



AUCKLAND GRAMMAR SCHOOL
Founded 1869

International Students Application for Enrolment 2011

PART ONE - GENERAL INFORMATION

Tick the 2011 Form Level for which you are applying

Form 7
(Yr 13)

Form 6
(Yr 12)

Form 5
(Yr 11)

Form 4
(Yr 10)

Form 3
(Yr 9)

STUDENT DETAILS

Family Name	<input type="text"/>	Mobile	<input type="text"/>
First Names	<input type="text"/>	E-mail	<input type="text"/>
Nationality	<input type="text"/>	e.g. Malaysian	
Date of Birth	<input type="text"/>	Place of Birth	<input type="text"/>
1st Language	<input type="text"/>	2nd Language	<input type="text"/>

PASSPORT DETAILS

Surname	<input type="text"/>	First Names	<input type="text"/>
Passport No	<input type="text"/>	Place of Issue	<input type="text"/>
		NZ Immigration Client No	<input type="text"/>
Date of Issue	<input type="text"/>	Date of Expiry	<input type="text"/>
		Visa / Permit Number	<input type="text"/>

CURRENT SCHOOL DETAILS

Name of School	<input type="text"/>		
Address	<input type="text"/>		
Tel No	<input type="text"/>	E-mail	<input type="text"/>
Name of Headmaster	<input type="text"/>	Class Level for Current Year	<input type="text"/>

PARTICULARS OF PARENTS *(Please record details of the boy's natural parents)*

Father's Surname	<input type="text"/>	<input type="text"/>	Title Hm Ph	<input type="text"/>
First Names	<input type="text"/>		Wk Ph	<input type="text"/>
Address	<input type="text"/>		Fax No	<input type="text"/>
			E-mail	<input type="text"/>
Occupation	<input type="text"/>	Name of Employer	<input type="text"/>	
Mother's Surname	<input type="text"/>	<input type="text"/>	Title Hm Ph	<input type="text"/>
First Names	<input type="text"/>		Wk Ph	<input type="text"/>
Address	<input type="text"/>		Fax No	<input type="text"/>
			E-mail	<input type="text"/>
Occupation	<input type="text"/>	Name of Employer	<input type="text"/>	

GUARDIANSHIP

You are required to have a guardian when attending Auckland Grammar School.

I would like the School to organise a guardian for me
I have arranged my own guardian (complete all details below) (tick one)

Surname	<input type="text"/>	<input type="text"/>	Title	Hm Ph	<input type="text"/>
First Names	<input type="text"/>			Wk Ph	<input type="text"/>
Address	<input type="text"/>			Fax No	<input type="text"/>
Relationship to boy	<input type="text"/>		E-mail	<input type="text"/>	

HOMESTAY

Flating is not permitted while attending Auckland Grammar School.

Do you require assistance in obtaining a homestay? Yes No If no, please fill in the details below:

Surname	<input type="text"/>	<input type="text"/>	Title	Hm Ph	<input type="text"/>
First Names	<input type="text"/>			Wk Ph	<input type="text"/>
Address	<input type="text"/>			Fax No	<input type="text"/>
Relationship	Relative* <input type="checkbox"/> Family Friend* <input type="checkbox"/> Existing Homestay <input type="checkbox"/> Other <input type="checkbox"/> (tick one)		E-mail	<input type="text"/>	

* Please complete the Designated Caregiver Form.

MEDICAL & TRAVEL DETAILS

International Students must have appropriate medical and travel insurance while studying in New Zealand.

I will arrange suitable Medical and Travel Insurance before arrival
I would like the School to provide me with Medical and Travel Insurance information
Note: Students MUST be able to provide evidence of their medical and travel insurance and the signatory MUST keep a record of the type of cover each student has.

This information is for use by the School ONLY if the application is successful.

Name of Doctor	<input type="text"/>	Ph No	<input type="text"/>
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Please record details of any medications/conditions (allergies, disabilities, special medication etc.)

Does the student have a physical condition that might affect classroom learning eg hearing loss, need for glasses, motor skills loss etc. If yes, please explain: Yes No

HEALTH STATEMENT

All students should have completed their Childhood Immunisation Programme before commencing secondary school. Has your son had the following vaccinations?

MMR (Measles, Mumps and Rubella)	<input type="checkbox"/>	Polio Sips	<input type="checkbox"/>
Tetanus (and in what year?)	<input type="checkbox"/> 20 _____	Hepatitis B (3 injections)	<input type="checkbox"/>

IN CASE OF AN ACCIDENT OR EMERGENCY if the School CANNOT CONTACT YOU, or if the illness is serious, the School Nurse may need to take your son to an Accident and Emergency Clinic or to a hospital.

I give permission for the School to make such arrangements as are necessary for the treatment of my son in an emergency and agree to meet any costs incurred.

Signed _____ Date _____

PART TWO - PRIVACY OF INFORMATION - AUDIO / VISUAL / DIGITAL

I agree to Auckland Grammar School collecting personal information:

Full name of student

I have been advised by Auckland Grammar School that the information I provide will be used for:

- Student records
- Accounting purposes of the Auckland Grammar School Board of Trustees
- Communication with Alumni
- The Auckland Grammar School Old Boys' Association
- NZ Qualifications Authority examination information
- Special Education Services

I accept that this information may later be used for statistical and/or research purposes and agree to its use for that purpose, provided that if the information is published in any way it will not identify me or the individual concerned.

I understand that the information that I provide will be held at the offices of Auckland Grammar School at Mountain Road, Epsom, Auckland.

I am aware of the rights of access to and correction of this information.

Signed (Student) _____ Signed (Parent) _____

Check List for Completion of the Application Form

Please complete your application carefully. Applications which provide all the requested information can generally be processed promptly. Missing information will inevitably lead to delays.

Applications must include the following:

- Completed application for Enrolment Form
- Non-refundable \$500 Application Fee
- Certified copy of Passport to include any NZ visa details
- 4 recent passport size photos
- Three character references. One from each of the following:
 - i) Headmaster and/or class teacher
 - ii) Family friend
 - iii) Family relative

Each of these should be in the original language together with a certified English translation
- Copies of your son's latest school report for all subjects, in the original language and a certified English translation.
- An essay in English (1 page) from your son applying in his own handwriting to come to Auckland Grammar School. The essay should include:
 - i) His interests and achievements in sport, music and school subjects
 - ii) Why he wants to come to Auckland Grammar School
 - iii) What subjects he would like to study
 - iv) What his career ambitions are
- Details of proposed insurance if not insuring with Auckland Grammar School.

General Information - Particulars of Parents

The word 'parents' on other sections of the Application Form should be taken to include natural parents, guardian or caregiver. Caregiver is a term used by the Ministry of Education to describe the person(s) taking care of the boy. The School understands that in most cases, this/these person(s) are the parent(s) of the boy. This information is required for the Auckland Grammar School Board of Trustees Parents' Representative Roll. Addresses given remain confidential to the School. Every page of the Application Form must be signed by a parent, NOT an agent, relative or any other person. It is the responsibility of the Parent that he/she understands what is being signed.

Completed applications to be sent to

Mrs Liz Zoanetti
International Student Administrator
Auckland Grammar School
Private Bag 99930, Newmarket
Auckland, NEW ZEALAND

e-mail: l.zoanetti@ags.school.nz
DDI: +64 9 623 5402 ext 578
Fax: +64 9 623 5418