

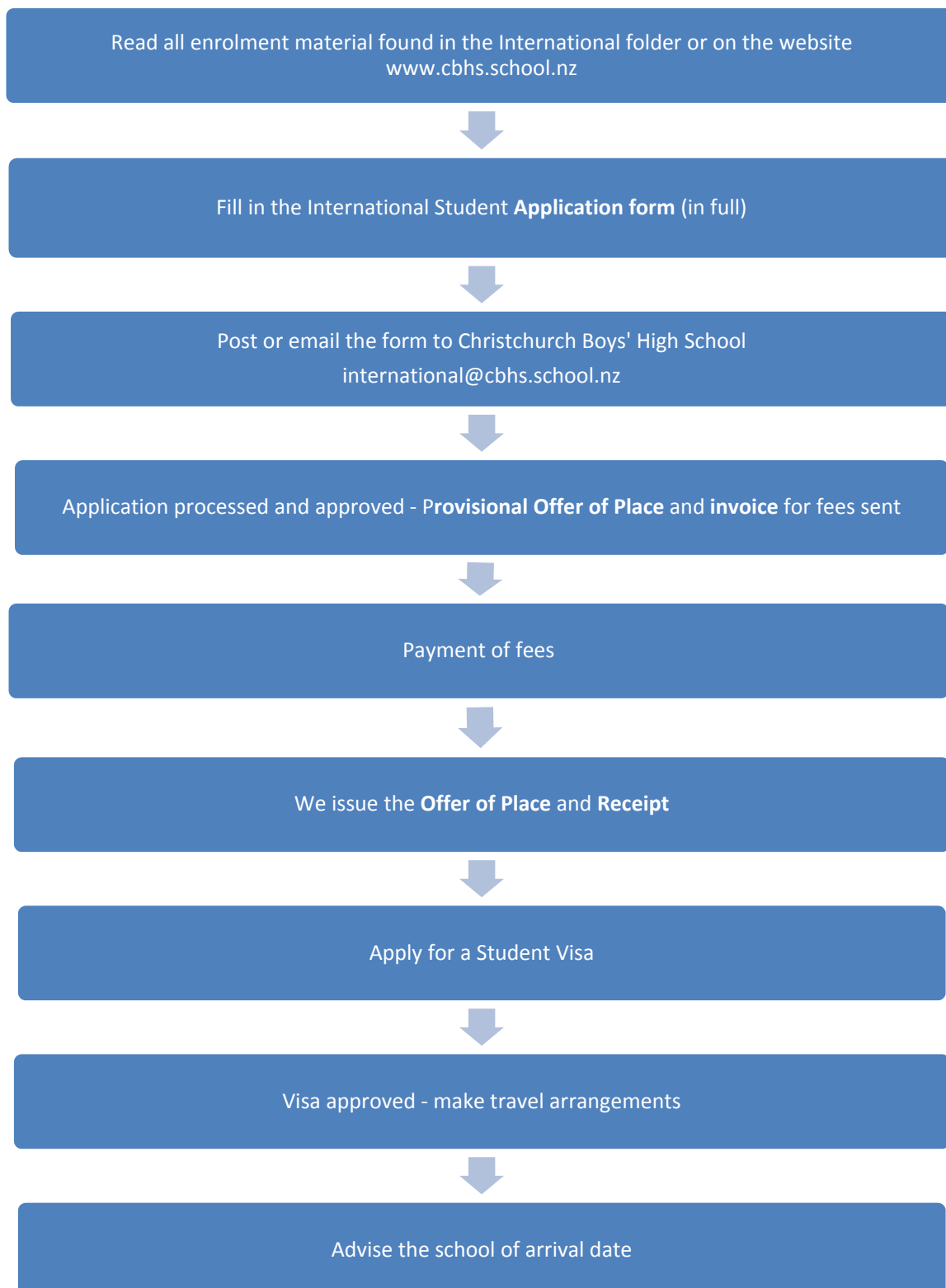


Christchurch Boys' High School INTERNATIONAL STUDENT APPLICATION

Student name:



ENROLMENT PROCEDURE



For application and enrolment help please phone +64 3 348 5003 ext 264 or email international@cbhs.school.nz



**CHRISTCHURCH BOYS HIGH SCHOOL
INTERNATIONAL ENROLMENT FORM**

Please attach
passport sized
photo here

DATE:

YEAR LEVEL: (please tick the year level which applies)

Year 9 Year 10 Year 11 Year 12 Year 13

START DATE:

Term 1 Term 2 Term 3 Term 4 YEAR: _____ Length of stay _____

STUDENT DETAILS

Student's family/surname: Date of Birth:
 Student's first names: Country of Birth:
 I liked to be called: Student Mobile Number:
 Student Email:
 Current School:

