ROSMINI COLLEGE

INTERNATIONAL STUDENT ENROLMENT APPLICATION FORM

Please complete and return to the Principal at the address below.

Telephone (09) 489 5417
Fax (09) 489 5323
E-Mail reception++@rosmini.co.nz
Web-site www.rosmini.school

Principal: T.J. Gerrard M.A.

36 Dominion Street
Takapuna
Auckland
New Zealand

(Please complete each section clearly)

DETAILS ON STUDENT APPLICANT

SURNAME/FAMILY NAME: (as per passport) _____

FIRST NAMES: (as per passport _____

ENGLISH FIRST NAME: _____

DATE of BIRTH: _____

N Z HOME ADDRESS: _____

_____

N Z HOME PHONE NO: _____

MOBILE PHONE NO: _____

COUNTRY of BIRTH: _____

Is the applicant a practicing Catholic? Tick (✓) the box.

YES	NO

ETHNIC GROUP: _____

FIRST LANGUAGE: _____

Date of ARRIVAL in N Z: _____

PASSPORT NUMBER: _____

Please name any brother(s) taught at Rosmini College, giving name(s) and date(s) of birth.

_____

HOME COUNTRY DETAILS

FATHER		**MOTHER**
_____	NAME	_____
_____	ADDRESS	_____
Home: _____	PHONE	Home: _____
Work: _____	NUMBERS	Work: _____
Mobile: _____		Mobile: _____
Fax: _____		Fax: _____
E-mail: _____		E-mail: _____

EMERGENCY INFORMATION

EMERGENCY CONTACT NAME (in New Zealand): _____

RELATIONSHIP TO APPLICANT: _____

PHONE: _____

FAX: _____

MOBILE: _____

INSURANCES

Medical and travel insurance is compulsory for international students coming to New Zealand. Please provide your medical and travel insurance details:

Insurance company: _____ Policy type: _____

Policy start date: _____ Policy end date: _____

OR (tick)

☐ 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 for enrolment.

STUDY INFORMATION

Have you attended any other educational institutions in New Zealand YES NO

If YES please state WHERE _____

WHEN _____

** Does your son have any specific learning needs or difficulties that could affect their progress? Tick (✓) the box.

YES	NO

If YES, please give details:_____

_____

_____

_____

_____

_____

_____

ACCOMMODATION in NEW ZEALAND

Years 7 – 13 applicants must be living in New Zealand

(a) with one or both parents

or (b) with a Designated Caregiver who must be a relative or close family friend

or (c) in a homestay which has no more than four (4) overseas students.

The school is required to check (b) or (c) accommodation for suitability BEFORE accepting an applicant.

Who will your son be living with? (Circle your answer).

PARENT/S	DESIGNATED CAREGIVER	HOMESTAY

If HOMESTAY please complete the following.

MALE HOST		FEMALE HOST
_____	NAME	_____
_____	ADDRESS	_____
_____		_____
Home: _____	PHONE	Home: _____
Work: _____		Work: _____
Mobile: _____		Mobile: _____
Fax: _____		Fax: _____
E-mail: _____		E-mail: _____

In the event of an emergency or serious accident, the above hosts will be contacted first, then parents in their home country.

If DESIGNATED CAREGIVER, please complete the following.

(not for completion if living with parents or in a homestay)

I/We designate _____

(Insert Name of Designated Caregiver)

to provide accommodation for my/our son to attend Rosmini College as an International student

from _____ to _____

subject to the approval of Rosmini College prior to enrolment.

Student's name (as it appears on the passport) _____

Student's ENGLISH name: _____

Print Designated caregiver's name: _____

Relationship to Student: _____

(Uncle/Aunt/Grandparent/close family friend)

Address: _____

Phone: _____ Mobile: _____

DECLARATION

I/We confirm that the person/s nominated as the designated caregiver/s is/are a 'bona fide' relative or close family friend. (Proof of this relationship may be required)

Signed: _____ Date: _____

(Must be signed by student's Father or Mother)

Print Name: Mr/Mrs _____

Contact Telephone number on Home Country: _____

Contact address in Home Country: _____

_____

Email Address: _____

In the event of an emergency or serious accident, the above designated caregiver/s will be contacted first, then parents in their home country.

PARENTS TO COMPLETE. Tick (✓) the box.

Have you read the information material supplied?	YES	NO
In particular, have you read the refund conditions?	YES	NO
Have Health and Travel Insurances been arranged for your son?	YES	NO
Have you met immigration requirements for your son?	YES	NO
Have you read the Tuition Agreement?	YES	NO
Have you filled in the Medical Declaration?	YES	NO

We declare that all information supplied is correct and realize that any false answers or withheld information may cost our son his enrolment place.

SIGNATURES Mother _____ Date:_____

Father _____ Date:_____

SCHOOL TO COMPLETE.

DATE OF INTERVIEW: _____

PRESENT AT INTERVIEW:_____

	Tick (✓) the box.	
Passport/Visa sighted / copied.	YES	NO
OR Evidence sighted of Visa application	YES	NO

Date started: _____

Date Finished: _____

Indemnity Document for Designated Caregiver supplied (if necessary).	YES	NO
Proof of Insurance supplied.	YES	NO
Evidence of **Catholic affiliation** sighted.	YES	NO
Last **school report** sighted / copied.	YES	NO
Application Form and Medical Declaration Form completed fully.	YES	NO
Parents have **signed**.	YES	NO
English ability assessed.	YES	NO

Relevant additional comments.

_____

_____

_____

Form Level recommended:_____

Option subjects: _____

Signature of Principal confirming above: _____

Decision on Application for Enrolment

Accepted

Not accepted

Recommended to Language School

Period of tuition offered: _____