INTERNATIONAL ENROLMENT FORM

Zayed College for Girls

STUDENT INFORMATION

Year of Proposed Entry into Zayed College for Girls 20___

Application is made for student to enter: (Based on academic record and age)

Year 7 (11-12 years) ☐
Year 8 (12-13 years) ☐
Year 9 (13-14 years) ☐
Year 10 (14-15 years) ☐
Year 11 (15-16 years) ☐
Year 12 (16-17 years) ☐
Year 13 (17-19 years) ☐

Expected Start Date: Expected Finish Date:

Student's Surname _____

(Block capitals please)

Given Names _____

Preferred Name _____ Date of Birth _____

Country of Birth _____ Date arrived in NZ _____

Ethnicity 1_____ Ethnicity 2_____ Ethnicity 3_____

Language Spoken at Home _____

Visa Status:(please attach copy of visa to application)_____

AGENT DETAILS (if applicable)

Name: _____

Contact Details:_____

PARENT INFORMATION

Parent 1

Title Mr / Mrs / Miss / Ms

Full Name _____

Home Address

_____

_____

Email _____

Home Phone

_____

Cellphone _____

Name of Employer/Occupation _____

Business Phone _____

Parent 2

Title Mr / Mrs / Miss / Ms

Full Name _____

Home Address

_____

_____

Email _____

Home Phone _____

Cellphone _____

Name of Employer/Occupation _____

Business Phone _____

Why did you choose Zayed College for Girls?

LANGUAGES: STRENGTHS AND ACHIEVEMENTS

Can your child speak any other language(s)? Yes / No If Yes, what language(s)?

_____

Please state level of proficiency your child has reached in understanding,speaking,reading and writing English as a formal language of instruction (you may need prior records of achievement to assist you).

	Very Well	Only a Little	Not at All
Understands English		☐	☐
Speaks English		☐	☐
Reads English		☐	☐
Writes English		☐	☐
Understands Arabic		☐	☐
Speaks Arabic		☐	☐
Reads Arabic		☐	☐
Writes Arabic		☐	☐
Reads Quran	☐	☐	☐

DESIGNATED CAREGIVER/PARENT IN NEW ZEALAND

If the student plans to live with a relative or close family friend, please give details below. All caregivers will be visited by the school and Police checks carried out.

Name of caregiver 1:_____ Relationship:_____

Address: _____

Phones:_____ Email:_____

Name of caregiver 2:_____ Relationship:_____

Address: _____

Phones:_____ Email:_____

Emergency contact name (if different from above):_____

Contact address:_____

Phone:_____ Relationship:_____

STUDENTS ARE NOT PERMITTED TO LIVE IN A 'FLATTING' SITUATION WHILE STUDYING AT Zayed College for Girls

STUDENT PROFILE

Student Name: _____

Student Email_____ ***Student Mobile Number***_____

Please comment on the following:

Academic strengths and achievements:

_____

_____

_____

Sporting strengths and achievements:

_____

_____

_____

Cultural interests and achievements:

_____

_____

_____

Hobbies, Clubs and Community involvement:

_____

_____

_____

Subjects you wish to Study:

_____

_____

STUDENT HEALTH PROFILE

Please answer the following questions to assist us in providing your daughter with the best possible care in any illness/ emergency situation. This information will be entered on the staff computer database and for the safety of your child it may be necessary to inform some staff and health professionals of any conditions that they would need to be aware of.

Student Name: _____

Date of Birth: _____

1. ***Please attach up to date record of your child's immunisations and copy of health insurance.***

2. Does your child have any allergies? Yes / No

If yes, what are they and how severe?: _____

_____

3.Does your child suffer from any of these medical conditions?

Epilepsy Yes / No	Asthma Yes / No	Migraines Yes / No	Heart problems Yes / No
Hearing problems	Yes / No	Diabetes	Yes / No
Rheumatic fever	Yes / No	Visual problems	Yes / No
Past head injuries	Yes / No	Disability	Yes / No
Emotional/behavioural problems	Yes / No	Past hospitalisation/operation	Yes / No

Any other conditions or further details?: _____

_____

4. ***Is your child on any medication? Yes / No***

If yes, please explain: _____

_____

Please send labelled medications to the school nurse if they are required or regular use or for emergencies, e.g. antihistamines, epipens, or insulin or glucagen for Diabetes.

Please provide any Doctors or clinic letters you have if your child has a significant medical condition.

5. Medication:

After an assessment it may be advisable to give medications to your child, e.g. Paracetamol, Ibuprofen, Mylanta. I understand that the school does not provide these medications however parents may supply the student who may carry them in their bags and must not share medications.

6.Note: In case of an emergency

In the case of an accident or emergency or when necessary, school deemed staff may arrange for my child to be taken to an accident and emergency department or medical centre. This may involve calling an ambulance or transporting the student in a staff member's car.

Any costs incurred are to be paid by the parent/guardian.

7.Has this student been vaccinated against common childhood complaints e.g Measles? Y/N

What date was the last Tetanus Injection? _____

Parents/Guardians Name: _____

Signed: _____ ***Date:*** _____

Failure to disclose medical or mental health conditions may affect enrolment (Students may be sent home without refund).

