



MILFORD SCHOOL
INTERNATIONAL STUDENTS ENROLMENT CONTRACT

PUPIL INFORMATION

FAMILY NAME		FIRST NAME/S	
PREFERRED NAME			
DATE & COUNTRY OF BIRTH		GENDER MALE / FEMALE	
ADDRESS			
PHONE NUMBER		EMAIL	
NATIONALITY		FIRST LANGUAGE	
DATE OF ENTRY TO NEW ZEALAND			
STUDENT PERMIT DETAILS			
STARTING DATE AT MILFORD		FOR TERM/S	
LEVEL OF ENGLISH		Beginner	Intermediate
			Advanced
SPORTING, CULTURAL, MUSICAL INTERESTS			
FAMILY DOCTOR		PHONE NO.	
ADDRESS			

PARENTS INFORMATION

FATHER'S NAME		OCCUPATION	
ADDRESS			
HOME PH.		FAX NO.	
MOBILE NO.		WORK NO.	
EMAIL ADDRESS			
MOTHER'S NAME		OCCUPATION	
ADDRESS			
HOME PH.		FAX NO.	
MOBILE NO.		WORK PH.	
EMAIL ADDRESS			

WILL YOU BE APPLYING FOR PERMANENT RESIDENCY/WORK PERMIT ? If so you must be living in zone to be accepted as a domestic student to continue at this school.	Yes	No
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EMERGENCY CONTACTS

NAME (1)	NAME (2)
RELATIONSHIP TO STUDENT	RELATIONSHIP TO STUDENT
ADDRESS	ADDRESS
HOME PH.	HOME PH.
MOBILE NO.	MOBILE NO.
WORK NO.	WORK NO.

The following documents will be required before application can be processed, and must accompany this application.

1. Passports (Parents / Children)
2. Student visa/permit
3. Health insurance documentation (*including dental cover*) for the family
4. Health / immunisation check list – Medical Information
5. Additional information offered by parents
6. Copy of Child's Birth Certificate/Household Register

Administration Fee: NZ \$200 plus GST per family (*non-refundable*)

Check List for Parents

Passport/Permit Immunisation Certificate Health Insurance documentation Copy Child's Birth Certificate /Household Register

OFFICE USE ONLY

RECEIPT NO.

FEES PAID

ADMINISTRATION FEE RECEIVED \$200.00 + GST

AMOUNT RECEIVED
BEING TUITION FOR TERM DATES AS FOLLOWS
DATE
RECEIPT



MEDICAL INFORMATION

My Child: _____ has had the following immunisations			
Hepatitis B	Polio	Tetanus	Pertussis
HIB	Mumps	Rubella	
Other :			
My Child _____	has _____	has not _____	been in hospital.
If yes, please give details, including any special equipment or assistance required.			
My Child _____	has _____	has not _____	Infectious Diseases.
If yes, please give details			
My Child _____	has _____	has no _____	Physical disabilities.
If yes, please give details			
Known allergies:		Medication:	
Health Problems:	Sight	Speech	Hearing:
Any other information, including any learning and behaviour needs , that will assist Milford School to ensure an adequate learning environment for your child:			
Medical/Travel Insurance Provider:			
Copy of Insurance Policy		YES / NO	
I declare the above information to be accurate.			
Signed (parent)			
Dated			

Office Use Only

Certification of immunisation records seen and verified.	
Details of health and dental insurance for family (copy attached).	



DECLARATION

I, _____ (name)
of _____ (address)

1. Give authority to the Principal to act on my behalf in any medical emergency.
2. Give permission for my child to attend all approved educational visits and trips.
3. Agree to abide by all Board of Trustees Policies.
4. Have read, understood and agree to the conditions of enrolment as stated in the prospectus, and acknowledge that I have received a copy of the conditions of enrolment.
5. I acknowledge and authorize Milford School to collect, store, use and disclose personal information for the purpose of enrolment, general administration of the school and general welfare of my child during the term of enrolment with Milford School, and I agree to update the information as necessary.
6. I certify that all information provided in the application is correct and complete, including medical information.
7. I agree to pay all tuition fees, in advance, as stated in the prospectus, understand and accept the refund policy of Milford School.
8. I understand that the completion of this application form does not guarantee a place for my child.
9. I understand that Milford School is a signatory of the Code, have read the summary and understood and accept it. (Summary of the Code is included in the Prospectus.)
10. I understand all international students in Years 1 to 6 at Milford School, must be living with and continue to live with a parent, except in the case of group students.
11. I agree/do not agree to the use of photographs of my child for public display for the school website, year book, newsletter, etc.
12. Milford School reserves the right to cancel an enrolment if it is found that false information has been provided.

Signed _____

Date _____