



# Geraldine High School

## Student Information

Please attach recent photo

**1. Personal Information**  
 (Please print clearly using black or blue pen)

Surname or Family Name:

First Name(s):

Date of Birth:  /  /  Gender:  Age upon arrival

Citizenship  First Language

Passport Number  Passport Expiry Date

Home Address:

Telephone:

Parents' email:

Parents' mobile:

Student email:

Student mobile:

Intended Start Date  Intended Finish Date

**2. Family Details**

**Please include any boarders, extended family etc living in your household at present**

Name	Relationship	Age	Occupation

- Parents:
- Both living at home
  - Separated
  - Divorced
  - Widow/Widower

- I live with:
- Mother
  - Father
  - Both
  - Other \_\_\_\_\_

Briefly describe your relationship with your parents. What are the differences between you?

---



---

Briefly describe your relationship with your brothers and sisters. What are the differences between you?

---



---

What does your family enjoy doing together?

---



---

What are the rules in your family?

---



---

**Parent or Legal Guardian:** (Name must be as it appears on your passport)

***NOTE: It is requirement of New Zealand regulations that schools must maintain effective communication with parents and legal guardians. To comply with the requirements, contact information provided in this section MUST be the contact information for the parents or legal guardian.***

Contact details of Father:

Name: \_\_\_\_\_ Place of work: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Street Address \_\_\_\_\_

Postal Address \_\_\_\_\_

First Language \_\_\_\_\_ Passport Number \_\_\_\_\_

Contact details of Mother:

Name: \_\_\_\_\_ Place of work: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Street Address \_\_\_\_\_

Postal Address \_\_\_\_\_

First Language \_\_\_\_\_ Passport Number \_\_\_\_\_

Please supply an emergency contact person who does not live with you:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Home number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

### 3. Living Conditions

#### Animals

Do you have any pets at home Yes (please explain)  No

---

Do you have any allergies to animals Yes (please explain)  No

---

#### Food

Do you have any allergies to food? Yes (please explain)  No

---

Are you a vegetarian? Yes (please explain)  No

---

Religion:

Attend Church:  Regularly  Occasionally  Never

Willing to live with a family of another religion:  Do not mind  Prefer not

Can you live with smokers Yes  No

### 4. Interests

#### Interests and hobbies:

---

Do you play a musical instrument? Yes (please explain)  No

---

Do you play any sport? Yes (please explain)  No

---

**5. Health and Medical Information**

Name of doctor (in home country) \_\_\_\_\_

Do you have any allergies? Yes (please explain)  No

If yes, what are the allergies? \_\_\_\_\_

Are you presently under a doctor's care? Yes  No

If yes, please explain. \_\_\_\_\_

Have you been vaccinated for any diseases? Yes  No

If yes, please provide a copy of the vaccination certificate.

Do you take any prescription medication? Yes  No

If yes, please explain? \_\_\_\_\_

Do you wear glasses or contacts? Yes  No

Any other conditions? \_\_\_\_\_

Have you had or do you have a chronic or serious illness, disability, nervous, mental disorder, depression or self-harming?

\_\_\_\_\_  
\_\_\_\_\_

Please tick the appropriate box if you suffer from or have suffered from any of the following medical conditions:				
<input type="checkbox"/> Asthma	<input type="checkbox"/> Back/Neck problems	<input type="checkbox"/> Glandular Fever	<input type="checkbox"/> Allergy to bee/wasp stings	<input type="checkbox"/> Migraines
<input type="checkbox"/> HIV or Aids Condition	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hepatitis A, B or C	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Heart
<input type="checkbox"/> Tuberculosis Disorder	<input type="checkbox"/> ADD or ADHD	<input type="checkbox"/> Allergies	<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Eating
<input type="checkbox"/> Depression/Anxiety (Please describe)	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Asperger's Syndrome	<input type="checkbox"/> Covid-19	<input type="checkbox"/> Other:

Do you have any medical implants (such as metal implants) that may affect receiving medical treatment in New Zealand Yes  No

If "Yes" please provide details \_\_\_\_\_  
(attach more pages if required) \_\_\_\_\_

Do you agree to the school providing over-the-counter medication \*such as acetaminophen, paracetamol, or ibuprofen?      Yes            No     

If “No” please specify what medications you do NOT want to receive.

---

## 6. Learning Intentions

Current school \_\_\_\_\_

If you are not currently attending school, please give reasons and date of last attendance.

---

Applying for year level:       7       8       9       10       11       12       13

Do you have any learning or behavioural difficulties which may require extra schooling or support?

Yes            No     

If “Yes” please provide details including any psychologist assessments and reports that are available (attach more pages if required).

*Note: It is important that you include all relevant information about the student in your application. This information is used to ensure that the student is supported properly upon arrival and to match them with suitable homestays, teachers, and courses. Where information is included relating to health issues or learning needs, disclosure of this information will not automatically disqualify the Student from Enrolment. However, failure to disclose information or providing misleading information may result in the withdrawal of an Offer of Place or termination of a Contract of Enrolment.*

**The following documentation is required in support of any application:**

- 1. The completed application form and a recent photo of yourself**
- 2. School reports and results for your last 2 years of study**
- 3. One recent character reference from your school**
- 4. A statement of English learning background (signed by teacher, agent or parent)**
- 5. A persona statement written by you stating reasons why you want to study in New Zealand**