



(2019)

## International Student Information Form

Student's name as in passport: \_\_\_\_\_ Surname/Family name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

### Part 1: Living Situation in Your Home Country (*Student to complete*)

What type of home do you live in? (Apartment, house, etc.) \_\_\_\_\_

Where is your home located? (City, town, countryside, etc.) \_\_\_\_\_

How do you get to school? (Walk, bus, train, etc.) \_\_\_\_\_

Do you have any brothers or sisters? Yes / No (please circle)

If yes, please list their name/s and age/s and indicate whether they live at home:

Name	Age	Male / Female	Living at home (Yes / No)

Please list who else lives in your home? (Mother, Father, Uncles, Aunts, Grandparents, etc.):


Who usually looks after you? \_\_\_\_\_

What work do your parents do? Mother: \_\_\_\_\_

Father: \_\_\_\_\_

## Part 2: Hobbies, Interests, Sports

Please list what sport/s you play:


Do you sing? Yes / No If yes, how long for? \_\_\_\_\_

Are you in a band or a choir? Yes / No Band / Choir

Do you play any musical instruments? Yes / No If yes, please list below:

Instrument played	How long for?

What are your interests/hobbies? \_\_\_\_\_

\_\_\_\_\_

Are there any sports or hobbies that you would like to be involved in while you are in New Zealand? If yes, please state: \_\_\_\_\_

\_\_\_\_\_

Do you have any particular likes or dislikes? Please state: \_\_\_\_\_

\_\_\_\_\_

## Part 3: Health Information (*Parents/Legal Guardians to complete*)

**Parents and Legal Guardians have a responsibility to accurately disclose health and learning information relating to risk factors.** These can include:

- i) mental illness
- ii) health concerns
- iii) medication
- iv) existing conditions
- v) special learning or behavioural needs

Does your child have any pre-existing medical conditions or concerns? Yes / No

If yes, please state: \_\_\_\_\_

New Zealand children are vaccinated against the following diseases. Please circle the ones your child has been vaccinated against and provide the school proof of immunisation:

Whooping Cough	Diphtheria	Tuberculosis	Tetanus	Measles
Mumps	Rubella (German Measles)		Polio	Hepatitis B

**Part 3: Health Information cont..**

If your child has not been vaccinated against any of the diseases above, and the opportunity arises for your child to be vaccinated at school, do you consent to your child being vaccinated? Yes / No. If yes, please state which diseases, vaccination consent is given for: \_\_\_\_\_

**NB! Vaccination costs will be incurred at your expense.**

Does your child have any allergies, e.g. food allergies such as peanuts or wheat, or medical allergies such as penicillin or bee stings?: \_\_\_\_\_

Does your child have any medication for this allergy? \_\_\_\_\_

Name any other medication your child requires: \_\_\_\_\_

Has your child had any of the following illnesses? (Please circle)

Measles	Rubella	Chickenpox	Mumps	Polio	Malaria
Tuberculosis	Rheumatic Fever	Meningitis	Hepatitis	HIV	Diphtheria

Are there any other medical conditions that we should know about to ensure the safety of your child?  
\_\_\_\_\_

Does your child have any other special health or medical needs? \_\_\_\_\_  
\_\_\_\_\_

**Part 4: Study Information (Parents/Legal Guardians to Complete)**

Please attach your child's most recent school report with a verified English translation.

Report attached: (please tick)

Does your child have any specific learning needs or difficulties? \_\_\_\_\_  
\_\_\_\_\_

What is your child's level of English? (Please circle):

Beginner	Intermediate	Advanced
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**Student to Complete**

What are your favourite subjects at school? \_\_\_\_\_

What are your goals and ambitions? \_\_\_\_\_

What do you find challenging about school? \_\_\_\_\_

What do you enjoy most about school? \_\_\_\_\_  
\_\_\_\_\_

Are you looking forward to studying in New Zealand? Why or why not? \_\_\_\_\_  
\_\_\_\_\_

**Part 4: Study Information cont..**

Do you have any concerns, if so, what are they? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part 5: Other Information**

Have you travelled to other countries? (If yes, please state which ones): \_\_\_\_\_  
 \_\_\_\_\_

Have you lived away from your family before? Yes/No

What is your/family's religion? \_\_\_\_\_

Do you plan to return home in the term holidays? Yes / No

What is your favourite food? \_\_\_\_\_

Do you have any special dietary requirements? (E.g. vegetarian, don't eat chicken or pork, etc.)  
 \_\_\_\_\_

**Part 6: Residential Caregiver Information** *(Please complete if Westminster Christian School is arranging a Residential Caregiver)*

Many New Zealand families have pet cats or dogs that live in their homes.

Are you allergic to any animals? Yes / No. (If yes, please state): \_\_\_\_\_

Do you have a dislike of any animals? Yes / No. (If yes, please state): \_\_\_\_\_

Preference of bedroom:

Single	Share with another international student.	Share with a child from your caregiver's family.
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What are you looking forward to during your stay?  
 \_\_\_\_\_  
 \_\_\_\_\_

Is there anything else you would like your caregiver to know? Yes/No. (If yes, please state):  
 \_\_\_\_\_  
 \_\_\_\_\_

Parents'/Legal Guardians' signature/s: \_\_\_\_\_

Student's signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_