



75 Cutts Road, Christchurch 8042  
 Telephone (03) 342 7783  
[www.russley.school.nz](http://www.russley.school.nz)

## INTERNATIONAL STUDENT ENROLMENT FORM

PLEASE COMPLETE ALL SECTIONS

### STUDENT INFORMATION

Student's Surname:	Date of Birth:
Official First Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Preferred First Name:	First Language:
Street Address:	
Suburb:	City/Town:
Postcode:	Telephone Home:
Country of Origin:	

Does the student have any brothers / sisters who are currently at Russley School?  Yes  No

If yes, please give name/s and current year level \_\_\_\_\_

Names of members of family likely to be attending this school in the future.

1. \_\_\_\_\_ DOB \_\_\_\_\_

2. \_\_\_\_\_ DOB \_\_\_\_\_

### PARENT(S) OR CAREGIVER(S) STUDENT LIVES IN NEW ZEALAND WITH

1. Full Name:	
Relationship to student:	Occupation:
Cell Phone:	E-mail:
Passport Number:	Workplace Phone:
2. Full Name:	
Relationship to student:	Occupation:
Cell Phone:	E-mail:
Passport Number:	Workplace Phone:

### ENROLLED BY

Full Name:		
Relationship to child:		
Address (if different to above)		
Telephone: Home:	Work:	Cell Phone:

### EMERGENCY CONTACT IN NEW ZEALAND (*other than parent*)

Full Name:		
Address:		
Telephone: Home:	Work:	Cell Phone:
Relationship to Student:		

### EMERGENCY CONTACT IN HOME COUNTRY (*e.g. parent living overseas*)

Full Name:	
Relationship to child:	
International Address:	
International Home Phone Number:	Mobile:
Email Address:	
Language Spoken at Home:	

### HEALTH

List any health/medical problems (allergies, sight, hearing, speech) \_\_\_\_\_

Any relevant prenatal or premature birth details \_\_\_\_\_

List any medication student is taking: \_\_\_\_\_

I/We hereby request that, and grant permission for, Russley School to give

(*name of student*) \_\_\_\_\_ this medication in accordance with the instructions.

Family Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

### MEDICAL AND TRAVEL INSURANCE

All students must have appropriate and current medical and travel insurance from the period of departure from their native country to the date of return.

Insurance Company and Telephone Number:	
Policy Type:	Policy Number:
Policy Start and End Dates:	

## EARLY CHILDHOOD EDUCATION

Centre attended before starting school ( <i>please tick</i> )	
<input type="checkbox"/>	Kindergarten, Playcentre, Education & Care or home based service
<input type="checkbox"/>	Attended but only outside New Zealand
<input type="checkbox"/>	Did not attend any type of childhood education centre
<input type="checkbox"/>	Type unknown including overseas
<input type="checkbox"/>	Unable to establish if attended an early childhood education centre or not

## ESOL

Does this student require ESOL:  Yes  No

Please help us to learn more about your child and family by filling out the following information:

Ethnic Group:	Home Language:
Religion:	Last Country of Residence:

## PREVIOUS EDUCATION IN YOUR COUNTRY

Previous education in your country ( <i>please tick</i> ) <input type="checkbox"/> Pre-School <input type="checkbox"/> Primary	
Name of School:	
Age:	Length of time at school:
Language used:	

## PREVIOUS EDUCATION IN NEW ZEALAND

Previous education in New Zealand ( <i>please tick</i> ) <input type="checkbox"/> Pre-School <input type="checkbox"/> Primary	
Name of School:	
Age:	Length of time at school:
Language used:	

Can he/she read/write in his/her own language? (*please tick*)  Not at all  A little  Fluently

Has your child learnt English before arrival? (*please tick*)  Yes  No

How long has he/she learnt English? Years \_\_\_\_\_ Months \_\_\_\_\_ Hours per week \_\_\_\_\_

Where has he/she learnt English? (*please tick*)  School  Home  Private Tutor

Language School

Other family living with you in New Zealand:	
Language child uses when speaking to	Mother: _____ Father: _____
Brothers/Sisters: _____	Grandparents: _____ Other family: _____

Who can we talk to or write to if we need to talk in English about your child:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

### EDUCATION OUTSIDE THE CLASSROOM

Education Outside the Classroom (EOTC) is the name given to all activities occurring outside the classroom, both on school grounds and off-site, including sporting events. Russley students participate in a wide range of EOTC learning opportunities, some of which may require travel outside the school. Teachers identify and manage any potential risks and, depending on the type of activity and level of risk, the Board and/or Principal may monitor this process.

