



NELSON COLLEGE

International Student Application for Enrolment

Waimea Road, Private Bag 16
Nelson 7042
New Zealand
Telephone + 64 3 548 3099
Facsimile + 64 3 546 6932
Email: ry@nelcollege.school.nz

*A non-refundable application fee of NZ \$250.00 must accompany this application form
The payment of this fee does not commit Nelson College to accepting the entry*

STUDENT DETAILS				
Student's Family Name:			<i>Please attach a passport photo here</i>	
Student's First Name:				
Student's Preferred Name:				
Date of Birth:		Ethnicity:		
Country of Birth:		Citizenship:		
First Language:		Religion:		
PARENTS' DETAILS				
Mother (Mrs/Ms/Miss/Dr)		Father (Mr/Dr)		
First name:		First Name:		
Family Name:		Family Name:		
Address:		Address:		
Postcode:		Postcode:		
Occupation:		Occupation:		
Telephone Day:		Telephone Day:		
Telephone Evening:		Telephone Evening:		
Facsimile		Facsimile:		
Email:		Email :		
AGENTS DETAILS				
Name of Agent:				
Agency or Company Name:				
Address:				
Phone (Day time)		Phone (Evening)		
Email:		Facsimile:		

EMERGENCY CONTACT DETAILS	
Name:	Mr/Mrs/Ms/Miss/Dr
Relationship to Student:	
Phone (Day time)	Phone (Evening)
Email:	
Facsimile:	

ACCOMMODATION	
Boarding at Nelson College <input type="checkbox"/>	Homestay <input type="checkbox"/>
Please complete <u>either</u> the Boarding Application Form (Appendix I) or the Homestay Form (Appendix II) see attached	

INSURANCE	
It is a condition of enrolment that a student has adequate medical and travel insurance	
Do you have any medical problems? (if yes please write details in a letter)	YES/NO
Have you previously arranged insurance? (if yes, please provide evidence)	YES/NO
Do you wish Nelson College to arrange insurance on your behalf?	YES/NO

ACADEMIC PROGRAMME					
Year of study you wish to enrol in <i>(circle one)</i>	Year 9	Year 10	Year 11	Year 12	Year 13
Do you intend to sit NCEA YES/NO <i>(if yes circle one)</i>			NCEA Level 1	NCEA Level 2	NCEA Level 3
Do you wish to enrol in an Intensive English Course					YES/NO
When do intend to commence study at Nelson College					
When do you intend to complete study at Nelson College					

ACCEPTANCE OF TERMS	
A parent or guardian must sign the following acknowledgments before the application can be considered.	
The parent or guardian:	
1.	Guarantees the good behaviour of the student.
2.	Accepts the right of the school to change the student's course if this is seen to be in the best interests of the student.
3.	Agrees that, before a place is formally offered, Nelson College may obtain further confidential information about the student from the school that the student is currently attending.
4.	Accepts that, if the student leaves Nelson College during the year, there will be no guarantee of a refund of fees.
5.	Accepts that if a student is asked to leave because of any breach of Nelson College rules and/or regulations, there will be no refund of fees.
6.	Accepts conditions relating to all fees - ie. All fees are inclusive of GST and Ministry of Education charges, except where noted. Course fees are additional as outlined in the Curriculum Booklet. The College reserves the right to review and increase fees during the year in the event of substantial and unexpected increases in Government and other charges. Additional fees will be charged for any special and additional services. Course fees, including NCEA fees, are to be paid separately.
7.	Accepts that students are not to leave school early at the end of term or return late except at the discretion of the Headmaster / International Director, or tickets may be forfeited. If you wish to have your son leave the college early for a holiday break or for them to return late after a holiday break, written application to the Headmaster / International Director in advance is required.
8.	Accepts that as part of the curriculum, your son will at times, be taken on supervised day trips around Nelson.

SIGNED:	
Mother (or Guardian):	_____
Father (or Guardian):	_____
Student:	_____
Date:	_____
Address:	_____ _____
Telephone:	Fax: Email:

- If this application is successful, you will receive 1) a provisional offer of place and 2) an invoice for fees.
- Once we receive your fees, we will send you a confirmed offer of place letter and a receipt for payment of fees.
- You then need to apply for a student visa to study at Nelson College; this application must be accompanied by our offer of place letter and fees receipt. You will also have to provide proof of financial support and a return air ticket.

With this application please enclose:	
1. Certified copies (in English) of your most recent school reports	
2. Two (2) references from non family members	
3. Details of medical/travel insurance if not arranged by Nelson College	
4. Application fee of \$250.00	

Please return the completed form to Mrs Leigh Riley, Nelson College, Private Bag 16, Nelson 7042, New Zealand

INTERNATIONAL STUDENT HEALTH INFORMATION

To be completed before arrival in New Zealand

All information on this form is confidential and for use only by the International Director, School Nurse and medical practitioner.