All international students must have medical and travel insurance.
All insurance must be approved by the school.

BLANKET CONSENT FOR EOTC

Education outside the classroom (EOTC) is the name given to all activities and events that occur outside the classroom, both on and off the school site. This includes sport.

Zayed College for Girls believes that EOTC can make a substantial contribution to a students' wellbeing (Hauora) byaffirming the physical (tahatinana), social (taha hinengaro) needs of the student. It offers opportunities to enhance learning not available within the normal classroom situation.

In Auckland, we are fortunate to have ready access to a wide range of natural and manmade environments including beaches, rivers, mountains, cities, suburbs and the bush. These environments provide rich backgrounds for our students to experience and learn from both in and out of school. Well managed activities also teach students how to be safe.

Zayed College for Girls values the idea of providing students with a variety of educational experiences. Therefore, we work to ensure that a portion of your child's learning occurs away from school.

The Ministry of Education's EOTC Guidelines identify four EOTC activity types, each with recommended parental/caregiver consent requirements (a summary of this information can be found on the back of this consent form).

This document seeks your consent to allow your child to participate in a range of EOTC activities and events that fall into the following types:

A(i) On site - in school grounds - Lower Risk Environment.

A(ii) On site - in the school grounds - Higher Risk Environment.

B(i) Off Site - Short duration, occurring in school time - Lower Risk Environment.

C(i) Off site - all day, maybe finishing after school time - Lower Risk Environment

Please be assured that ***all EOTC*** activity categories require staff to undertake an analysis of the risks and identify the management strategies required to eliminate, isolate and minimise the risks involved. Emergency procedures are also in place.

BLANKET CONSENT

I/we agree to (student) _____

Participate in category A(i), A(ii), B(i), and C(i) EOTC events while a student at Zayed College for Girls.

I/we have provided the school with up-to-date medical, supervision and learning information current by information through the enrolment form. I/we will make every effort to keep this information current by informing Zayed College for Girls of any future changes to this information.

_____

Name of Parent/Caregiver Signature Date

PERMISSIONS, AGREEMENTS AND GUARANTEES

Publication and Display of the Applicant's work and Photographic image
I give permission for the school to display the student's work (including newsletters, prospectus, year book, open day displays, website etc.) and to use the students' image, individually or as part of a group, in the same school publications.

Student: My signature below indicates that I give permission as described above.

Parent or Guardian: My signature below indicates that I give my permission as described above.

Cybersafety
Parent or Guardian: I will provide a laptop and I give permission for the applicant to use the internet and other information and communication technologies, under the rules of the school. I understand the school will not be responsible for retrieval or replacement if the applicant loses or has stolen any electronic communication device that they have brought to school.

Student: I agree to read and abide by the conditions set out in the 'Student Cybersafety Use Agreement'.

School Rules and Uniform Requirements

1. Students must wear correct school uniform at all times. Non regulation items will be confiscated. (students can only wear one pair of ear studs and a watch for jewellery, no makeup. Students are to be neat and tidy).

2. Students are required to be punctual to all classes and must not leave the school during the day. Attendance is compulsory unless a student is sick. Leave is granted for doctor/dentist visits and absences must be explained in writing from the caregiver.

3. International students must not change accommodation without school permission.
4. Mobile phones and i-pods are not allowed during school hours.
5. Cigarettes, matches, lighters, alcohol, drugs or weapons are not part of our school culture.
6. We are a peaceful school and physical violence, verbal aggression, theft and any form of bullying or harassment is not acceptable.

Student: I have read the items listed above, I agree to abide by school rules and uniform requirements. I will attend school regularly, respect the right of others to learn and do my best to bring credit to the school, my family and my country.

Parent or Guardian: I have read the items listed above, and I have also read and understood the refund policy My signature shows that I agree to all commitments and conditions listed above and also in the refund policy.

Signature of Student: _____ ____Date: _____

Signature of Parent: _____Date: _____

DECLARATION BY PARENTS

Declaration by parents:

1. I guarantee the good behaviour of my child while in New Zealand.
2. I accept the right of the school to change courses if this is seen to be in the best interests of my child.
3. I have read and understood the refund and fee protection policies which shall apply if the application is successful.
4. I understand my child must live either in accommodation approved of and monitored by Zayed College for Girls or with her parents.
5. I consent for my child to receive health care at the school or to be taken to the doctor or Medical Centre if the school decides it is necessary.
6. I give permission for the school to make a decision on the advice of a medical practitioner in a medical emergency.
7. I have read and understand the circumstances under which any contract with Zayed College for Girls may be terminated.
8. I undertake to inform the school within two weeks of any change of the applicant's home address.

Signed: _____ (Parent)

Full name: _____Date: _____

DECLARATION MUST BE SIGNED BY A PARENT, NOT AN AGENT OR GUARDIAN.
STUDENTS MUST BE ACCOMPANIED BY AN ADULT WHEN THEY FIRST VISIT THE SCHOOL.

Applicants are required to provide the supporting documentation listed below.

About the applicant:	Check ☐	For school use	For the parent:	Check (☐)	For School Use
Passport			Immunisation record		
Copy of Visa (if applicable)			Designated Caregiver Proof of Address & ID (if applicable)		
The most recent school report					
Health Insurance					