PASSPORT/VISA DETAILS

Passport Number: Passport Expiry Date:
 Student Visa Number: Student Visa Expiry Date:

Person to receive Accounts: Parents Guardian Agent

PARENTS DETAILS

Mother's First Name:
 Mother's Last Name:
 Address:

 Occupation:
 Home telephone number:
 Work phone number:
 Cellphone number:
 Email address:
 Skype address:
 Do you read or speak English? Yes No

Father's First Name:
 Father's Last Name:
 Address:

 Occupation:
 Home telephone number:
 Work phone number:
 Cellphone number:
 Email address:
 Skype address:
 Do you read or speak English? Yes No

STUDENT ETHNIC GROUP

<input type="checkbox"/> NZ Maori	<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese
<input type="checkbox"/> NZ European	<input type="checkbox"/> Korean	<input type="checkbox"/> SE Asian (Malaysia, Indonesia, Thailand)
<input type="checkbox"/> Other European	<input type="checkbox"/> Indian	<input type="checkbox"/> Samoan
<input type="checkbox"/> South American	<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian
<input type="checkbox"/> Pacific General	<input type="checkbox"/> Cook Island	<input type="checkbox"/> Tokelauan
<input type="checkbox"/> Niue	<input type="checkbox"/> Other	

LANGUAGE

Student's first Language is: ENGLISH OTHER:

How long have you studied English? Months: Years:

CITIZENSHIP

Student's Citizenship is: (Country shown on Passport)

FAMILY DETAILS

List the people that live in your household:

Name	Relationship	Age
1.		
2.		
3.		
4.		
5.		
6.		

Do you have any pets? Yes No *If yes, please detail (e.g. 2 cats)*

.....

CAREGIVER AND AGENT DETAILS

AGENT *(if applicable)*

Name of Agency:
Agent Address:
.....
.....
Telephone number:..... Cellphone number:.....
Contact person:
Email address:
Fax number:.....

GUARDIAN *(if applicable)*

International students not living with a parent or designated caregiver must have a Christchurch-based guardian who does not live in the homestay. This guardian must be aged 25 years or older and be a permanent resident of New Zealand. This guardian may be employed through a Christchurch guardianship company, be a school organised guardian or be a relative or friend of the parent.

Do you wish CBHS to organise a guardian for you?

Yes No

Guardian Name:
Guardian Address:
Telephone Number:
Cellphone Number:
Email Address:
Fax Number:

MEDICAL INFORMATION

Please tick the boxes as applicable if you suffer from any of the following medical conditions:

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hayfever | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Antibiotic Allergy | <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis A or B |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Glandular Fever | <input type="checkbox"/> Back/Neck Problem |
| <input type="checkbox"/> Other | | |

Are you currently taking any medication: Yes No

If yes please specify:

.....

Do you wear: Glasses Contact Lenses Hearing Aid

Have you been immunised against the following: Polio Hepatitis B Tetanus

Have you had:

<input type="checkbox"/> Tonsillitis	<input type="checkbox"/> German Measles/Measles	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Glandular Fever
<input type="checkbox"/> Mumps	<input type="checkbox"/> Rheumatic Fever	

Name of Family Doctor:..... Phone Number:

Are there any other physical or mental health conditions or concerns that would place your son at risk?
(e.g. Depression) Yes No

If yes, please explain:

.....

Does your son have any learning or behavioural needs? (e.g. dyslexia) Yes No

If yes, please explain:

.....

This medical information is confidential. It is necessary for CBHS to have accurate medical information in the event of sudden illness, an accident or emergency involving your son.

STUDY INFORMATION *(all students)*

Please attach certified copies of your son’s last TWO school reports

Subjects required**	In addition to English (ESOL), write up to 5 other subjects that you would like your son to study	
Option 1		
Option 2		
Option 3		
Option 4		
Option 5		
Future job or career goals:		
Languages your child has studied		
Language	Number of years studied	Level (e.g. beginner, intermediate)
Musical instruments your son plays		
Instrument	Number of years played	Level (if any)
Sports your son plays or has played		
Sport	Number of years played	Level

**** Please note:**

In some cases it is not possible to gain entry to your first choice of subjects as classes may be full, particularly if your son arrives mid-year. However, we will do our best to ensure your child has a course which is suitable to them and their level of achievement.

Applicants should have above average academic results, good attendance records and a desire and commitment to fully co-operate and contribute to the life of the school.

International students at Christchurch Boys’ High School are required to undertake an English test on arrival. This will determine the best placement for the student in his English class.

