



LYNFIELD COLLEGE

INTERNATIONAL STUDENT APPLICATION FORM

Student Details (Name must be as it appears on the passport)		
Family name:		Given names:
Preferred name:		Date of birth:
Home Address:	<input type="checkbox"/> Female <input type="checkbox"/> Male	
	First language:	
	Email:	
Passport number:	Expiry date:	Country of citizenship:

Father's Details		
Family name:		Given names:
Home address		
Home phone:	Mobile:	
Occupation:	Email:	
First language:	Speaks English: <input type="checkbox"/> No <input type="checkbox"/> Yes	

Mother's Details		
Family name:		Given names:
Home address		
Home phone:	Mobile:	
Occupation:	Email:	
First language:	Speaks English: <input type="checkbox"/> No <input type="checkbox"/> Yes	

Emergency Contact		
Contact's name:		
Mobile phone:	Home phone:	
Email address:		
Relationship to student:	Country:	

Academic Programme	
Current school:	Grade/year level:
If the student is not currently attending school please give reasons and the date and place of last attendance:	
Has the student studied in New Zealand before? <input type="checkbox"/> No <input type="checkbox"/> Yes (please give details)	
How long has the student studied English?	
Does the student have any learning or behavioural difficulties that may affect the student's experience and progress at the College? <input type="checkbox"/> No <input type="checkbox"/> Yes (please give details)	
Starting date: Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4 <input type="checkbox"/> (Year 9 and 10 only)	
Proposed Year level: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	Proposed subjects:
<i>Please note final placement decisions will be made by the College after consideration of prior learning and prerequisites being met. Some subjects may not be available after Term 1.</i>	
How long does the student plan to study at Lynfield College?	
What does the student plan to do when they leave Lynfield College?	

Interests and school activities
Music <input type="checkbox"/> No <input type="checkbox"/> Yes (please give details)
Sports <input type="checkbox"/> No <input type="checkbox"/> Yes (please give details)
Clubs <input type="checkbox"/> No <input type="checkbox"/> Yes (please give details)
What clubs/activities does the student want to join at Lynfield College?

Medical Information

Please provide the following information:

	NO	YES	DATES	DETAILS, TREATMENT, MEDICATION
Allergy				
Anxiety/depression				
Asthma				
Diabetes				
Epilepsy				
Eczema, dermatitis, skin problems				
Head injury				
Heart condition				
Headaches/migraines				
Medical implants (for example metal pins or rods)				
Previous major illness				
Previous surgery				
Previous injuries				
Tetanus injection				
MMR vaccination (measles, mumps, rubella)				
Wears glasses/contact lenses				

Other medical conditions or disorders:

Is the student currently on any medication?

 No Yes (please provide details of all prescribed and non-prescribed medication the student will bring)

I agree that _____ (student name) may receive, from the school nurse, over the counter medicines for minor ailments.

Signed: _____ (Parent)

Accommodation

The student will live in a Homestay arranged by Lynfield College

Student's interests and hobbies:

Can the student live with pets?

Yes No (please provide details)

Can the student live with young children (under 6 years old)

Yes No

Does the student have any food allergies or special dietary requirements?

No Yes (please provide details)

Is there anything further that the school needs to be aware of that may impact the student's enrolment and homestay placement?

No Yes (please provide details)

To assist with placement the student should provide a letter of introduction

The student will live with a Designated Caregiver (relative or family friend)

Name of caregiver:

Address (in NZ):

Home phone:

Mobile:

Email:

Relationship to student:

Years known to student:

The student will live with me Mother Father

Family name:

Given names:

Citizenship:

Passport number:

Expiry:

First language:

Speaks English: No Yes

Insurance Details	
<input type="checkbox"/> Lynfield College will arrange international student insurance with Southern Cross Travel Insurance.	
<input type="checkbox"/> Lynfield College is not required to arrange international student insurance with Southern Cross Travel Insurance.	
Name of insurer:	Policy number:
Insurance cover start date: / /	Insurance cover expiry date: / /
A copy of the policy, in English, must be provided.	
<i>Travel and Medical insurance is compulsory. All policies must comply with the Education (Pastoral Care of International Students) Code of Practice.</i>	

Agent Information	
Agency name:	Location:
Agent name:	
Agent email address:	Phone:

Application Procedure
Complete all sections of the Application Form
Please write clearly – especially names and numbers
Ensure all relevant parts of the Enrolment Agreement are read, understood and signed by a parent or legal guardian and the student only. No other person is to sign on behalf.
Provide a copy of the photo page of the passport
Provide recent copies of the student's school reports and results of any public exams the student has taken
Provide a copy of the insurance policy in English if the school is not organising insurance
Please send the above documents to international@lynfield.school.nz
Because all the conditions of enrolment will be applied, including the Refunds Policy, please do not accept an "Offer of a Place" at Lynfield College unless you have a clear understanding of these conditions

Lynfield College has agreed to observe and be bound by The Education (Pastoral Care of International Students) Code of Practice 2016.

Copies of the Code are available on request from Lynfield College or from the NZ Qualifications Authority website <http://www.nzqa.govt.nz>