



Whakatane High School

International Student Application Form

Please attach
a recent
passport size
photograph
here

Please write clearly and in BLOCK CAPITALS

Programme Information				
Year:	<input type="text"/>			
Start Date:	<input type="checkbox"/> Term 1 (Jan)	<input type="checkbox"/> Term 2 (May)	<input type="checkbox"/> Term 3 (July)	<input type="checkbox"/> Term 4 (Oct)
Duration:	<input type="checkbox"/> 1 Term	<input type="checkbox"/> 2 Terms	<input type="checkbox"/> 3 Terms	<input type="checkbox"/> 4 Terms
	<input type="checkbox"/> Other - please specify dates: _____			
Year Level:	<input type="checkbox"/> Year 10	<input type="checkbox"/> Year 11	<input type="checkbox"/> Year 12	<input type="checkbox"/> Year 13
Are you sitting NCEA (National Qualification)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a shuttle pickup required from Tauranga Airport to homestay family?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Agency Information (If applicable if you are using an Agent)	
Name of Agency:	Contact Person:
Agent's Address:	
	Postcode:
Agent's Phone Number:	Agent's Emergency No:
Agent's Email Address:	

Applicant	
Student's Last Name/s (as on passport):	
Student's First Name/s (as on passport):	
Preferred to be known as:	
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Country of Birth:	Nationality:
Student's Email:	Student's Cell Phone :
Please provide us with a copy of your passport (personal details page)	
Passport Number:	
Passport Expiry Date:	Country of Issue:

New Zealand Contact (if applicable)	
Name of Contact Person:	
Address (in New Zealand):	
Telephone Number:	Fax Number:
Email Address:	Mobile Number:
Relationship to the student: <input type="checkbox"/> Parent <input type="checkbox"/> Family Friend <input type="checkbox"/> Relative (please state)	

Medical Details
<p>Please answer the following questions so that we have a record of any health concerns. If you suffer from a medical condition, it is advisable to bring your own medication to New Zealand. As part of signing this application I give permission for Whakatane High School to contact my doctor if further information is required, or in the case of an emergency. Please note this includes calling an ambulance in an emergency situation and being prescribed over the counter medications (which are suitable) by the certified school nurses when needed ie paracetamol, etc. Moreover, if you have a medical condition we will supply this information to local doctors. Relevant health information is given to the homestay parents. Omitting medical information is a breach of the Contract and can result in your programme participation being jeopardised. Please attach any relevant medical notes.</p>
Immunisation: Please provide a copy of your WHO immunization record. <input type="checkbox"/> Attached to application
Immunisations / Vaccinations (tick immunisations received):
<input type="checkbox"/> Diphtheria <input type="checkbox"/> Measles <input type="checkbox"/> Pertusis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> HIB <input type="checkbox"/> Hepatitis <input type="checkbox"/> Mumps <input type="checkbox"/> Polio <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Other:
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No
Detail any medical problems, allergies, conditions or medication being taken:
Detail any special medical or learning needs:
Name of Family Doctor:
Telephone Number: Fax Number:
Email Address:

Accommodation Requirements
I will be living with my parents: <input type="checkbox"/> Yes <input type="checkbox"/> No
I wish to organise my own accommodation, If YES, Please complete the “ DESIGNATED CARE GIVER ” Section below. <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require Whakatane High School to arrange your homestay family? If YES, Please complete the “ HOMESTAY FAMILY PLACEMENT PROFILE ” section below <input type="checkbox"/> Yes <input type="checkbox"/> No

Designated Care Giver (if applicable)	
Name of Contact Person:	
Address (in New Zealand):	
Telephone Number:	Fax Number:
Email Address:	Mobile Number:
Relationship to the student: <input type="checkbox"/> Family Friend <input type="checkbox"/> Relative (please state)	

Homestay Family Placement Profile: Whakatane High School	
Homestay Information and Student Information	
Each of our students is placed with a local family and becomes a family member for the duration of their stay. This gives the security of a family for support, and greater exposure to cultures and customs in New Zealand. We visit and assess homestays as being suitable for students. To help us select a suitable homestay for you, please supply us with the following details. Please note that we cannot guarantee to meet all your requirements. This information will be passed onto your homestay family.	
Last Name:	
First Name/s:	
Preferred to be known as:	
Home Address:	
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Country of Birth:	Nationality:
Religion:	Height: Weight:
Home Phone Number:	1st Language:
Email:	2 nd Language:
Are you living with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Other	
Do you have siblings? <input type="checkbox"/> No <input type="checkbox"/> Yes - please list them	
Name:	Age: <input type="checkbox"/> Brother <input type="checkbox"/> Sister
Name:	Age: <input type="checkbox"/> Brother <input type="checkbox"/> Sister
Name:	Age: <input type="checkbox"/> Brother <input type="checkbox"/> Sister
Name:	Age: <input type="checkbox"/> Brother <input type="checkbox"/> Sister
Which other family members live with you in the same home? <input type="checkbox"/> Grandparents <input type="checkbox"/> Other	
Are there any requirements of your religion that we should be made aware of?	
Do you have any medical problems/allergies that we should be made aware of?	
Are you a vegetarian? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Other	
Are there any foods you cannot eat? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify	
Is there anything else we should know about your eating habits – please state if any:	
Do you like pets? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify	

Do you have any homestay preferences? (you may tick more than one box)

- ☐ No, I have no preferences and do not mind where I am placed ☐ live on a farm / orchard / lifestyle block
- ☐ sporty family ☐ live in town ☐ live by the beach ☐ prefer no siblings ☐ prefer siblings
- ☐ prefer a family ☐ Close to Shops ☐ busy/active family ☐ Other

What are your preferences for a homestay family? Please describe your ideal homestay family and what are some of the qualities that you value most in family life?

