

International Application Form

To be completed by the student's legal caregiver

SECTION 1: Personal Details

Student's Family Name (surname): _____

First Name(s): _____

Date of Birth: _____ Day _____ Month _____ Year Gender: Male Female

Name of Mother: _____

Name of Father: _____

Parental Status: Married Divorced Separated Single

Primary Caregiver Details

Title (*circle*): Mr / Mrs / Ms / Miss / Pr / Dr

Name: _____

Relationship to Student: _____ Occupation: _____

Home Address: _____

Postal Address: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Fax: _____

Email: _____

Secondary Caregiver Details (*e.g. non-custodial parent*)

Title (*circle*): Mr / Mrs / Ms / Miss / Pr / Dr

Name: _____

Relationship to Student: _____ Occupation: _____

Home Address: _____

Postal Address: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Fax: _____

Email: _____

Passport Details

Student Passport Name: _____

Student Passport Number: _____ Passport Expiry Date: _____

Denomination (Religion): _____

Church of membership: _____

(Circle one) Dedicated / Baptised / Christened / Confirmed

Church of membership address & phone number: _____

Ethnicity/Nationality: _____ Citizenship: _____

Is English your first language? Yes No

If 'No', please indicate here the experience you have had with the English language _____

Has the applicant previously been a student at Longburn Adventist College? Yes No

If so, state year(s) attended and reason for leaving _____

Names of other family members currently attending LAC: _____

Names of family members who have previously attended LAC: _____

How did you hear about LAC? Website Local PN Church SDA Church Parent / Student: _____ Other: _____

SECTION 2: Health Details

Please provide details of any health concerns:

Please provide details of any special education needs:

SECTION 3: Academic Details

This enrolment application is for the student to commence at LAC in the year 20_____

If commencement is not to be at the beginning of the school year, state alternative date: _____

Year level for which you are enrolling: 7 8 9 10 11 12 13
 Day Student 5 Day Boarder 7 Day Boarder

Current School (please write in full): _____

Current School telephone number: _____ Current Year Level: _____

What language(s) do you speak: _____

Subject preferences (e.g. English, Economics, Maths, Science):

Write down your three best subjects:

(1) _____ (2) _____ (3) _____

Explain why you would like to come to LAC: _____

*Please include a copy of your latest school report with this application form.
Highlight on this report the results of the subject which teaches your native language.*

SECTION 4: Financial Arrangements

International students are required by New Zealand Immigration Services (NZIS) to pay the total fees as listed on the College Invoice before NZIS will issue a student visa. NZIS will issue a student visa when they receive a valid receipt and acceptance letter by the College. Payment can be made by Telegraphic Bank Transfer to the College bank account. Refer to fees schedule for more detail on costs involved.

Who is responsible for the payment of school fees?

Name: _____

Relationship to student: _____

Postal Address: _____

Guarantee: I, the person/organisational officer responsible for payment of school fees and attendance dues, undertake to pay all amounts on or before the due dates.

Signed: _____ Date: _____

SECTION 5: Personal Declarations

Student:

- By presenting this signed application for admission to Longburn Adventist College, I recognise my responsibility to abide by the special character, ideals and regulations of the College and to co-operate in all aspects of the College programme.
- I have read and agree to follow Digital Integrity Agreement (see section D).
- I understand that my access to computers, the internet, and digital devices at school may be withdrawn if I do not act responsibly.

Print student name: _____

Student signature: _____ Date: _____

Parent/Caregiver:

- By presenting this signed application for admission to Longburn Adventist College, I recognise my responsibility to abide by the special character, ideals and regulations of the College and to co-operate in all aspects of the College programme.
- I agree to allow my son/daughter to use the internet and other ICT at school.
- I will contact the school if there is anything in the Digital Integrity Agreement that I do not understand.
- If there is a situation that concerns me regarding digital technologies, I will contact either the school or Netsafe (www.netsafe.org.nz).

Print caregiver name: _____

Caregiver signature: _____ Date: _____