

FAIRHALL SCHOOL INTERNATIONAL STUDENT ENROLMENT FORM

Surname: _____ First Name(s) _____

Father's Name: _____ Ethnic: _____ Occupation: _____

Mother's Name: _____ Ethnic: _____ Occupation: _____

Child's Ethnic: _____ DOB: _____ Language: _____ Boy/Girl

Admission Number: _____ Admission Date: _____ Prev. Pre/School

Contact Details

Address: _____ Home Phone: _____

Father's Bus. Phone: _____ Mother's Bus. Phone: _____

Emergency Contact Name : _____ Phone: _____

Designated Caregiver Other Than Natural Parents

Name: _____ Relationship: _____ Phone: _____

Custody Factors

Medical

Doctor: _____ Medical Centre: _____

Dental Clinic: _____ Medication: _____

Medical/Physical Issues :

Sight

Speech

Hearing

Religion: Bible In Schools

Yes/No

Contribution Due

Age Jan 1, 2010: Yrs: _____ Months: _____ Class: Room: Teacher: _____

Required Document Sightings

Birth Certificate Yes/No

Inoculation Certificate Yes/No

Passport Yes/No

Student Visa Yes/No

(Tick) Inoculations Received

c Hepatitis B	c Diphtheria	c Whooping Cough	c
Tetanus	c Hib	c Polio	c
Measles	c Mumps	c Rubella	

Will the child be living with their parent in New Zealand ? YES / NO

Future educational plans: _____

English Language Ability: _____

Other languages spoken: _____

Is ESOL assistance required? YES NO

Has the family appointed a designated caregiver for the student in New Zealand? YES/NO

If so, name of designated caregiver: _____

Address: _____

Phone: _____

Parent’s Undertaking

I (the parent) take full responsibility for the placement of my child with _____ (the designated caregiver) and acknowledge that the said caregiver has sole responsibility for the care and welfare of my child

Parent’s Signature: _____ Date: _____

I have read and understand the Conditions of Enrolment/Acceptance and Refund Conditions of Fairhall School, as outlined in the School’s Conditions of Enrolment/Acceptance and Refund Conditions and Procedures document (Pages 6&7 of the Enrolment Information Booklet) and agree to observe these conditions.

Parent Signature _____ Date _____

This application should be returned to:
The Principal,
Fairhall School,
New Renwick Road
BLLENHEIM
NEW ZEALAND