List your Interests / Hobbies:

List your Sports:

Please write a letter to your homestay family – we pass this on to your homestay family and it is a way of introduction, so anything you can write about yourself is very helpful (continue on separate sheet, or attach a separate letter if you prefer)

International Student Whakatane High School - Enrolment Profile

This questionnaire must be completed by the student enrolling at Whakatane High School. Write as much as you can in the spaces below.

Student Name:

Why do you think Whakatane High School will be a good place for you to study?

What special skills and strengths could you contribute to our High School?

How do you think school life in New Zealand will compare with your home country?

What are your favourite subjects at school and why do you enjoy them?

What subjects do you need to take while at Whakatane High School?

What subjects would you like to take while at Whakatane High School?

What are some of the things you like to do when you are not studying?
Tell me something that you think you do really well.
Tell me which clubs or community groups you are currently involved in? eg: karate, band, scouts?
What kind of job would you like to have when you leave school in the future?
What places would you like to visit whilst you are studying in New Zealand?

Extreme Activity Declaration	
Permission is given for the following Extreme Activities to be undertaken while your son/daughter is in New Zealand. Tick only the activities you give permission for your child to participate in:	
<input type="checkbox"/> Black Water Rafting	<input type="checkbox"/> Kayaking
<input type="checkbox"/> Blokarting	<input type="checkbox"/> Lugeing
<input type="checkbox"/> Bungy Jumping	<input type="checkbox"/> Mountain Biking
<input type="checkbox"/> Clay Bird Shooting	<input type="checkbox"/> Hunting
<input type="checkbox"/> Bungy Jumping	<input type="checkbox"/> Possum Hunting
<input type="checkbox"/> Laser Tag & Paintball	<input type="checkbox"/> Scooter
<input type="checkbox"/> Horse Riding & Trekking	<input type="checkbox"/> Sailing
<input type="checkbox"/> Surfing	<input type="checkbox"/> Speed Boat
<input type="checkbox"/> Tandem Skydiving	<input type="checkbox"/> Water-skiing
<input type="checkbox"/> Wind and/or Kite Surfing	<input type="checkbox"/> White Water Rafting
<input type="checkbox"/> Low/High Ropes Course	<input type="checkbox"/> Zip Lining
<input type="checkbox"/> Whakatane High School Outdoor Education Activities (OED) – chosen as a school subject	
Any other extreme activities:	

How Did you Hear About Whakatane High School?

How did you first hear about Whakatane High School (please tick)

- | | | | |
|---------------------------------------|--|---|-------------------------------------|
| <input type="checkbox"/> School Visit | <input type="checkbox"/> Whakatane High School website | <input type="checkbox"/> Education Agency | <input type="checkbox"/> NZ Embassy |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Promotion in home country | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Other |

Application Checklist

It is very important your Application is completed fully and signatures from the correct people are included. Failure to disclose relevant information or the provision of false information may result in termination of enrolment.

Please use the checklist below to ensure you have included everything.

Check List:

- ☐ **Read** and fully understand the “**Whakatane High School International Information and Contracts**” Document
- ☐ Fully Completed & Fully Signed “**International Student Application Form**”
- ☐ Copy of Applicants Passport
- ☐ A Letter from the Parents/Legal Guardian supporting the Application
- ☐ Copy of Applicants Latest School Report for all subjects in the original language with a certified English translation
- ☐ One character reference:
 - from your school Principal and/or class teacherThese should be in the original language together with a certified English translation.
- ☐ One recent passport-sized photograph
- ☐ A selection of other photographs from your everyday life with your family, friends, sports, hobbies, etc
- ☐ Post or Email to:
 - Sue Whale
 - Director of International Students
 - Whakatane High School
 - Private Bag 1021
 - Whakatane 3158
 - New Zealand
 - Email: sue.whale@staff.whs.co.nz

Privacy Act

The information contained in this application is being collected for the purpose of assessing this application for admission to Whakatane High School. If the application is successful, the administration of the Whakatane High School will retain this information as part of the student's personal file during his time of education at the Whakatane High School. If the application is not successful the information will not be retained.

The Whakatane High School may be required from time to time to provide information to Education Authorities under the Education Act 1989. This is in accordance with Section 7 (4) of the Privacy Act 1993. The information may be given to another Education Institution if transferring to that school.

Declaration and Signatures

Student Declaration

I have read and fully understood the “**Whakatane High School International Parent and Policy Handbooks**” and I understand the conditions of being an International Student at Whakatane High School and agree to abide by the conditions set out in this Document.

If I am living in a homestay organised by Whakatane High School, I agree to abide by the homestay rules and guidelines and to do my best to fit in with the lifestyle of my homestay family.

Student’s Name:

Signed:

Date:

Parent/Guardian Declaration

I/We accept authority of Whakatane High School and have read and fully understood all the provisions as set out in the “**Whakatane High School International Information and Contracts**” Document and are aware that Whakatane High School will act according to the Code of Practice (www.minedu.govt.nz/goto/international). We also give permission for our child to participate in the “**Extreme Activities**” as noted in this Application.

Father’s Name:

Signed:

Date:

Mother’s Name:

Signed:

Date:

Final Approval by the Director of International Students, Whakatane High School

Name: Susanne Whale

Signed:

Date: