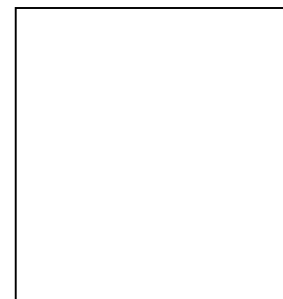




Geraldine High School

PHONE +64 3 693 0017 FAX +64 3 693 0020 EMAIL office@geraldinehs.school.nz WEB geraldinehs.school.nz
LOCATION McKenzie Street, Geraldine, New Zealand



Student Information

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

Passport Number

Passport Expiry Date

Home Address:

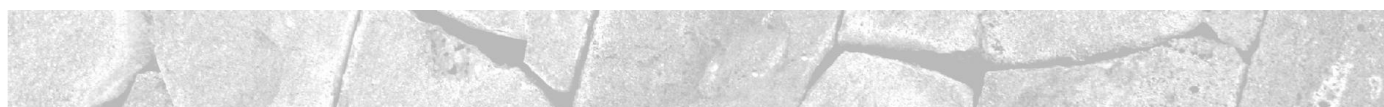
Telephone:

Parents' email:

Parents' mobile:

Student email:

Student mobile:





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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

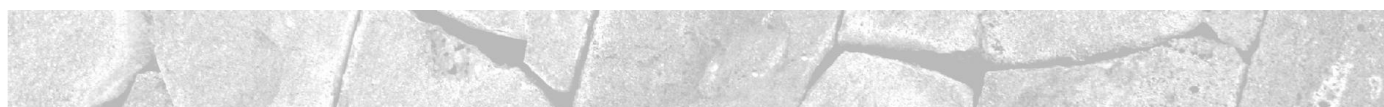
I live with:

- 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?





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What are the rules in your family?

Contact details of Father:

Name: _____ Place of work: _____

Business Phone: _____ Mobile number: _____

Contact details of Mother:

Name: _____ Place of work: _____

Business Phone: _____ Mobile number: _____

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

Name: _____ Relationship to you: _____

Address: _____

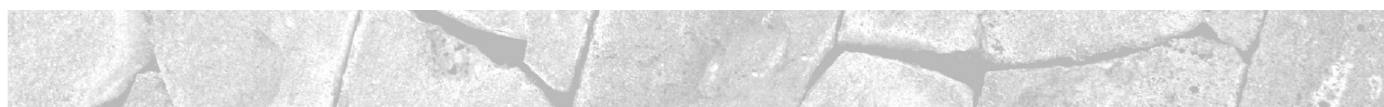
Home number: _____ Mobile number: _____

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





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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

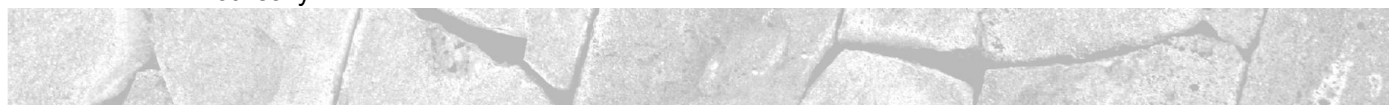
Interests and hobbies: _____

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

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

Are you familiar with travelling outside your home country?

- Yes, with my parents
- Yes, alone or with friends
- Yes, through a school exchange
- Not really





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5. Health and Medical Information

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? _____

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? _____

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

