



Taradale High School

International Student Enrolment Application

50 Murphy Road, PO Box 7109, Taradale, Napier, New Zealand www.ths.school.nz
Ph: 6464442159 Fax: 646 8445248 Email: international@ths.school.nz

Family Name/Surname	Given or Other Name/s

Address:		Date of Birth:					(DDMMYY)
		Country of Birth:					
		Nationality:					
City:		Gender:		Male		Female	
Country:		Passport Number:					
Email:		Date of Expiry:					(DDMMYY)
Phone:		Fax:					

Mother/Legal Guardian Details

Father/Legal Guardian Details

Name:		Name:	
Address (if different to above):		Address (if different to above):	
Telephone:		Telephone:	
Cell Phone:		Cell Phone:	
Fax:		Fax:	
Email:		Email:	
Occupation:		Occupation:	

New Zealand Contact (If applicable)

Agent Details (If applicable)

Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Cell Phone:		Cell Phone:	
Fax:		Fax:	
Email:		Email:	
Relationship:		Company:	

Do you have any health or medical problems?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you answer yes, please specify details by letter including all medication you are taking.				
Do you require accommodation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you answer yes, please fill out the accommodation form.				
You are required to have travel and medical insurance.				
Will you arrange insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you answer yes, the school requires a copy of your insurance policy in English. If you answer no, the school will arrange insurance on your behalf.				

Present School:	<input type="text"/>					
School Address:	<input type="text"/>					
Number of years studying English?	<input type="text"/>	years				
My spoken English is:	Not very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Very Good	<input type="checkbox"/>

Please state the subjects you would like to study at Taradale High School.								
1.	<input type="text"/>	2.	<input type="text"/>	3.	<input type="text"/>			
4.	<input type="text"/>	5.	<input type="text"/>	6.	<input type="text"/>			
Tick your preferred level of study. The school reserves the right to make the final decision.								
Year 13 Pre University	<input type="checkbox"/>	Year 10	<input type="checkbox"/>					
Year 12 NCEA	<input type="checkbox"/>	Year 9	<input type="checkbox"/>					
Year 11 NCEA	<input type="checkbox"/>							
Date you intend to commence study:	<input type="text"/>	<input type="text"/>	<input type="text"/>	(DDMMYY)				
Period of study:	1 term:	<input type="checkbox"/>	2 terms:	<input type="checkbox"/>	1 year:	<input type="checkbox"/>	More than 1 year:	<input type="checkbox"/>
Please include with this application: Your most recent school report and a character reference from a senior teacher								

DECLARATION BY LEGAL GUARDIAN							
I declare that the information provided is true and correct.							
I agree my child will abide by the laws of New Zealand and the school regulations.							
I consent to the school authorizing medical treatment in the event of an emergency.							
Yes	<input type="checkbox"/>	(enter X in box)					
Name:	<input type="text"/>	Parent /Guardian	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	(DDMMYY)
If your application is accepted an "Offer of Place" will be forwarded. This will include an invoice for tuition fees which must be paid in advance in order to obtain a student visa.							