

International Student Registration Form 2018



New Zealand School of Education
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Auckland, NEW ZEALAND

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Seafield School of English
Level 3, 131 Queen Street
Auckland, NEW ZEALAND

Please read the form and student declaration carefully before you sign the application form.

UNDER 18 Applicant Yes No

Note: If under 18, all correspondence regarding your application will be forwarded to your agent and/or to your parents/legal guardian.

1. Personal Details (As shown 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:
Any Disability: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please specify:	
Parent/Guardian Full Name (for under 18's only):	

2. Passport Information

Passport Number:	Citizenship:
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3. Contact Details

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

4. Emergency Contact Details

Name:	
Relationship:	
Address:	
Telephone:	
Email:	

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5. Programme

Name of the programme(s) you wish to enroll in:	Cohort start date	Length of course
1 st		
2 nd		

If you are applying for Seafield English course, you wish to enroll with day time class or evening class

6. Academic Information

Secondary School/High School/Foundation

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

Tertiary Study (university, Technical College, Other)

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

7. English Proficiency

What is your first language?		
IELTS	Score:	Date obtained:
Other (Please specify)	Score	Date obtained:
<input type="checkbox"/> I have booked an IELTS or TOEFL test on: _____ (provide date)		
<input type="checkbox"/> I am applying without an English Language test and would like my previous education to be considered as evidence of my English language ability.		
<input type="checkbox"/> I will undertake an English Test at New Zealand School of Education/Seafield School of English.		

8. Visa Information

Type of visa you current holding:	<input type="checkbox"/> Student <input type="checkbox"/> Working holiday <input type="checkbox"/> Tourist <input type="checkbox"/> Other _____
Type of visa you will be applying for:	<input type="checkbox"/> Student <input type="checkbox"/> Working holiday <input type="checkbox"/> Tourist <input type="checkbox"/> Other _____
Date of current visa expiry:	____ / ____ / ____ (Day / Month / Year)

If you are applying for visa on your own, please email a copy to international@nzseg.com once approved.

9. 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 Employer	Period of Employment

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10. Services

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

10.1 Medical Insurance (Travel/Medical insurance is compulsory for international students in New Zealand)

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

10.2 Accommodation

Do you want New Zealand School of Education/Seafield School of English to arrange your accommodation?

- Yes No

If 'Yes', you must submit your **Homestay application 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 fill out **Appendix 1** form and provide **Identification documents (Passport copy etc.)** of Signatory (Parent/ Legal Guardian).

10.3 Airport Pick-up

Do you want New Zealand School of Education/Seafield School of English pick you up from the Airport?

- Yes No

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

10.4 Submitting your application

Where are you currently located?			
Are you applying through an NZSE/SEAFIELD Registered Agent		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes please provide the following:			
Agent Name/Address: (Along with stamp)			

11. Where did you hear about NZSE/SEAFIELD? (Please tick)

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

12. Privacy

- I agree to abide by the Terms and Conditions of the New Zealand School of Education/Seafield School of English.

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- The organization collects and stores information from this form to comply with the requirements of the Ministry of Education (student statistical returns), New Zealand Qualifications Authority (Record of Learning registration and Unit Standard outcomes), Tertiary Education Commission (funding returns), Industry Training Organisations (funding and academic outcomes) and Agencies who support particular students through scholarships and prizes, payment of fess or other awards (if you are a recipient of one of these awards) and employers. The information is also used to select students for qualifications, to manage internal administrative processes, and for internal reporting. Information about students may be supplied to, and sought from, other educational organisations for the purpose of verifying academic records.
- In addition, when required by statute, the Institute releases information to Government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development, and the Accident Compensation Corporation (ACC).
- I acknowledge that attendance of any class without having paid the full tuition fee is in breach of NZSE/SEAFIELD policy and am aware that NZSE/SEAFIELD will take necessary steps to recover the outstanding fees.

