

APPLICATION FOR ENROLMENT

APPLICATION FOR ENROLMENT AS AN INTERNATIONAL STUDENT

To apply for enrolment at New Zealand Language Institute, please complete this application form, **enclose two passport photos and the registration fee (NZ\$150)**, and forward to: **New Zealand Language Institute,**

**PO Box 794,
Rotorua 3040,
New Zealand or fax to: 0064-7-350-1328**



Please ensure that all the information is complete and correct. Failure to properly complete the form may result in a delay in processing, or rejection of your application. Failure to provide correct information may result in your enrolment being terminated.

PART ONE: PERSONAL INFORMATION

Family Name(Surname):..... Given Names

Birth Date:..... Gender (please circle): Male / Female Nationality:

Passport Number: Occupation: (put "student" if still studying)

Residential Address: Postal Address (if different)

.....

.....

Home Phone..... Work Phone..... Fax

Email

Emergency Contact Person (name and relationship to you):

.....

Address of contact person:

.....

Phone number:

Agent Details (if applicable): Name..... Phone.....

Address

PART TWO: HEALTH INFORMATION

Medical and travel insurance is compulsory for international students coming to New Zealand.

Please provide your medical and travel insurance details:

Insurance company..... Policy type.....

Policy start date..... Policy end date.....

OR (tick)

I have not yet taken out medical and travel insurance, but agree to do so and will provide proof of this to the school on acceptance of this application for enrolment.

OR (tick)

I would like the school to arrange medical and travel insurance on my behalf and bill me for this together with school fees.

Do you have any pre-existing medical conditions or concerns? Yes / No

If Yes please state:.....

.....

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Do you have any allergies? Please specify (*E.g. food allergies like peanuts or wheat, or medical allergies like penicillin or bee*

stings):.....

Do you carry any medication for this allergy?.....

Name any other medication you require:.....

Do you have any other any special health or medical needs?.....

PART THREE: STUDY INFORMATION

What is your estimate of your level of English? (*Please circle*)

Beginner	Elementary	Pre-Intermediate	Intermediate	Upper Intermediate	Advanced
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What course do you wish to enrol in?.....

Part-time or full-time? (Please note: to be eligible for a student visa, you must be enrolled as a full-time student.)

If part-time, state preferred hours (e.g. hours per week/mornings only/afternoons only)
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Proposed start date:..... Proposed finish date:.....

Do you intend to continue to study further in New Zealand at University or Polytechnic? Yes / No

PART FOUR ACCOMMODATION

Do you require accommodation in a homestay? Yes / No

If yes, please indicate your preference with a tick: (a) family with young children (under 12),

(b) family with older children, (c) adults with no children (d) no preference

Most New Zealand families have pet cats or dogs that live in their homes. Are you allergic to, or afraid of, any pet animals? (*If yes please state*

Do you smoke? Yes / No Do you mind living in a house with smokers? Yes / No

What is your religion? (If any)

Do you mind living with religious people? Yes / No

Is there any particular food that you cannot eat?.....

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

What are your interests and/or hobbies? (*E.g. sports, playing musical instruments, collecting stamps, hiking*).....

Are there any other sports or hobbies that you would like to be involved in while you are in New Zealand? (*Please state*):
.....

Any other information you wish us to know?
.....
.....

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PART FIVE HOW TO PAY

- A registration fee of NZ\$150 should accompany this application form.
- Once your application has been processed and approved, we will send you an offer of place, with an invoice showing the full amount due. Upon receipt of full payment, your enrolment will be finalised.
- You may pay (a) ***in person*** at the New Zealand Language Institute in Rotorua in cash in NZ or US

Dollars.

(b) ***with a Bankers Draft*** payable to New Zealand Language Institute. In NZ or US

Dollars.

(c) ***using telegraphic transfer*** to: Account Number: 12-3155-0143026-00

ASB Bank

Rotorua Branch

Cnr Tutanekai & Pukuatua Streets,

PO Box 2059, Rotorua 3040, New Zealand.

Account name: New Zealand Language Institute

Ltd.

PART SIX DECLARATION

I have read and accept the terms and conditions of enrolment.

Full Name: Signature: Date: