

International Student Registration Form 2016

New Zealand School of Education
P.O. Box 151-293, New Lynn
Auckland, NEW ZEALAND
Phone: (+64 9) 827 6100
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Office use only

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Please read the form and student declaration carefully before you sign the application form.
If you apply through an approved NZSE Agent, all correspondence regarding your application will be forwarded to that agent and to parents/legal guardian for students under 18.

If you were a student at NZSE before, please write your student ID here:

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1. PERSONAL DETAILS (As in passport)

Last Name/Family Name:	
First Name/Given Name(s):	
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Other _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Age:
<i>Parent/Guardian Full Name (for under 18's only):</i>	

2. PASSPORT INFORMATION

Passport Number:	Citizenship:
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3. CONTACT DETAILS

Address in New Zealand		Address in Home Country	
Landline/Mobile	Facsimile	Landline/Mobile	Facsimile
Email:			

4. EMERGENCY CONTACT

Name:	
Relationship:	
Address:	
Telephone:	
Email:	

5. QUALIFICATION

Name of the qualification(s) you wish to enroll in:

Level

1 st	
2 nd	
Please mention month/year you would prefer to start:	

6. ACADEMIC INFORMATION

Secondary School/High School/Foundation

Name of the Secondary/High School attended:	
Country:	
Qualification Gained:	
Last year at Secondary/High School :	

Tertiary Study (University, Technical College, Other)

Name of the University/Institute:	
Country:	
Qualification Gained:	
First year at the Institute:	

7. CAREER BACKGROUND

Do you have any work experience relevant to the program you are applying for?

Yes

No

If yes, please attach relevant references and/or job offer letters for each position listed below:

Position Held	Name of the Employer	Period of Employment

8. ENGLISH PROFICIENCY

What is your first language?

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IELTS	Score:	Date Obtained:
Other (Please specify)	Score:	Date Obtained:

- I have booked an IELTS or TOEFL test on: _____ (provide date)
- I am applying without an English Language test and would like my previous education to be considered as evidence of my English language ability.
- I will undertake an English Test at New Zealand School of Education

9. SERVICES

If you have a disability and/or medical condition (including allergies) that may require NZSE to provide assistance, please outline your needs below. **(NOTE: This information will remain confidential and should not affect your application).**

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I. MEDICAL INSURANCE (Travel/Medical insurance is compulsory for international students in New Zealand.)

- I would like NZSE to arrange my medical insurance
- I will arrange my own medical insurance (Please provide a copy to NZSE)

II. ACCOMMODATION

Do you want New Zealand School of Education to arrange your accommodation? Yes No

If 'Yes', you must submit your homestay booking form at least two weeks before your arrival date and pay for the accommodation fees with your tuition fees?

If 'No' and you are **under 18** please provide details of your nominated Designated Caregiver:

Full name of the Designated Caregiver:	
Relationship to the student:	
Address:	
Phone Number:	

III. AIRPORT PICK-UP

Do you want New Zealand School of Education to pick you up from airport? Yes No

If 'Yes', you must let NZSE know your flight details at least two weeks before your arrival date and pay for the airport pickup fees with your tuition fees?

IV. SUBMITTING YOUR APPLICATION

Where are you currently located? _____

Are you applying through an NZSE registered agent? Yes No

If 'Yes', please provide the following:

Agent Name/Address: (along with stamp)	
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10. WHERE DID YOU HEAR ABOUT NZSE? (please tick (✓) one)

<input type="checkbox"/> NZSE Staff	<input type="checkbox"/> NZSE Registered Agent	<input type="checkbox"/> Family/Friends
<input type="checkbox"/> Internet (please name website):		
<input type="checkbox"/> Advertisement (please specify where):		
<input type="checkbox"/> Other (please detail):		

11. STUDENT CHECKLIST

Please check that you have completed the following:	
<input type="checkbox"/> Answered all sections of the application form	<input type="checkbox"/> Read the International Student Handbook
<input type="checkbox"/> A copy of your current passport	<input type="checkbox"/> Verified copies of your original documents and academic transcripts (translated to English)
<input type="checkbox"/> Verified copy of your official English language test results (eg IELTS, TOEFL)	<input type="checkbox"/> Relevant references and/or job offer letters

DECLARATION BY APPLICANT

- I have read and understood the 'Refund of Fees' policy for International Students.
- I agree to abide by the Terms and Conditions of the New Zealand School of Education.
- I acknowledge that if I am accepted for a course of study, I am liable for the full fees (including any late fee or debt collection fee) payable for my course of study until such time as I have paid. If NZSE accepts payment of my tuition fees by 'semester' (subject to immigration rules), future semester fees will still be payable even if I subsequently withdraw.
- I acknowledge and understand that if NZSE arranges my travel/medical insurance, the insurance agreement will be held between me and Southern Cross. I undertake to read the policy document and advise Southern Cross of any inaccuracies.
- I acknowledge that attendance of any class without having paid the full tuition fees is in breach of NZSE policy and am aware that NZSE will take necessary steps to recover the outstanding fees.
- I have read the outline of the Privacy Act provided in the Student Handbook and understand how it will be applied at NZSE. I authorize NZSE to collect, use and disclose personal information about me in accordance with that outline and the Privacy Act 1993.
- I authorize any agency holding the source of any information I have provided on this form to release that information to NZSE upon request.
- I agree that before I use the internet at NZSE, I will read the 'NZSE Acceptable Use of Internet Policy and Guidelines' and I agree to abide by them. I accept that failure on my part to abide by this policy may lead to the termination of my access to the internet via NZSE. I also agree that I may be required to pay for any internet related costs incurred by my actions which are contrary to the policy or guidelines (as well as reasonable costs for recovering these costs).
- If enrolment carries over one academic year, I will be bound by the same terms and conditions as stated and agreed here in.
- I declare that the information I have supplied on this form and the attached documentation to be true and complete. I acknowledge that NZSE may suspend my enrolment if false information has been supplied or requested information is not supplied by the due date.
- I promise that I will make myself familiar with the requirements with regard to student behavior as set out in the Student Handbook. I will obey the statutes, rules and regulations of NZSE. I acknowledge that if I breach the statutes, rules and regulations of NZSE, I will be subject to the disciplinary procedures and penalties imposed under the NZSE Statute and General Academic Statute.

I, _____ DOB: _____, authorize Senior Enrolment Officer at New Zealand School of Education to discuss my student visa application for this provider with Immigration New Zealand; to obtain information regarding the processing of the visa application and the decision on the application.

Student Signature

Date

For under 18s Only
Parent/guardian
Or designated caregiver's signature

Date

NOTE: Copies of NZSE regulations and policies are available in the International Student Handbook or at www.nzse.ac.nz