13. Declaration by Applicant

- I acknowledge and understand that if NZSE/SEAFIELD arranges my travel/medical insurance, the insurance agreement will be held between me and NZSE/SEAFIELD nominated insurance company. I undertake to read the policy document and agree to the conditions and terms.
- I have read the outline of the Privacy Act provided in the Student Handbook and understand how it will be applied at NZSE/SEAFIELD. I authorize NZSE/SEAFIELD to collect, use and disclose personal information about me in accordance with that outline and the Privacy Act 1993.
- In signing this enrolment form you undertake to pay all fees at they become due, and to meet any late fees and collection charges associated with debt recovery. The Organisation’s policy on withdrawal and refund of fees may be obtained from the Enrolment Officer.
- I declare that the information I have supplied on this form and the attached documentation to be true and complete. I acknowledge that NZSE/SEAFIELD 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/SEAFIELD. I acknowledge that if I breach the statutes, rules and regulations of NZSE/SEAFIELD, I will be subject to the disciplinary procedures and penalties imposed under the NZSE/SEAFIELD Statute and General Academic Statute.

I, _____, DOB: _____, authorize International Enrolment Team Leader at New Zealand School of Education/Seafield School of English 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/designated Caregiver’s signature and Passport copy:

Date:

NOTE: Reference to, and locations of the NZSE/SEAFIELD regulations and policies are outlined in the Student Handbooks

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Appendix 1 (NZSEG International Student Registration Form)

This form is required for international students 18 years.

Under the Ministry of Education's Code of Practice, you are required to provide the following information:

Name of Student _____

Date of Birth _____ Age: ____ Years ____ Months

Parent's or Legal Guardian details:

(To be completed by the student's parents/legal guardians only)

Father OR Mother		Legal Guardian	
Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Email:		Email:	

To be completed by the student's parents/legal guardians only

- I/We, as the parents/legal guardian* of _____ (students name), have chosen for our child to stay with a Designated Caregiver above that was not arranged by the NZSE/Seafield.
- I/We take full responsibility for the placement and the ongoing welfare of our child for the duration of their stay with the Designated Caregiver.
- If the NZSE/Seafield deems the accommodation to be unsuitable, the school retains the right to refuse enrolment to the student until suitable replacement accommodation can be found.

You are required to provide us with the following information about the Designated Caregiver. This Caregiver will be visited by the NZSE/Seafield to assure that they meet with our Caregiver regulations and responsibilities.

Designated Caregiver:

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

Signature of Parents/Legal Guardian: _____ **Date:** _____

**You are required to attach proof of your parentage/legal guardianship status. This can be the child's birth certificate with the parent's name/s on it, or a legal document stating you have legal guardianship over this child (an agent cannot fill in this section or sign on behalf of a parent).*

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International Student Homestay Application Form

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

1. Personal Details (As shown 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:	
IF YOU ARE UNDER 18 YEARS OF AGE PLEASE FILL IN THE DESIGNATED CAREGIVE FORM			
Passport Number:		Citizenship:	
Type of visa you current holding:	<input type="checkbox"/> Student <input type="checkbox"/> Working holiday <input type="checkbox"/> Tourist <input type="checkbox"/> Other _____		
Type of visa you will be applying for:	<input type="checkbox"/> Student <input type="checkbox"/> Working holiday <input type="checkbox"/> Tourist <input type="checkbox"/> Other _____		
Date of current Visa expiry:	____ / ____ / ____ (Day / Month / Year)		
Start Date of Insurance	____ / ____ / ____ (Day / Month / Year)		
Date of current Insurance expiry:	____ / ____ / ____ (Day / Month / Year)		

2. Homestay Booking Dates

Start Date:		End Date:	
Number of Weeks		Payment Status	

3. Programme Details

Programme Name:			
Start Date:		Finish Date:	
Duration:		Campus:	

3. Emergency Contact Details

Name:			
Relationship:			
Address:			
Telephone:			
Email:			

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