



**Circle Appropriate Year, Term and Year Level for Entry**

Year: 2019/2020/2021

Term: Term 1 / Term 2 / Term 3 / Term 4

Year level: Yr 1 , Yr 2 , Yr 3 , Yr 4 , Yr 5 , Yr 6 , Yr 7 , Yr 8



# Application for Enrolment as an International Student

## Student Details

Surname

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Given Names

---

Gender

**Boy / Girl**

Date of Birth

---

Nationality

---

Country of Birth

---

Language(s) spoken

---

Arrival date in NZ

---

Immigration Status  
and Verifying  
Documents

---

Passport Number &  
Expiry Date

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**Ethnic Origin (tick up to 3 groups)**

- Other European
- Tongan
- Fijian
- South East Asian
- Other Asian

- African
- Samoan
- Niuean
- Other Pacific Island
- Chinese
- Middle Eastern
- Other

- NZ European
- European
- Tokelauan
- Asian
- Indian
- Latin American / Hispanic
- Not Stated

Does your child require any additional educational support to meet his/her individual needs?  
(Please circle)

**YES NO**

If YES, please specify (use extra sheets if required)

Does your child have any specific health issues the school should be made aware of?  
(Please circle)

**YES NO**

If YES, please specify (use extra sheets if required)

# Family Information (New Zealand)

Circle as appropriate

Circle as appropriate

Father	Stepfather
Title	_____
Surname	_____
Given Names (Underline name used)	_____
Religion	_____
Home Address in NZ	_____
	_____
Post Code ( <b>Home</b> )	_____
Postal Address	_____
	_____
Post Code ( <b>Postal</b> )	_____
Ph Home	(   )
Ph Mobile	(   )
Email	_____
Occupation	_____
Business Postal Address	_____
	_____
Ph Business	(   )
	_____

Mother	Stepmother
Title	_____
Surname	_____
Given Names (Underline name used)	_____
Religion	_____
Home Address in NZ	_____
	_____
Post Code ( <b>Home</b> )	_____
Postal Address	_____
	_____
Post Code ( <b>Postal</b> )	_____
Ph Home	(   )
Ph Mobile	(   )
Email	_____
Occupation	_____
Business Postal Address	_____
	_____
Ph Business	(   )
	_____

Child lives with: <b>Both Parents</b> <b>Father</b> <b>Mother</b> <i>Please circle as appropriate</i>
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## Emergency Contact Details

Name	Phone
1.	
2.	

Health (attach a separate sheet if more space required)		Immunisation Certificate
Allergies:	Sight:	Sighted:    YES    NO    REQUESTED
Medication:	Speech:	Completed: YES    NO
Serious Problems:	Hearing:	Details on Register:

# Family Information (Home Country)

*Circle as appropriate*

Father	Mother	English	First language
Title			
Surname			
Home Address in Home Country			
Post Code ( <b>Home</b> )			
Postal Address			
Post Code ( <b>Postal</b> )			
Ph Home		Country code (    ) Area Code (    ) Phone Number	
Ph Mobile		(    )	
Email			
Business Postal Address			
Ph Business		(    )	

# fees

Application Fee	A fee of \$200 (inc GST) is payable with this application.
Payment of Fees	Please see the accompanying current year's fees sheet. Fees are payable a semester (two terms) in advance by Direct Credit to the School's bank account. Bank details – ASB Bank, Account number 12-3048-0325211-00 Swift code ASBBNZ2A Branch - Mount Eden 414 Mount Eden Rd, Mount Eden, Auckland 1024
Withdrawal of a student	<i>If the withdrawal is prior to the student coming to New Zealand, the tuition fees paid will be refunded in full minus a \$200 administration fee. The Application Fee will not be refunded. If the student wishes to withdraw after arriving in New Zealand and commencing at Ficino School, no refund will be made unless the Principal decided to allow one.</i>

## person(s) responsible for payment for fees

Please nominate here the person responsible for payment of fees.

Full Name	_____	Ph Day ( )	_____
Postal Address	_____	Ph Evening ( )	_____
	_____	Mobile	_____
	_____	Email	_____
Post Code	_____		

I /We accept responsibility for payment of fees (to be signed by the person nominated as being responsible for the payment of all fees)

Signed \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Date \_\_\_\_\_

# privacy act

1. The information contained in this application is being collected for the purpose of assessing our child's admission to Ficino School ("the School").  
If this application is successful, it will be held for the administration and maintenance of records of past, present and future students, including their parents and guardians, by the School and its various Associated Bodies viz; Friends of Ficino, the Ficino Development Committee and the Ficino Educational Foundation.
2. The School is authorised to disclose the information in this application to the Associated Bodies.
3. Any Associated Body holding the information in this application may use that information for the purposes of any activities, which that body is accustomed to undertake from time to time.
4. We are aware of our rights of access to and correction of information under the Privacy Act 1993.
5. Any information disclosed to the School may be provided to educational authorities under section 7 (4) of the Privacy Act 1993.

# declaration by parents

I / We have read and completed this Application in full and agree to abide by:

1. The conditions as outlined under "Fees" in this application as a condition of the acceptance
2. The conditions as outlined under "Conditions of Acceptance" in the International Student Handbook
3. The rules, policy and discipline of the School. As parents we will support the School in administering of its Rules and will conform with the obligations incumbent on parents.

**I/We agree to inform the school of any change to my contact details (address, telephone number, email) and immigration status**

**I/We agree that the student will be living with a parent for the duration of their enrolment at Ficino School**

**Medical and Travel Insurance:** Medical and Travel Insurance is compulsory for International Students coming to New Zealand.  
(See International Student Handbook Conditions of Acceptance, Page 4, for more information.)

Please ensure that this Application Form is accompanied by:

- Application Fee (non-refundable) of NZ \$200(inc GST)
- Passport style photograph (affixed to application form).
- Photocopy of the most recent School Report – if applicable.
- Passport s of student and parent/s (if bringing the application to School).
- Birth Certificate or a verified copy.
- Immigration Status Verification Documents
- Medical and Travel Insurance Policy
- Immunisation records
- Information on any medical conditions or learning difficulties (if applicable)

\_\_\_\_\_  
Father Signature

\_\_\_\_\_  
Mother Signature

\_\_\_\_\_  
Date

Please post your application to:

Ficino School  
PO Box 8970  
Symonds Street  
Auckland 1150

For any enquiries please ph: 64 9 623 3385 or e/m [office@ficino.school.nz](mailto:office@ficino.school.nz)