If 'Yes' please provide details

Note: If you suffer from conditions requiring medication, it is advisable to bring your own medication to NZ. You will be required to notify the school regarding any medications that you bring with you.

Does the student smoke? ☐ No ☐ Yes If 'Yes' please provide details

Is there anything further that the school needs to be aware of in enrolling and supporting the student?

☐ No ☐ Yes If 'Yes' please provide details

Do you consent to the school providing over-the-counter medication such as paracetamol or ibuprofen?

☐ Yes ☐ No If 'No' please specify what medications you **do not** want the Student to receive:**Learning Information**

How many years of schooling not including pre-school education has the student had?

Does the student have gaps in their learning (absence from school for >1month)? Yes / No

Please provide with this application: 1. a copy of the latest two school reports for the student
2. A handwritten letter from the student introducing themselves and explaining why they want to study at MRGS
3. A letter explaining why the student is not currently in school or has gaps in learning.

Does the student have learning or behavioural difficulties which may require extra school support or services?☐ No ☐ Yes If 'Yes' please provide details including psychologist assessments**Subject Choices**

Note: Subject choices are an indication only. Actual subjects depend on availability and before learning. The school reserves the right to decide subject placement and year level throughout enrolment in consultation with students and families.



MOUNT ROSKILL GRAMMAR SCHOOL

General Details

| | | | |
|--|----------------|------------------------------|-----------------------------|
| Has the student previously applied for entry to the school? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, when? | | | |
| Has the student ever had a family member or relative enrolled at the school? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name: | Year attended: | | |
| Has the student previously studied at any other NZ school? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please state the name of the school: | | Dates: | |
| How many years has the student studied English? | [] Months | [] Years | |
| Do the student's parents speak or read English? Speak <input type="checkbox"/> Yes <input type="checkbox"/> No Read <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Has the student been convicted or been the subject of any matter before any Court? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If 'Yes' please provide details | | | |
| Does the student intend to apply, or has applied for a visa for enrolment as a domestic student at a school in NZ? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please provide details | | | |

Accommodation Requirements

| | |
|---|--|
| Accommodation choice: <input type="checkbox"/> Homestay <input type="checkbox"/> Designated caregiver (relative or family friend) <input type="checkbox"/> Live with parent | |
| Interests: | |
| Does the student have any food allergies or special dietary requirements? <input type="checkbox"/> No <input type="checkbox"/> Yes If 'Yes' please provide details | |
| Does the student have any other special accommodation requirements? (Pets, cultural or religious requirements, phobias) | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes If 'Yes' please provide details | |

Please write a brief letter introducing yourself to your host family and attach it to this application

Designated Caregiver Details (If staying with a relative or close family friend)

| | |
|--------------------|--------------------------|
| Name of caregiver: | Relationship to student: |
| Address (in NZ): | |
| | |
| Home phone: | Mobile: |
| Email: | |
| | |

Students must live with an approved caregiver. Flatting alone is not acceptable.

Insurance Details

| | |
|--|--|
| Do you wish to purchase insurance through the school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If you wish to purchase your insurance through the school, please complete the medical information section on this form fully and accurately to ensure appropriate coverage of any pre-existing conditions for the student.</i> | |
| If you are providing your own insurance, please provide an English copy of the policy details to the school once purchased | |


SUCCESSFUL LEARNERS

ACTIVE CITIZENS



MOUNT ROSKILL GRAMMAR SCHOOL

Checklist of documents and Information you must include with your application

| | |
|---|---|
| Photograph of the student | <p>Passport size photograph</p>  |
| A copy of the student's last two school reports | |
| A hand-written letter from the student introducing themselves, and explaining their reasons for wanting to study at the school | |
| A copy of the student's passport including passport number and expiry date | |
| A copy of the student's insurance policy details, if booking their own, with English translation (this may be submitted after enrolment is confirmed but must be before to departure from the home country) | |
| A copy of the student's vaccination certificate | |

Checklist of contracts for signing and attaching to the enrolment form

| |
|--|
| Tuition contract |
| Code of Conduct (Schedule 1) |
| Discipline policy (Schedule 2) |
| Refund Policy (Schedule 3) |
| Residential Accommodation Contract (either Homestay or Designated Caregiver) |

SUCCESSFUL LEARNERS

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