Christchurch Boys’ High School tailors curriculum programmes to meet student needs and thus reserves the right to:

- *Intensively school students in English before entry into mainstream classes*
- *Place students in additional ESOL classes*
- *Assess progress of the student throughout their time at the school and make decisions based on their progress on whether to refer them to a lower class or higher class*

STUDENT QUESTIONNAIRE *(all students to complete)*

These questions must be answered by the student in English and be their own original work. Your answers will tell us about you and help us to assess your English level. Try to use complete sentences.

Explain why you would like to be a student at Christchurch Boys' High School and what you want to achieve at school.

SPORTS/CULTURAL ACTIVITIES

Please tick a maximum of 3 activities you would like to be involved in at Christchurch Boys' High School.

- | | |
|--|--|
| <input type="checkbox"/> ATHLETICS | <input type="checkbox"/> MULTISPORTS |
| <input type="checkbox"/> BADMINTON | <input type="checkbox"/> MUSIC |
| <input type="checkbox"/> BASKETBALL | <input type="checkbox"/> PUBLIC SPEAKING |
| <input type="checkbox"/> CHESS | <input type="checkbox"/> ROWING |
| <input type="checkbox"/> CLIMBING | <input type="checkbox"/> RUGBY |
| <input type="checkbox"/> CRICKET | <input type="checkbox"/> SAILING |
| <input type="checkbox"/> CROSS COUNTRY | <input type="checkbox"/> SINGING |
| <input type="checkbox"/> CYCLING | <input type="checkbox"/> SNOW SPORTS |
| <input type="checkbox"/> DEBATING | <input type="checkbox"/> SQUASH |
| <input type="checkbox"/> DRAGON BOATING | <input type="checkbox"/> SURFING |
| <input type="checkbox"/> DRAMA | <input type="checkbox"/> SWIMMING |
| <input type="checkbox"/> ENVIRONMENT GROUP | <input type="checkbox"/> TABLE TENNIS |
| <input type="checkbox"/> FENCING | <input type="checkbox"/> TENNIS |
| <input type="checkbox"/> FOOTBALL/SOCCER | <input type="checkbox"/> TOUCH RUGBY |
| <input type="checkbox"/> GOLF | <input type="checkbox"/> TRAP SHOOTING |
| <input type="checkbox"/> HOCKEY | <input type="checkbox"/> TRIATHLON |
| <input type="checkbox"/> ICE HOCKEY | <input type="checkbox"/> VOLLEYBALL |
| <input type="checkbox"/> INDOOR CRICKET | <input type="checkbox"/> WATERPOLO |
| <input type="checkbox"/> KAPAHAKA | <input type="checkbox"/> YACHTING |
| <input type="checkbox"/> LIFE SAVING | <input type="checkbox"/> YOUNG FARMERS |

HOMESTAY INFORMATION

Do you wish to have a homestay organised by CBHS (\$260 per week) Yes No
 If 'No' please go to the next section.

Personality: please tick the boxes that you think best describe your son's personality

<input type="checkbox"/> Outgoing	<input type="checkbox"/> Mature	<input type="checkbox"/> Optimistic	<input type="checkbox"/> Untidy
<input type="checkbox"/> Independent	<input type="checkbox"/> Patient	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Responsible
<input type="checkbox"/> Adaptable	<input type="checkbox"/> Quick-tempered	<input type="checkbox"/> Formal	<input type="checkbox"/> Shy
<input type="checkbox"/> Quiet	<input type="checkbox"/> Active	<input type="checkbox"/> Neat	<input type="checkbox"/> Humorous

Interests and Hobbies: please tick the boxes of the activities that your son enjoys

<input type="checkbox"/> Music	<input type="checkbox"/> Painting/Drawing	<input type="checkbox"/> Movies/Theatre	<input type="checkbox"/> Dance
<input type="checkbox"/> Cooking	<input type="checkbox"/> Sport	<input type="checkbox"/> Socialising	<input type="checkbox"/> Museums
<input type="checkbox"/> Computer Games	<input type="checkbox"/> Chess	<input type="checkbox"/> Indoor games	<input type="checkbox"/> Watching sports
<input type="checkbox"/> Gardening	<input type="checkbox"/> Playing cards	<input type="checkbox"/> Travel	<input type="checkbox"/> Watching TV
<input type="checkbox"/> Reading	<input type="checkbox"/> Other		

General

What time does your son need to be home in the evenings?	Weekdays	Weekends
Would your son feel comfortable in a home with small children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would your son prefer someone closer to their own age in the host family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your son have any specific dietary requirements e.g. vegetarian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please explain</i>		

LIVING WITH PARENT or DESIGNATED CAREGIVER (DCG) (if applicable)

Please note: A DCG must be a relative or close family friend.

