BROWNS BAY SCHOOL INTERNATIONAL STUDENT APPLICATION FOR ENROLMENT - 2017					
FAMILY NAME:		DATE OF BIRTH: Male/Female			
FIRST NAMES:		CURRENT SCHOOL LEVEL:			
CHILDS ETHNIC GROUP:		CHILDS COUNTRY OF BIRTH:			
CHILDS HOME LANGUAGE:		DATE OF ENTRY TO NZ:			
		NSN:			
LIVING WITH: PARENT / LEGAL GUARDIAN - COP	NY OF CHARDIAN VIS	Λ			
		A			
NAME: ADDRESS:	OCCUPATION:	PLACE OF EMPLOYMENT:			
7.001.200	PLACE OF EIVIF	PLOYMENT:			
HOME PHONE NUMBER: EMAIL:	WORK PHONE	NUMBER:			
EMAIL.					
AGENTS NAME:	PHONE NUMBE	-D.			
AGENTS NAIVIE.	EMAIL:	<u>-K.</u>			
ADDRESS:	EIVIAIL.				
F	11				
FAMILY DOCTOR: PHONE NUMBER:	KNOWN ALLER MEDICATION:	GIES:			
TWO EMERGENCY CONTACTS (other than parents): 1. Name:	HEALTH PROB	HEALTH PROBLEMS:			
Phone Number: Relationship:					
2. Name: Phone Number:	II -	Sight: Speech: Hearing: MEDICAL/TRAVEL INSURANCE PROVIDER:			
Relationship:		COPY OF INSURANCE POLICY:			
	01150				
PREVIOUS SPECIAL NEEDS AND OR BEHAVIOURAL IS	SOUES:				
ADDITIONAL INFORMATION OFFERED:					
SCHOOL PLACEMENT:					
SCHOOL PLACEMENT.					
Date of Entry to BBS: Class Level:	Room No:	Reg No:			

INFORMATION PROVIDED AT ENROLMENT:

HEALTH & TRAVEL INSURANCE
COSTS FOR TUITION
APPLICATION REQUIREMENTS & PROCEDURES
CONDITIONS OF ACCEPTANCE
REFUND CONDITION
FACILITIES EQUIPMENT & STAFFING
SCHOOL COURSES
ACCOMODATION

RESPONSIBILITY OF RESIDENTIAL CAREGIVERS
ORIENTATION PROCEDURES
GRIEVANCE PROCEDURES
WITHDRAWAL PROCEDURES
TERMINATION PROCEDURES
REFUND PROCEDURES
FEE PROTECTION

SCHOOL INFORMATION PACK

DECLARATION:

I give authority to the Principal to act on my behalf in any medical emergency.

I give permission for my child to attend all approved educational visits and trips.

I agree to abide by all Board of Trustees Policies.

I give permission for my child's image to be displayed on School related websites

Signed:

Information given on this form is true and correct. I understand that the information provided may be used for school based activities and be passed to other agencies who work with the school for educational purposes. I understand my child's records will be passed to subsequent schools.

Admin/BBS Admin/Enrolments/Foreign Students/2016

SCHOOL USE ONLY:			
PASSPORT:			
Number :	Place of Issue :	Copy Filed :	
PARENTS			
Contacted on Application :		Response Received :	
STUDENT PERMIT:			
		Ctudent Vice/Demait leaved	
Letter to Immigration:		Student Visa/Permit Issued :	
Visa/Permit Expiry Date :		Copy of Visa/Permit :	
FEES INFORMATION:			
School Fee Paid:]Full Year	Receipt No:	
School Fee Paid:	Term 1	Receipt No:	
School Fee Paid:	Term 2	Receipt No:	
School Fee Paid:	Term 3	Receipt No:	
School Fee Paid:	Term 4	Receint No:	