



# Mangere Bridge School

## International Student Enrolment Application

### Student details

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Family name: \_\_\_\_\_

First name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Nationality \_\_\_\_\_  
(date/month/year) (as shown in passport): \_\_\_\_\_

Passport number: \_\_\_\_\_ Passport expiry: \_\_\_\_\_

Visa type/status: \_\_\_\_\_

Date of first entry into New Zealand: \_\_\_\_\_

Address (in home country): \_\_\_\_\_

\_\_\_\_\_

Phone (in home country): \_\_\_\_\_

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### Details of parent/legal guardian enrolling student

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Family name: \_\_\_\_\_

First name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Nationality \_\_\_\_\_  
(date/month/year) (as shown in passport): \_\_\_\_\_

Passport number: \_\_\_\_\_ Passport expiry: \_\_\_\_\_

Address (in home country):  Tick if same as student or enter below

\_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

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### Enrolment

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Length of enrolment: \_\_\_\_\_

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### Insurance

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Your child must have medical and travel insurance to cover the period of study, from leaving home to returning home. Please provide copies of these insurance policies in English.

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## Health

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Vaccinations (please list OR provide a vaccination certificate in English):

Date received:

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Has the student had a tetanus injection in the last 5 years?

Yes

No

Has the student been in contact with any contagious diseases within the last 3 months?

Yes

No

If yes, please give details:

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Medical conditions (please list):

Enter any medication required:

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Allergies (please describe):

Enter any medication required:

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Does the student suffer from a disability?

Yes

No

If yes, please give details:

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## ACCOMMODATION

### Students under 10 years old

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Students under 10 years of age must live with a parent or legal guardian.

My child will be living with me (parent/legal guardian).

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### Parent/legal guardian living with student in New Zealand

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Family name: \_\_\_\_\_

First name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Date of birth: (date/month/year) \_\_\_\_\_ Passport number: \_\_\_\_\_

Nationality: (as shown in passport) \_\_\_\_\_ Passport expiry: \_\_\_\_\_

Date of first entry into New Zealand: \_\_\_\_\_ Visa type/status: \_\_\_\_\_

Address (in home country):  Tick if same as student or enter below

Phone (in home country): \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address (in New Zealand): \_\_\_\_\_

*This is the address where you and the student will be living.*

Phone (in New Zealand): \_\_\_\_\_ Cell phone: \_\_\_\_\_

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### Designated caregiver living with student in New Zealand

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Relationship to student: \_\_\_\_\_

Family name: \_\_\_\_\_

First name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Is the designated caregiver a New Zealand citizen or resident?

Yes (skip the grey areas below)  No (complete details in the grey areas below)

Date of birth: (date/month/year) \_\_\_\_\_ Passport number: \_\_\_\_\_

Nationality: (as shown in passport) \_\_\_\_\_ Passport expiry: \_\_\_\_\_

Date of first entry into New Zealand: \_\_\_\_\_ Visa type/status: \_\_\_\_\_

Address (in home country):  Tick if same as student or enter below

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Phone (in home country):

Cell phone:

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Email:

Address (in New Zealand):

*This is the address where you and  
the student will be living.*

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Phone (in New Zealand):

Cellphone:

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## ABOUT THE STUDENT

### General information

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Briefly tell us about your aspirations for your child while they live in New Zealand, e.g. reasons for coming to New Zealand.

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Briefly, tell us about your child's interests e.g. sports, cultural, music.

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### Education

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Does your child have any special learning needs?  Yes (describe below)  No

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### Previous school(s) in New Zealand (please answer if applicable)

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School name:

Dates enrolled/attended:

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## DECLARATIONS

**Please read these statements carefully and ensure you understand them.**

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I have been informed about and received a summary of the Code of Practice for International Students.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have received a copy of the school's Guide for International Students.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand the costs involved with enrolment, and the school's policy regarding fee refunds and protection.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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- I confirm all the information contained in this enrolment application is true and correct to the best of my knowledge.
- I acknowledge that if I have provided false information or withheld relevant information, the school may terminate the enrolment.
- I will inform the school if there are any changes to the details of this application.

\_\_\_\_\_  
Parent/legal guardian name

\_\_\_\_\_  
Parent/legal guardian signature

Date: \_\_\_\_\_

## DOCUMENTATION

**Please provide the following documents (copies or originals) with this application:**

- Student's passport and visa details
  - Passport of person who will be living with the student and visa details
  - Designated caregiver agreement
  - Immunisation certificate (in English) for student
  - Enrolment contract
  - Evidence of medical and travel insurance
  - EOTC consent form
  - Digital Citizen Responsible Use Agreement
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