This accommodation must be approved by Christchurch Boys' High School prior to the student's arrival.

Name(s) of Designated Caregiver(s):	
Address (in NZ):	
.....	
Telephone Number:	Cellphone Number:
Work Number:	Email:
Relationship to student:	<input type="checkbox"/> Parent
	<input type="checkbox"/> Relative (please state).....
	<input type="checkbox"/> Friend (please state).....

LIVING WITH PARENT ON A GUARDIAN VISA OR DESIGNATED CAREGIVER

If your son is living with you in Christchurch for the school year, please complete this section:

My son will be living with me while studying in New Zealand.

As parents we take full responsibility for our son while he is a student at CBHS. We understand that one parent must be resident for the full school year. This is a New Zealand Ministry of Education requirement.

If neither parent is resident in Christchurch we will inform the school immediately, and our son will be cared for by a Christchurch Boys’ High School temporary homestay.

We will attend the International Student Parents Meetings.

We will present our passports at Enrolment so that our visas can be photocopied for school records.

We will be available to speak with the International Student Director when required. If a translator service is necessary and we are unable to provide one, CBHS will provide a school approved interpreter at the parents’ expense.

We will attend the Parent Teacher Interviews for our son, providing our own interpreter if necessary.

Parent Signature:

If your son is living with a Designated Caregiver please sign this section:

I/we understand that Christchurch Boys’ High School will:

- Visit the home of the Designated Caregiver prior to enrolment to determine that the living conditions are of an acceptable standard and meet the conditions of the Code of Practice for the Pastoral Care of International Students
- Assess whether the Designated Caregiver will provide a safe physical and emotional environment for the student
- Determine that the accommodation is not a boarding establishment (i.e. does not have five or more international students staying in the home)
- Meet the Designated Caregiver and establish communication with the caregiver
- Meet the student at least quarterly to ensure the accommodation is suitable
- Require a Police Vet to be undertaken on all residents in the Designated Caregiver’s home aged 18 and over
- Require a copy of the Designated Caregiver’s passport and visa which must be valid for the term of the student’s tuition

Should the arrangement change I/we undertake to inform Christchurch Boys’ High School immediately.

I/we confirm that the person(s) nominated as the Designated Caregiver(s) is/are a ‘bona fide’ relative or close family friend. Proof of this relationship may be required and a copy of the Designated Caregiver’s passport must be on the school file.

Parent Signature:

ENROLMENT CONTRACT

I have read, understood and will comply with the terms set out in the:

- Conditions of Enrolment and Acceptance;
- Christchurch Boys' High School Fee Refund Policy;
- Conditions of Living with Parent, Designated Caregiver or Homestay.

Mother's Name:	Father's Name:.....
Signed:.....	Signed:
Date:.....	Date:.....

If I am living in a homestay, I agree to maintain friendly and respectful relations, abide by the homestay rules and guidelines and to do my best to participate and fit in with the lifestyle of my homestay family.

Signed:..... (student) Date:.....

Photographs and marketing material: during the year, photographs of students may be used for promotional purposes on the school website, Facebook page, in the school newsletters or in commercially produced brochures. I give permission for my son's photograph to be used for this purpose.

Signed:..... (parent) Date:

Education outside the classroom/travel: I give permission for teachers or a person authorised by the school to take or send my son out of school with other members of his class to visit places of interest or instruction in the community as part of their organised study, or in a group to take part in organised co-curricular activities.

Signed:..... (parent) Date:

Medical release: I authorise CBHS to return my son to his home country at my cost, if necessary, to submit to medical treatment, if this is deemed necessary after consultation with medical authorities. At the time of signing, I declare that my son enjoys good health.

Signed:..... (parent) Date:

Liability: The undersigned, as participant and parents, on behalf of ourselves and our legal representatives, renounce claim against CBHS, teachers, coordinators, or any person intervening on behalf of the school, that may arise due to injury, damage, sickness, accident, delay, unusual circumstances or expenses due to strikes, war, atmospheric conditions, quarantine, government restrictions, acts of God, or those derived from acts of omission of airlines, shipping companies, railroads, buses, transportation in general, hotels, restaurants or any other service given by companies, individuals or anyone related with the aforementioned.

We understand that the student will be subject to the authorities and teachers of the school. We also understand CBHS reserves the right to terminate the programme of any participant whose conduct may be considered detrimental or incompatible with the interest and security of the school or the student. The student agrees to accept and uphold the rules of the school and the standards of conduct set by CBHS and maintain friendly and respectful relations with his teachers and other students.

Signed:..... (parent) Date:

Signed:..... (student) Date:.....

Signed: Date:

Mr Carl Everett, Director of International Students, Christchurch Boys' High School