All questions must be answered in full

Student's Family Name:			
Student's First Name:			
Student's Preferred Name:			
Date of Birth:		Country of Birth:	

Has your son had any of the following illnesses? (please circle those which apply)

German Measles	Yes/No	Mumps	Yes/No
English Measles	Yes/No	Chicken-pox	Yes/No
Diabetes	Yes/No	Malaria	Yes/No
Concussion	Yes/No	Epilepsy	Yes/No
Eczema	Yes/No	Heart Conditions	Yes/No
Hearing problems	Yes/No	Asthma	Yes/No
Hayfever	Yes/No	Dental Problems	Yes/No

Is your son currently taking any medication ? **Yes/No**

If yes please list details

.....

Does your son have any mental health issues? (eg depression, eating disorder) **Yes/No**

If yes please list details

.....

Is there any family history we should be aware of? **Yes /No**

If yes please specify

.....

.....

Does your son wear a)Glasses **Yes /No** b) Contact lenses **Yes /No**

Has your son any trouble with a) Hearing **Yes /No** b) Earache **Yes /No** c) Ear Infection **Yes /No**

Does your son have any special dietary requirements (eg vegetarian, religious needs or food allergies)?

Please specify

.....

Vaccinations

If you have a vaccination card please provide a copy, otherwise please arrange for the following to be completed (in English)

	Please provide dates of vaccinations below:
Diphtheria Tetanus Whooping cough Polio	
Measles/Mumps/Rubella	
Hepatitis B	
Meningococcal B	

Any declined vaccinations? **Yes/No**

Give full details.....

Signature of Doctor/Practice Nurse:

Do you wish your son to have the influenza vaccine made available each year and accept that there will be a cost for this procedure?

The cost is approximately NZ\$25

Consent may be withdrawn any time in writing to the school nurse.

Yes/No

Due to a shortage of dentists taking new patients, you are advised to have your son seen by a dentist at home in the holidays. Urgent dental treatment can be arranged.

Nelson College does not accept any liability should you fail to disclose any vital pre-existing health information.

I / We consent to my/our son being treated by a health provider (including dentist/doctor) at Nelson College Boarding Hostels' discretion.

Signed:

Date:

Contact details for the Registered Nurse, should you wish to discuss any concerns:

Debbie Baxter RGON
School Nurse
Nelson College
Private Bag 16
Nelson 7042, NEW ZEALAND

Ph/fax +64 3 5484759 Email: br@nelcollege.school.nz



INTERNATIONAL STUDENT APPLICATION FOR BOARDING ACCOMMODATION

STUDENT DETAILS

Student's Family Name:

Student's First Name:

Student's Preferred Name:

Student's Country of Origin:

STUDENT INFORMATION

FAMILY: Do you have any brothers or sisters? If so what are their names and ages and do they live at home?

Have you been in a boarding situation before?

YES/NO

Please advise any foods that you do not eat _____

Do you have any religious affiliations? _____

YES/NO

Are you prepared to discuss problems openly and accept the Boarding House rules?

YES/NO

Are you willing to take part in Boarding House activities?

YES/NO

Please list any hobbies, interests or sports you are involved in or would like to be involved in:

Please state the year level you hope to begin at Nelson College: _____

Parental Consent: Do you give your son permission to swim?

YES/NO



INTERNATIONAL STUDENT APPLICATION FOR HOMESTAY ACCOMMODATION

STUDENT DETAILS

Student's Family Name:

Student's First Name:

Student's Preferred Name:

Student's Country of Origin:

STUDENT INFORMATION

FAMILY: Do you have any brothers or sisters? If so what are their names and ages and do they live at home? _____

Are there any special requests you have with regards to your homestay situation? _____

Have you been in a homestay situation before? If yes please specify _____

YES/NO

Do you like being with younger children?

YES/NO

Do you accept household pets (cats/dogs/birds)

YES/NO

Do you smoke?

YES/NO

Do you drink alcohol?

YES/NO

Please advise any foods that you do not eat _____

Do you have any religious affiliations? If yes please specify

YES/NO

Are you prepared to discuss problems openly with your host family and accept their home rules?

YES/NO

Are you willing to take part in your homestay's activities?

YES/NO

Are you willing to contribute to extra internet costs?

YES/NO

Please list any hobbies, interests or sports you are involved in or would like to be involved in: _____

Do you have a person to contact in New Zealand in case of emergency? Please give details

Name: _____

Phone number: _____

YES/NO