

# APPLICATION FOR ENROLMENT - INTERNATIONAL STUDENT



EST.1916



LEARNING. FOR LIFE.

## STUDENT PROFILE FORM (Part 2 / 2)

To apply for enrolment at **Scots College**, please complete part 1 & 2 of the application form, then email & post it to: **The Director of International Students Scots College**  
**PO Box 15-064 Miramar, Wellington 6243, New Zealand**

Please ensure that all the information is complete and correct. Failure to properly complete the form may result in a delay in processing, or rejection of your application. Failure to provide correct information may result in your son's enrolment being terminated.

### PART ONE: PERSONAL INFORMATION

Ref: \_\_\_\_\_

**(PLEASE PRINT IN CAPITAL LETTERS)**

Full Name of Student: .....

*Given Name*

*Surname (As shown on Passport)*

Known as: ..... Date of Birth: .....

Parents' Names:(Mother).....  
 (Father).....

Attach  
**coloured**  
 Photograph  
 of  
 Student  
 here

**Home Country:** Residential Address: .....  
 .....  
 .....

Postal Address (if different from above): .....  
 .....  
 .....

Contacts: Home Phone: **country code** (.....) **area code** (.....).....  
 Work Phone: **country code** (.....) **area code** (.....).....  
 Fax.....  
 Email.....  
 Name of Emergency Contact Person.....  
 Number of Emergency Contact Person **country code** (.....) **area code** (.....).....  
 Relationship to Student .....

**New Zealand Contact if applicable:** .....

*Mrs/ Ms/Miss*                      *Given Name*                      *Initials*                      *Surname*

Phone **area code** (.....).....

Relationship to Student .....

**Agent Contact if applicable:** .....

*Mrs/ Ms/Miss*                      *Given Name*                      *Initials*                      *Surname*

Phone **country code** (.....) **area code** (.....).....

**I agree to inform the College as soon as possible, of any change to my contact details, (address, telephone number, fax number and e-mail address, whichever applies).**

**Medical and travel insurance:** Medical and travel insurance is compulsory for international students coming to New Zealand. Insurance cover is required from the time the student commences travel to New Zealand, through to the time that they have arrived back in their home country at the conclusion of their period of study

The College will arrange medical and travel insurance on your behalf and you will be invoiced for this, together with College fees.

**PART TWO: LIVING SITUATION IN YOUR HOME COUNTRY**

What type of home do you live in? (Apartment, House, etc).....

Where is your home located? (City, Town, Countryside, etc).....

How do you get to College? (Walk, Bus, Train, etc).....

Do you have any brothers or sisters? Yes / No (please circle)

If Yes, please list their names and ages and indicate whether they live at home:

Name	Age	Male/Female	Living at Home (Y/N)

Who else lives in your home? (Mother, Father, Uncles, Aunts, Grandparents etc)

Relationship to student	Name

Who usually looks after you? .....

What work do your parents do? (Mother).....

(Father).....

**PART THREE: HOBBIES, INTERESTS, SPORTS**

What sports do you play? (Please list the sports – e.g. social player, College team, regional representative, etc)

Sport:.....

Do you sing or play any musical instruments? Sing: Yes/No

Instruments played:.....

Are you in a band or a choir? (If yes please state) .....

What are your interests or hobbies? (E.g. astronomy, music, reading, computer games).....

.....

Are there any other sports or hobbies that you would like to be involved in while you are in New Zealand?

.....

.....

Do you have any other particular talents, dislikes, or problems? .....

.....

Are you a capable swimmer? Yes / No

**PART FOUR: HEALTH INFORMATION (PARENTS TO COMPLETE)**

Does your son have any pre-existing medical conditions or concerns that the College nurse and staff need to be aware of?

(Please circle) Yes / No

If *Yes* please provide information on what the condition is and what treatment your child is receiving, or going to need in New Zealand:

.....

.....

.....

.....

New Zealand children are vaccinated against the following diseases and the College strongly recommends that your son receives the vaccinations prior to travelling to New Zealand.

Diphtheria
Tetanus acellular
Pertussis (Whooping Cough)
Inactivated Polio
Hib (Haemophilus influenzae type b)
Hepatitis B
Measles
Mumps
Rubella
Meningococcal B

**Please obtain a vaccination certificate from your family doctor to indicate which vaccinations your son has had and how many times it has been given.**

If your son has **not** been vaccinated against any of the diseases above, and the opportunity arises for your child to be vaccinated at College, do you consent to him being vaccinated? (Please circle) **Yes / No**

Does your son have any allergies?	<u>Allergic to</u> ✓ or ✗	<u>Please specify what</u> <u>your son is allergic to</u>	<u>What treatment is required?</u>
<i>Medical allergies like penicillin.</i>			
<i>Insect bites/stings like bee stings.</i>			
<i>Food allergies like peanuts or wheat.</i>			
<i>Other allergies.</i>			

Does your son carry any medication for this allergy? (Please circle) **Yes / No**

Are there any family medical conditions that we should know about to ensure the safety of your son? (E.g. food allergies, bee sting allergy) .....

Name any other medication your son **requires**: .....

