



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 or Female	Living at home (Yes / No)

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

Name	Relationship to you

Who usually looks after you? _____

What work do your parents do? Mother: _____

Father: _____

August 2019

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:

August 2019

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
- iv) 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 with proof of immunisation:

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

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 incurred will be 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? Yes / No

If yes, please state which allergies they have:

Does your child have any medication for this allergy? Yes / No

If yes, please state what medication they have:

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? _____

August 2019

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? _____ Yes / No

If yes, please state what: _____

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?

_____Do you have any concerns, if so, what are they? _____

Part 5: Other Information

Have you travelled to other countries? Yes / No

(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.)

August 2019

Part 6: Residential Caregiver Information*(Please complete if Jireh 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: (please circle)

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: ____ / ____ / ____