



Application Form for International Student Group

Aidanfield
Christian School

Aidanfield Christian School
2 Nash Road
Aidanfield
Christchurch 8025
NEW ZEALAND
Phone: +64 3 338 8153
Email: international@aidanfield.school.nz

Please make sure you fill in this form completely and email to international@aidanfield.school.nz.

Student Details

Student legal first names:	<input type="text"/>	Legal surname:	<input type="text"/>
Preferred names/English Name:	<input type="text"/>	Sex:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
		Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Citizenship:	<input type="text"/>	Passport Number & Expiry date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
First language:	<input type="text"/>	Religion/Denomination:	<input type="text"/>
		Current age at time of applying:	<input type="text"/>
Parent 1/Legal Guardian:	<input type="text"/>	Parent 2/Legal Guardian:	<input type="text"/>
Home Country Address:	<input type="text"/>		
Telephone:	<input type="text"/>	Email Address:	<input type="text"/>
Intended Start Date:	<input type="text"/>	Intended End of Study Date:	<input type="text"/>
		Intended Length of Study:	<input type="text"/>

Learning Information

How many years of schooling not including pre-school education has the student had?

Have you attended any schools in New Zealand on previous visits? ☐ Yes ☐ No

If yes, please state the name of the school, length of study, dates attended.

Does the student have any learning or behavioural difficulties which may require extra school support or services?
☐ Yes ☐ No If yes, please provide details (attach additional pages if required)

Group Information

Group Name:	<input type="text"/>	Adult responsible during visit:	<input type="text"/>
		Phone Number:	(+ <input type="text"/>) <input type="text"/>

Accommodation Requirements

Accommodation choice: ☐ Parent ☐ Designated Caregiver (relative or family friend) ☐ Homestay

Age 5 - 9 years - must be living with a parent

Age 10 and up - can be living with a parent, a designated caregiver or homestay approved by Aidanfield Christian School

Designated Caregiver Details

Name of Caregiver:	<input type="text"/>	Mobile:	<input type="text"/>
Address in NZ:	<input type="text"/>		
Email:	<input type="text"/>	Relationship to Student:	<input type="text"/>

Medical and Insurance Information

Are there any medical conditions or disabilities? Or is the student on any medication that we should be aware of? ☐ Yes ☐ No

If yes, please explain?

(Parents must bear the cost if there are undisclosed medical needs)

All students must have full medical and travel insurance from the time they leave home covering them for their entire trip. This is a compulsory requirement. A copy of the insurance policy **MUST** be provided to the school. The insurance information provided must be in English. Travel insurance must cover the following:

- (a)
 - (i) to and from New Zealand; and
 - (ii) within New Zealand; and
 - (iii) if the travel is part of the course, outside New Zealand; and
- (b) medical care in New Zealand, including diagnosis, prescription, surgery, and hospitalisation; and
- (c) repatriation or expatriation of the student as a result of serious illness or injury, including cover of travel costs incurred by family members assisting repatriation or expatriation; and
- (d) death of the student, including cover of—
 - (i) travel costs of family members to and from New Zealand; and
 - (ii) costs of repatriation or expatriation of the body; and
 - (iii) funeral expenses

Do you wish to purchase insurance through the school? ☐ Yes ☐ No

Agent Details (if using an Agent)

Agent Name: Does this Agent have a signed agreement with Aidanfield Christian School? ☐ Yes ☐ No

Company Name:

Address:

Email Address: Phone Number:

Parent Declaration

ACS will meet its obligations under the Code for each student enrolling at ACS. First responsibility for the welfare of each child rests with the adult travelling with them. ACS will liaise in the first instance with that adult.

I am the parent of the student named on this application form. I declare that:

- a) The information supplied is true and correct.
- b) I am familiar with the The Education (Pastoral Care of International Students) Code of Practice 2016 (including Amendments 2019) and regardless of the student's age, I agree to comply with the Code. (Please request a copy from us or see the link on our website)
- c) In signing this application I also confirm that I have read and agree to:
 - The School Vision Statement as the foundation for teaching and learning.
- d) I agree that information collected on this application form may be passed to government agencies in statistical form as required by the Education Act 1993 and other statutory requirements. When this occurs I agree to waive conditions in the Privacy Act 1993.
- e) I agree to abide by the conditions of the visa as set out in the Immigration Act 2009 plus amendments.
- f) Prior to signing I will seek independent advice on any aspects of this application form that I do not understand.

Parent 1/Legal Guardian: Parent 2/Legal Guardian:

Date: