



# St Heliers School

## Application to attend St Heliers School as an International Fee Paying Student

STUDENT'S FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_  
 COUNTRY OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ MALE / FEMALE  
 FIRST LANGUAGE \_\_\_\_\_ ETHNICITY \_\_\_\_\_  
 INTENDED PERIOD OF STUDY: \_\_\_\_\_ To \_\_\_\_\_  
 ADDRESS OF STUDENT WHILE STUDYING AT ST HELIERS SCHOOL \_\_\_\_\_  
 \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL LEARNING, MEDICAL, PSYCHOLOGICAL, OR BEHAVIOURAL NEEDS?\* YES / NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

*\* Failure to disclose relevant information in the above section, or the provision of false information may result in termination of enrolment.*

Parent's Names	Home Address	Phone Numbers	Email address
		Home: Work Mobile	
		Home: Work: Mobile	

IF STUDENT IS NOT LIVING WITH PARENTS, PLEASE FILL IN THE NAME OF DESIGNATED CAREGIVER OR HOME STAY CARER:

Caregivers' Names	Home address	Phone Numbers	Email address
		Home: Work: Mobile:	
		Home: Work: Mobile:	

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

I request that \_\_\_\_\_ be admitted to St Heliers School as an International Fee Paying Student. I acknowledge that if he/she is admitted as a student, he/she is bound by the rules and uniform requirements of the school. I acknowledge that as a parent I am bound by contractual agreements signed as part of the enrolment procedure.

\_\_\_\_\_  
 (PARENT'S SIGNATURE)

### SCHOOL USE ONLY

ROOM NO \_\_\_\_\_ YEAR LEVEL \_\_\_\_\_ DATE STARTED \_\_\_\_\_ DATE LEFT \_\_\_\_\_  
 DATE OF ENTRY INTO NZ \_\_\_\_\_ PASSPORT NO \_\_\_\_\_ TYPE OF VISA \_\_\_\_\_  
 VISA EXPIRY DATE \_\_\_\_\_ MEDICAL/TRAVEL INSURANCE COM & EXPIRY \_\_\_\_\_  
 FEES PAID \$ \_\_\_\_\_ RECEIPT NO \_\_\_\_\_ DATE OF PAYMENT \_\_\_\_\_