



WAIKATO DIOCESAN School for Girls

INTERNATIONAL STUDENT APPLICATION FORM

Thank you for considering Waikato Diocesan School for Girls. Please fully complete the following form to enable us to consider your application. The following information also forms part of an application to Waikato Diocesan

- Photocopy of Passport
• Students written statement
• Certified Translation of applicants latest school report

660 River Road, Hamilton, 3210
Private Bag 3051, Hamilton, 3240
Phone: +64 7 855 2038
Fax: +64 7 855 2039
www.waikatodiocesan.school.nz

Student's Details

Year of Entry: 20 _____ Level of Entry: 9 10 11 12 13 (Please Circle) Boarder / Day girl (Please Circle)

Name in Full: _____ (Surname) _____ (First Names. Please underline name generally used)

Address: _____ Email: _____

Date of birth: _____

Mobile: _____

Current school: _____ Current Year level: _____

Religion: _____ Language spoken at home: _____

Country of birth: _____

Ethnicity: Please circle the most appropriate Ministry of Education Ethnicity categories for your daughter.

Other European Pacific Islander Thai Chinese Korean (Please state) _____

Father's details

Surname (+Title): _____ First Name: _____

Address: _____ Occupation: _____

Email: _____

Telephones: Home: _____ Work: _____

Mobile: _____ Fax: _____

Mother's details

Surname (+Title): _____ First Name: _____

Address: _____ Occupation: _____

Email: _____

Telephones: Home: _____ Work: _____

Mobile: _____ Fax: _____

Designated Caregiver / Agent's details

Surname (+Title): _____ First Name: _____

Address: _____ Occupation: _____

Email: _____

Telephones: Home: _____ Work: _____

Mobile: _____ Fax: _____

Relationship to student _____

Passport Details of Applicant

Passport Number _____ Expiry Date: _____

Country of Issue _____

Account Information

Person responsible for Accounts: Father Mother Caregiver Agent Other (Please state) _____

I/We _____ agree to take responsibility for the financial obligations of the above named student should she gain a place at Waikato Diocesan School for Girls

Signature of person/s agreeing to be responsible

Please also Supply the following information about the bank account where you would prefer refunds to be paid:

Personal Details:

Beneficiary Account Number:
Beneficiary Name
Physical Address for Beneficiary
Country

Bank Details:

Bank Name:
Bank Branch:
Physical address:
Country:

Swift Number:

Medical History – (Briefly)

Please state any illnesses, conditions or needs your daughter might have that we should be aware of in dealing with her on a day to day basis, or which may affect her ability to fully participate in any area of school, academically or physically. (This will be kept confidential and more detailed information will be requested upon enrolment).

Language

Can you provide information on your English Language ability? (The school reserves the right to place students according to their language ability and academic performance.)

Other Information

Is there any other information relevant to this application you feel we should be aware of prior to considering your application? (You may use another sheet if required)

I/we agree that if so admitted, my/our daughter shall be subject to the rules and regulations of the school.
(Copies of the current Rules and Regulations form part of the Enrolment Agreement)

- I/we undertake that all the information contained in this application is true and correct at time of application
- I/we undertake to update all changes at time of enrolment should the applicant be accepted into Waikato Diocesan School and to keep the school up to date with future changes.
- I/we understand that there is a culture of philanthropy at Waikato Diocesan School for Girls and that we may be approached from time to time to support fundraising initiatives.
- I/we understand that this information is retained by the school and will be used for the following purposes:
 - To maintain contact with parents and caregivers
 - To facilitate the operation and administration of the school.
- I/we agree that this information may be released to appropriate parties outside the school at the discretion of the Principal where it relates to education, health, welfare, or safety of the student.

Both parents (guardians) are required to sign this declaration.

Signed: _____

Signed: _____

Full Name: _____

Full Name: _____

Date: ___/___/___

Date: ___/___/___

INCLUDE WITH YOUR APPLICATION:

- Proof of student's identity (photocopy of Passport)
- A translated copy of the student's most recent school report
- Completed Applicant Questionnaire

Applications should be posted, faxed or emailed to:

Dean of International Students
Waikato Diocesan School for Girls
Private Bag 3051
Hamilton
NEW ZEALAND

Telephone: 0064 7 855-2038 x 2733
Facsimile: 0064 7 855-2039

Email: international@waikatodiocesan.school.nz

CODE OF PRACTICE

Waikato Diocesan School for Girls has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students published by the Minister of Education.

Copies of the Code are available on request from this institution or from the Ministry of Education web-site at:
<http://www.minedu.govt.nz>

Making the Dio Difference

APPLICANT QUESTIONNAIRE FOR INTERNATIONAL STUDENTS
To be completed by the student in their own handwriting

Student Details

Family Name _____

Other Name(s) _____

Preferred First Name _____

Date of Birth _____

Country of Origin _____

First Language _____

Personal Details - Confidential

1. What type of sports, music and hobbies would you like to get involved in?

2. What subjects do you wish to study at Waikato Diocesan School for Girls, and why?

3. What areas do you need to improve upon at school, and why?

4. How long would you like to study at Waikato Diocesan School for Girls? What would you like to do after that?

5. What career do you wish to have in the future, and why?

6. Write approximately 120 words about yourself, your family, home and lifestyle and your preferences (e.g. food, pets etc.) in your own country. *(To be completed by the student in her own handwriting.)*

Student

Name: _____

Signature: _____

Date: _____