



COLUMBA COLLEGE

APPLICATION
FOR ENROLMENT
AS AN INTERNATIONAL STUDENT

399 Highgate • Private Bag 1911 • Dunedin • New Zealand
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APPLICATION FOR ENROLMENT AS AN INTERNATIONAL STUDENT

Please print clearly and return the completed form to:
The Principal, Columba College, Private Bag 1911, Dunedin, New Zealand

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

PART ONE: ENROLMENT INFORMATION

I wish to enrol my daughter as a student at Columba College beginning in TERM YEAR
in (Year level).

I wish my daughter to reside in the College's Boarding Establishment Please tick

I wish my daughter to reside in a Homestay selected and approved by Columba College Please tick

Full Name of Student:
Family name First name(s)

Birth Date: **Religious Affiliation:**

Home Address:

Country of Birth: **Nationality of Student:**

First Language of Student **Ethnic Group:**

Passport's Country of Issue: **Passport Number:**

FATHER'S DETAILS

Name:
Family name First name(s)

Occupation:

Home Address:

Country:

Telephone: Home:

Business: **Fax:**

E-mail Address:

MOTHER'S DETAILS

Name:
Family name First name(s)

Occupation:

Home Address:

Country:

Telephone: Home:

Business: **Fax:**

E-mail Address:

Postal Address (for accounts and College communication **if different from above**):

Contacts: Name of the emergency contact person in the student's home country:

Relationship to student:

Home Telephone:

Fax:

Work Telephone:

E-mail:

New Zealand Contact:

Name

Relationship to Student

Telephone

Agent's Details (if applicable):

Name

Name of Education Agency

Telephone

Medical and travel insurance is compulsory for International students coming to New Zealand. Please provide your medical and travel insurance details:

Insurance Company Policy type.....
 Policy start date Policy end date.....

OR (tick)

I have not yet taken out medical and travel insurance, but agree to do so and will provide proof of this to the College on acceptance of this application for enrolment.

OR (tick)

I would like the College to arrange medical and travel insurance on my behalf and bill me for this together with school 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 school? (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

PART THREE: HOBBIES, INTERESTS, SPORTS

What sports do you play? (Please list your level of experience next to each sport, for example, social player, school team, regional representative, etc)

Sport Level of Experience

Sport Level of Experience

Sport Level of Experience

PART THREE *continued* . . .

Do you sing or play any musical instruments? (*Please state how long you have been playing for beside each instrument*)

Sing: Yes / No If "Yes", how long for?

Instrument played How long for?.....

Instrument played How long for?.....

Instrument played How long for?.....

Are you in an orchestra, band or choir? (*If "Yes", please state*)

What are your interests?

.....

What are your hobbies?

.....

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

(*Please state*):

.....

Do you have any other particular talents or interests?

.....

PART FOUR: HEALTH INFORMATION (PARENTS TO COMPLETE)

Does your child have any pre-existing medical conditions or concerns? Yes / No

If "Yes", please state:

New Zealand children are vaccinated against the following diseases. Please circle the ones your child has been vaccinated against:

Whooping Cough	Diphtheria	Tuberculosis	Tetanus	Measles
Mumps	Rubella (German measles)		Polio	Hepatitis B

If your child has not been vaccinated against any of the diseases above, and the opportunity arises for your child to be vaccinated at school, do you consent to your child being vaccinated?

Yes / No Please state which diseases vaccination consent is given for:.....

.....

Does your child have any allergies? (e.g., **food allergies** like peanuts or wheat,

or **medical allergies** like penicillin or bee stings):.....

Does your child carry any medication for this allergy?.....

Name any other medication your child requires:.....

Has your child had any of the following illnesses? (Please circle)

Measles	Rubella	Chickenpox	Mumps	Polio	Malaria
Tuberculosis	Rheumatic fever	Meningitis	Hepatitis	HIV	Diphtheria

Are there any family medical conditions that we should know about to ensure the safety of your child?

(e.g., food allergies, bee sting allergies)

Does your child have any other any special health or medical needs?

PART FIVE:

STUDY INFORMATION

Parents to complete

- Please attach your child's most recent school reports and/or a school transcript
Reports and/or school transcript attached (please tick)
- Please attach two references/testimonials for your child
Two references attached (please tick)

Does your child have any specific learning needs or difficulties that could affect her progress?

.....

What is your estimate of your child's level of English? *(Please circle)*

Beginner	Elementary	Pre-Intermediate	Intermediate	Upper Intermediate
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Students to complete

What are your favourite subjects at school?

What do you find the most challenging about school?

What do you enjoy most about school?

What are your dreams and ambitions?

.....

What do you hoping for or looking forward to in your New Zealand school?

.....

What worries you about living and studying in New Zealand?

.....

.....

PART SIX:

OTHER INFORMATION

Have you travelled to other countries before? (Please state which ones)

.....

Have you lived away from your family before?

What is your religion?

Do you attend Church or another place of worship on a regular basis? *(Please circle) Yes / No*

If "Yes", please state which Church or place of worship

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?

.....

.....

.....

PART SIX *continued* . . .

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

What is your favourite food?

Is there any particular food that you cannot eat:

Do you have any special dietary requirements (e.g., vegetarian, don't eat chicken or pork, etc)

.....

REGULATIONS GOVERNING ENROLMENT

I enclose a bank draft for NZ\$125.00 made out to Columba College which I understand is a non-refundable enrolment fee.

I enclose copies of my daughter's school transcript or her most recent school reports, two testimonials.

I enclose copies of my daughter's certified birth certificate or the relevant page from her passport.

- I understand that the fees for the first year are due and payable prior to the commencement date of my daughter at the College.
- I understand that the fees for the first year are non-refundable except in exceptional circumstances.
- In respect of the second and subsequent years, at least one complete term's written notice to the Principal of intention to withdraw a student from the College and/or the Boarding Establishment is required. If this is not given the fees for that term are payable.
- I agree to pay the College, prior to my daughter's attendance, the incidental deposit of NZ\$500.00 in accordance with the College's current policy.
- I understand if my daughter gains New Zealand residency during a year there will be no refund of fees for that year, but that New Zealand tuition fees will apply for each subsequent year of her attendance.
- I acknowledge that the Board of Governors of Columba College reserves the right to charge interest on overdue accounts.
- I have read the expectations for Parents, Students and the School as set out in the Prospectus and accompanying documentation and I agree that my daughter is required to abide by all School, Boarding Establishment and/or Homestay rules of Columba College.
- I understand that students of Columba College are not permitted to live in a flatting situation and that my daughter must live in the College's Boarding Establishment or in a College selected and approved Homestay.
- I understand that if my daughter who is a boarding student wishes to leave the boarding-house and move into a homestay situation I need to re-apply to the College before my daughter is accepted as a day girl.

Signature of Father.....

Signature of Mother

Signature of Legal Guardian.....

Date.....

(IF APPLICABLE)



COLUMBA COLLEGE
Our Tradition is Excellence
