

Raphael House Rudolf Steiner School
INTERNATIONAL FOREIGN FEE PAYING STUDENT
APPLICATION FORM

STUDENT DETAILS

Family Name: _____

First Name/s: _____ Preferred Name: _____

Date of Birth: ____ / ____ / ____ Gender: Male/Female (please circle)

Nationality: _____ First language: _____

Country of Citizenship: _____

Name of Steiner School currently attending: _____

Proposed Year level of entry: _____

Period of intended stay at Raphael House: 1 Term, 2 Terms 3 Terms

Please detail length of stay: -

Address in home country: _____

Mailing address (if different from above): _____

Email: _____ Home Phone: _____

Passport No: _____ Country of Issue: _____

Passport Issued on: ____ / ____ / ____ Expires on: ____ / ____ / ____

Parent/Legal Guardian Details:

Father's name: _____

Home telephone: _____ Fax: _____

Business Telephone: _____ Fax: _____

Mobile Phone: _____ Email: _____

Home Address (if not as above)

Parent/Legal Guardian Details:

Mother's name: _____

Preferred Name: _____

Home telephone: _____ Fax: _____

Business Telephone: _____ Fax: _____

Mobile Phone: _____ Email: _____

Home Address (if not as above)

Emergency Contact Person:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Relationship to student: _____

Education details:

Name of Present School: _____

School Email address: _____

Name International Student Contact Person: _____

Telephone: _____ Email: _____

(include International codes and number)

Present Class/Level: _____ How long have you been at present school? _____

Names, contact details of referees: (we may wish to contact after hours)

1. Class Sponsor Name:

Contact Telephone No: _____

2. 2nd Referee: Name :

Contact Telephone No: _____

For the Ministry of Education Statistical returns of all schools held in March and July, we need the following information about your son/daughter.

Did your child have **Pre School Education** Yes No

If 'yes' please indicate whether it was:

Kindergarten, Play Centre, Kohanga Reo, Childcare, Montessori or other.

Ethnicity

Which of the following Ministry of Education categories applies to your son/daughter? (Please tick a box)

European Pakeha Asian Japanese Other _____

Medical Information:

Individual Needs/Disabilities other than medical.

Contact with Special Education Services/Psychologist/Specialist Learning Teachers or organizations.

Please specify: _____

Immunization: (Please tick which is applicable). My child has been immunized for:

Yes No

Hepatitis B

Diphtheria

Tetanus

Whooping Cough

Polio

Measles

Mumps

HIB (Meningitis)

Allergic to (cat/dog)

Any other allergies? (if yes please explain)

Do you have a health problem? Yes/No (including eating disorder) (if yes please explain)

Have you suffered a health problem in the last six months that caused you to be hospitalized or under specialist care?

If yes please explain _____

Do you suffer from Asthma or Hayfever Yes/No

Please advise any medications you are taking at present and for what medical conditions:

Travel and Medical Insurance

Do you have travel and medical insurance? Yes/No

If **NO** - do you want Raphael House to obtain Uni-Care Insurance for you? Yes/No

Raphael House Rudolf Steiner School holds a Master Policy with Uni-Care Insurance Ltd and we recommend that you allow us to arrange suitable insurance cover for you.

NOTE: It is compulsory for International Students to have insurance and you will need to provide us with a copy of your insurance policy and evidence of its validity prior to arrival.

Parental Agreement:

I/We agree that our child shall be subject to the rules and discipline of Raphael House Rudolf Steiner School.

I/We allow Raphael House Rudolf Steiner School to take any disciplinary action if our child breaks the New Zealand Law or Raphael House Rudolf Steiner School rules may be taken, which may include stand-down or suspension.

I/We confirm that the information included in this application is correct.

I/We accept the conditions of the Refund Policy.

I/We or legal guardians of the student authorize the Principal/School Co-ordinator or International Pastoral Care Person to:

Receive information from any person, authority or corporate body concerning the student including but not limited to, medical, educational and welfare information; provided consents in respect of any activity carried out and authorized by the school; provide necessary consents on behalf of the student in the event of a medical emergency where it is not practicable or timely to contact the parents.

Where the student concerned in this application is aged 16 years or more he/she must agree to the conditions above.

I/We have read, understood and agree to the terms and conditions of the refund policy.

I/We have read and understood the requirements of Raphael House Rudolf Steiner School and its conditions of enrolment.

Name/s: _____

Signature/s: _____

Date: _____

I/We are the: Parents Mother Father Other

Student Agreement:

I have read and understand the information concerning Raphael House Rudolf Steiner School (Section). I agree to abide by the school rules and New Zealand Law at all times.

Signed by Student: _____ Date: _____

Name of Student: _____ Date: _____