

International Enrolment Form



TARANAKI
DIOCESAN
SCHOOL FOR GIRLS

www.taranakidio.school.nz

To: The Taranaki Diocesan School for Girls' Board of Trustees (the Board of Trustees)
and the Taranaki Diocesan School Trust (The Proprietors)

I/We wish to apply for the enrolment of _____
as an International Student at Taranaki Diocesan School for Girls commencing in
Year Level ____ Term ____ of 20 ____ .

In support of my/our application we provide the following information and authorities:

Student Details:

Surname: _____

First Names: _____

Preferred First Name: _____

Date of Birth: _____

First Language: _____ English Ability: None Basic Advanced
(Circle one)

Student's Home Address: _____

Country: _____ Postal Code: _____

Home Telephone Number: _____

Personal Email Address: _____

Caregiver Details:

Mother/Guardian

Relationship to Student: _____

Surname _____

Mr/Mrs/Miss/Ms

First Name: _____

Home Address: _____

Town: _____ Postal Code: _____

Email address: _____

Postal Address (if different): _____

Occupation: _____ Employer: _____

Contact Telephone Numbers: Home: _____

Work: _____ Cell: _____

Father/Guardian

Relationship to Student: _____

Surname _____

Mr/Mrs/Miss/Ms

First Name: _____

Home Address: _____

Town: _____ Postal Code: _____

Email address: _____

Postal Address (if different): _____

Occupation: _____ Employer: _____

Contact Telephone Numbers: Home: _____

Work: _____ Cell: _____

Family Information:

Number of siblings: _____ Place in family _____

Agency Contact (in case of Emergency)

Agency: _____

Surname _____

Mr/Mrs/Miss/Ms

First Name: _____

Home Address: _____

Town: _____ Postal Code: _____

Email address: _____

Postal Address (if different): _____

Agency Position: _____

Contact Telephone Numbers: Home: _____

Work: _____ Cell: _____

Student Health Information:

Has your daughter ever suffered from:

	Yes	No		Yes	No
Allergies (food or environment)	<input type="checkbox"/>	<input type="checkbox"/>	Migraines/recurrent headaches	<input type="checkbox"/>	<input type="checkbox"/>
Asthma Mild/Severe <i>please indicate</i>	<input type="checkbox"/>	<input type="checkbox"/>	Neck, back or joint problems	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Operations	<input type="checkbox"/>	<input type="checkbox"/>
Fits or convulsions/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Reaction to insect stings	<input type="checkbox"/>	<input type="checkbox"/>
Glandular Fever	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent ear infections	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis	<input type="checkbox"/>	<input type="checkbox"/>
Heavy/painful Menstrual periods	<input type="checkbox"/>	<input type="checkbox"/>	Skin Problems	<input type="checkbox"/>	<input type="checkbox"/>
Mental health concerns	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>
Any other health concerns	<input type="checkbox"/>	<input type="checkbox"/>			

If YES to any of the previous, please give details:

Immunisations:

Please indicate if these were received and attach an Immunisation Certificate where available (may be available from your Family Doctor). It is recommended that all immunisations are up to date before enrolment.

Fully immunised to _____ years of age Not fully immunised

Vision:

Does your daughter wear glasses: Yes No Date of last vision test _____

Hearing:

Does your daughter have a hearing problem: Yes No Date of last hearing test _____

Dietary Requirements:

Special dietary requirements (eg coeliac, lactose intolerant) Yes No

If yes, please provide details and attach medical letter explaining. _____

Health History:

Please give details of any illnesses or injuries: _____

Please give details of any daily medications your daughter takes: _____

Does your daughter have any allergies/reactions to medications: Yes No

If yes, please provide details: _____

I/We consent/do not consent to my/our daughter being administered Paracetamol (pain medication) at school if required

Mother/Guardian

Father/Guardian

I/We consent to/do not consent to my/our daughter being treated by a health provider (doctor/ dentist) if considered necessary by Taranaki Diocesan.

Mother/Guardian

Father/Guardian

If there is any further information on current illness, medications, disabilities or psychological problems that would help us regarding your daughter’s health please attach.



I understand that health information is required by Taranaki Diocesan for purposes relating to the safety and wellbeing of the student named above, and that the school may communicate this information to others when necessary for these purposes.

Mother/Guardian

Father/Guardian

Education Information:

Name of current school: _____

Previous schools and dates attended: _____

My/our daughter has shown particular interest or skills in the following learning areas:

Where these skills or interests have been the subject of formal recognition, please give details:

Has your daughter been asked/required to leave a previous school for disciplinary reasons?

