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# Apply to the Golden Grove School

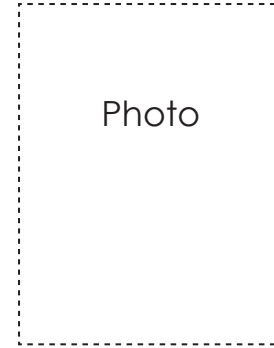
Please include a \$300 application fee.

Signatures of Parents or Guardians making application

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

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

Date \_\_\_\_\_



GOLDEN  
GROVE  
SCHOOL



Please ensure that the following documentation is enclosed with this application:

- Copy of Passport
- Copy of Student Visa/Permit
- Copy of Parent/Caregiver Visa/Permit
- Copy of Travel Insurance Details

Please send completed application to:

Golden Grove School  
57 Grey Street  
Onehunga  
Auckland 1061  
New Zealand

or scan and email to [office@goldengrove.school.nz](mailto:office@goldengrove.school.nz)



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## Application for International Student Admission

### Student Details

Surname \_\_\_\_\_

Given Names \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Place of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Ethnic Origin \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Present or Most Recent Schooling

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed date of Entry: \_\_\_\_\_

Intended length of Stay: \_\_\_\_\_

# Family Details

Title \_\_\_\_\_ Title \_\_\_\_\_

Surname \_\_\_\_\_ Surname \_\_\_\_\_

Given Names \_\_\_\_\_ Given Names \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Zealand Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Business Name \_\_\_\_\_ Business Name \_\_\_\_\_  
\_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Siblings \_\_\_\_\_ Birthdates \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Other Details

Immunisation Certificate Completed Yes  No

Allergies \_\_\_\_\_

Medication \_\_\_\_\_

Other Health Issues \_\_\_\_\_  
\_\_\_\_\_

Special Needs \_\_\_\_\_  
\_\_\_\_\_

Insurance 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

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.

Kindly tell us about your child.

Please include their interests, attributes, temperament and any concerns you may have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_