There are three levels of activities, each with specific requirements regarding parental/caregiver consent and these are outlined below.

LEVELS	ACTIVIYTY
1	At school, or within close proximity for example: sports events, fun days, nature studies, walks. <b>Consent required:</b> Blanket permission provided on enrolment (see below).
2	Off-site events occurring entirely in school time and finishing no later than 4pm e.g. zone sports, team sport events, class trips to the museum. Parents are advised of the finishing time if it is later than 3.15pm. <b>Consent required:</b> Blanket permission provided on enrolment, but parents are always informed that the event is to occur.
3	Off-site or on-site events occurring in one day involving risk assessed to be greater than that associated with the average family activity e.g. water activities (apart from swimming sports), rock climbing, sailing, beach study etc and any event involving an overnight stay e.g. school camp. <b>Consent required:</b> A separate parent/caregiver signed consent form is required for any event in this category.

By signing this form, you consent to your child participating in all Level 1-2 activities. For any Level 3 event, you will always be provided with a specific consent form and students will not participate in any such Level 3 activity if a signed consent form is not received by the school prior to the event.

I/we give permission for our child, as named above, to participate in Level 1-2 Education Outside the Classroom activities as detailed above. I/we have provided the school with up-to-date medical and other information and will notify the school of any changes to that information.

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_



## INTERNET AGREEMENT

Rules are in place to ensure safe use of the internet at Russley School. The school will strive to restrict student access to offensive, dangerous, inappropriate or illegal material at school (e.g. internet, email).

These guidelines as they apply to a student are:

- I must never give anyone on the Internet any personal details about my family or myself. This includes my name, address, phone number, passwords, the name of our school and where members of my family work unless I have a staff member's permission.
- I will be online only during the times and days I have agreed with a staff member.
- I will tell a staff member if I come across anything on the Internet that frightens me or makes me feel unsafe or uncomfortable. I will switch off the computer monitor, move away and tell a staff member immediately.
- I must stay out of any chat rooms, social networking websites and any other web sites, which have not been approved by a staff member.
- I will respect all ICT equipment and will treat it with care.

We (parents/student) have read and discussed the internet guidelines and we understand the agreement will be revisited annually in class. If a student breaks the rules in the Internet Agreement the school may take disciplinary action against that student including possible removal from any programme that involves computer use.

Parents/caregivers of all students (Years 1-8) to sign and students from Year 4 up to sign:

Student signature: \_\_\_\_\_ Parent signature: \_\_\_\_\_

## PUBLICATION PERMISSION

From time to time, a student's work (eg poems, stories) and/or image may be chosen for publication in the newsletter, for display on the noticeboard, uploaded to a team blog or the school website, etc.

Yes I grant permission for the school to publish work/images of my child.

\_\_\_\_\_  
*Name of Parent*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Please tick:

- Yes I have read the New Zealand Code of Practice Summary
- Yes I have read the Russley School International Students' Procedure



\_\_\_\_\_

Name of Parent

Signature

Date

**Please ensure you have attached the following information to your enrolment form**

- Copy of Passport
- Copy of current Student Permit
- Copy of Travel / Medical Insurance
- Copy of Parents Passport

*In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of pupil information to appropriate education and health authorities, within the limitations of the Privacy Act. I further approve the forwarding of my child's name and address on request.*

*I understand that the school will take action on my behalf in case of sudden illness or injury and I agree to abide by school policies.*



\_\_\_\_\_

Name of Parent

Signature

Date

**SCHOOL USE ONLY**

Year Level

Room Number

Teacher

Enrolment Number

Passport Number

Study Period

Payment Date

Amount Paid