Yes No If the answer is YES, please provide details on a separate sheet.

Co-curricular Information

What cultural interests does she have? (eg Music, Drama) _____

What other activities is she interested in?

Arts Activities: _____

Sporting Activities: _____

Other Activities: _____

Include details of any relevant successes _____

Where these skills or interests have been the subject of formal recognition, please give details:

Which winter team sport will your daughter play?

Netball Football Hockey Basketball

Special Character Statement

I/we understand that the Special Character of Taranaki Diocesan School for Girls is expressed by:

- (a) Adherence to Christian principles based upon the Anglican Church through regular Chapel services as part of the school curriculum and attendance at an annual Sunday service at
1. Taranaki Cathedral,
 2. Stratford Holy Trinity Parish, and
 3. Taranaki Diocesan School for Girls – Chapel of St Mary (Founders Day service on a Sunday close to 28 October)
- (b) A programme of educational, recreational, social, cultural and religious aspects in which all students participate and which require staff ratios higher than in schools without special character requirements.

I/We understand that my/our acceptance of the Special Character of the School is an essential element of the School's integrated status and a condition of eligibility for enrolment.

By signing this form, I/we accept the Special Character of Taranaki Diocesan.

That _____ has permission to take part in religious observances and instruction (Section 32 of the Private Schools' Conditional Integration Act).

Mother/Guardian

Father/Guardian

Publication of Student Images and Work

I/We agree to the publication of images of the student and work of the student including on the Internet, in strict compliance with the school's policy.

Mother/Guardian

Father/Guardian

Privacy Act Disclosure Consent

(Student under 16 years of age)

I/we (being the parents/guardians of a person under the age of 16 years for whom we have applied for enrolment at Taranaki Diocesan School for Girls) agree to the retention and use (including disclosure) by the Board of Trustees, the Proprietors and the Principal of the information in her enrolment application or its supporting documents for any purpose related to the education or well-being of our daughter at Taranaki Diocesan and to the Principal seeking and being provided with such additional information concerning our daughter's educational, personal or medical history as the Principal deems necessary for the purpose of considering this application and if accepted for the purpose of advancing the education or well being of our daughter while a student.

Mother/Guardian

Father/Guardian

or

(Student 16 years of age and over)

I being a person over the age of 16 years who has applied for enrolment at Taranaki Diocesan School for Girls agree to the retention and use (including disclosure) by the Board of Trustees, the Proprietors and the Principal of the information in my enrolment application or its supporting documents for any purpose related to the education or well-being of myself at Taranaki Diocesan and to the Principal seeking and being provided with such additional information concerning my educational, personal or medical history as the Principal deems necessary for the purpose of considering this application and if accepted for the purpose of advancing the education or well being of myself while a student.

_____ Student

(Student signs here if over 16 years of age)

Conditions of Enrolment

I/We agree that my/our daughter will follow the behavioural, academic and dress expectations of Taranaki Diocesan School for Girls.

I/We acknowledge we are providing personal information to Taranaki Diocesan School for Girls and in particular names, addresses and contact details and authorise Taranaki Diocesan to enter these details into the Taranaki Diocesan directory and on school and alumni databases. We acknowledge that the information being provided is for the purposes of assisting parents, caregivers, students and teachers to communicate with and within the school community for schooling purposes and we acknowledged that the property in the information provided by us is the property of Taranaki Diocesan, and it is not to be used for any other purpose.

I/We acknowledge that the information is provided also on the basis and understanding that we can request correction of the information provided by us at any time.

I/We understand and accept the refund policy of international student fees as stated below.

'Early termination: where a student leaves school prior to the end of term two a refund of 50% of the Hostel and Tuition fees will be made less the cost of the recruiting agents commission. If a student leaves after the conclusion of term two no refund of these fees will be given.'

Signed jointly and severally:

_____ Mother/Guardian

_____ Date

_____ Father/Guardian

_____ Date

(Both parents who are applying for the enrolment of the student must sign this form.)



Application for Enrolment

I/We hereby make application to enrol the above student at Taranaki Diocesan School for Girls.

I/We also certify that all information entered on this enrolment form is factually correct.

Mother/Guardian

Date

Father/Guardian

Date

Checklist

Before submitting this application please ensure that you have:

- Completed all sections above
- Attached other relevant information required above
- Enclosed a copy of the student's most recent School Report

Please Return to: The Principal
 Taranaki Diocesan School for Girls
 Private Bag 714
 STRATFORD 4352