What is this medication for? .....

Name any other medication your son **is currently taking**: .....

What is this medication for? .....

Has your son had any of the following illnesses?

	<u>Suffered from Illness ?</u> ✓ or ✗		<u>Suffered from Illness ?</u> ✓ or ✗
Measles		Glandular fever	
Rubella		Inactivated Polio	
Chickenpox		HIV	
Mumps		Pertussis	
Tuberculosis		Hib (Haemophilus influenzae type B)	
Rheumatic fever		Diphtheria	
Meningococcal B		Malaria	
Hepatitis B		Tetanus acellular	

Does your son have any other special health or medical needs? (eg. Asthma, bronchitis, epilepsy, eczema, ear infections, throat infections, sinus infections) .....

Has your son had any major injuries (breaks or strains) or illness (for example glandular fever) in the last twelve months that may limit full participation in any College activities or sports? *(Please circle)* **Yes / No**

If *Yes* please provide information on the injury or illness: .....  
.....  
.....

Has your son been admitted to hospital in the last twelve months? *(Please circle)* **Yes / No**

If *Yes* please provide information on why he was admitted to hospital and what treatment your child is receiving, or going to need in New Zealand because of it: .....  
.....  
.....  
.....

Do you have any special dietary requirements or is there any food you are unable to eat? (For example, vegetarian, don't eat chicken or pork)

.....

What is your son's height? ..... in metres.

What is your son's weight? ..... in kilograms.

Is there any information that the staff should know, to ensure the physical and emotional safety of your child? (for example, cultural practices, disability, anxieties, anxiety about heights/darkness/small spaces, behavioural or emotional problems).  
*(Please circle)* **Yes / No**

If *Yes*, please give details:

.....  
.....  
.....  
.....  
.....  
.....

**I agree that if my son is unwell at College he will be given over the counter medication by a Registered Nurse as appropriate.**

**I will inform the College as soon as possible of any changes in my son's medical (or other) circumstances, between now and the start of my son's enrolment.**

**I agree to my son receiving any emergency medical, dental or surgical treatment including anaesthetic or a blood transfusion, as considered necessary by medical authorities.**

**I agree to my son participating in supervised activities outside Scots College grounds. This could include school tramps, camps, cycling trips, attending the Outdoor Pursuits Centre and other activities.**

**PART FIVE: STUDY INFORMATION**

**Parents to complete**

Please attach your son’s most recent College report.

Does your son have any specific learning needs or difficulties that could affect his progress?

.....

What is your estimate of your son’s level of English? *(Please circle)*

Beginner	Elementary	Pre-Intermediate	Secondary	Upper Secondary
----------	------------	------------------	-----------	-----------------

Would you be interested in your son completing the IB diploma, in year 12 & year 13? **Yes / No**

Would you like to receive further information about the IB diploma? **Yes / No**

**Student to complete**

What are your favourite subjects at College? .....

What subjects do you want to study at College? .....

.....

What do you find the most challenging about College? .....

.....

What do you enjoy most about College? .....

.....

What are you hoping for or looking forward to at Scots College? .....

.....

.....

What worries you about living and studying in New Zealand?

.....

What do you plan to study after secondary school, towards a career? .....

Do you plan to study in New Zealand after secondary school?.....

**PART SIX OTHER INFORMATION**

Have you travelled to other countries before? *(Please circle)* **Yes / No**

*(If yes, please state which ones)* .....

Have you lived away from your family before? *(Please circle)* **Yes / No**

Do you have a religion? *(Please circle)* **Yes / No**

Do you need to attend church or another place of worship on a regular basis? *(Please circle)* **Yes / No** *If yes please state which religion* .....

Do you plan to return home in the term holidays? *(Please circle)* **Yes / No**

Is there a particular part of your culture that is very important to you that we should know about?  
.....

Are there any special items you plan to bring with you? .....

**PART SEVEN HOME STAY INFORMATION (IF APPLICABLE)**

Most New Zealand families have pet cats or dogs that live in their homes. Are you allergic to any pet animals?

*(Please circle)* Yes / No

*(If yes please state which)*.....

Do you have a fear or phobia of any pet animals? *(Please circle)* **Yes / No**

Do you mind living in a house with smokers? *(Please circle)* **Yes / No**

What are you most looking forward to about your Homestay family?  
.....  
.....

Is there any special request you would like to make of your Homestay? *(Please state)*  
.....

**Please sign as confirmation:**

1. that the information supplied by you is correct
2. of acceptance of your son undergoing medical procedures or being given medication, if necessary
3. of acceptance of participation of your son in any school activities such as tramps, camps, cycle trips, OPC and any other outdoor activities outside the College
4. that you will inform the College of any medical changes or changes to other circumstances, between now and the start of your son's enrolment
5. that you will inform the College of any change to contact detail

**Attachments:**

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> vaccination certificate from your doctor. | Vaccination Attached (Please tick) |
| <input type="checkbox"/> your son's most recent College report.    | Reports Attached (Please tick)     |

Name of parent or legal guardian: .....

Signature of parent or legal guardian: .....

Signature of student: ..... Date: .....