

RONGOTAI COLLEGE



Application to Attend Rongotai College as an International Student

*Please attach a photo
of the student*

Student Details

Name: _____

Address: _____

City: _____

Country: _____

Telephone: Day: _____

Evening: _____

Date of Birth: _____

Passport No: _____

Family Details

Mother's Name: _____

Occupation: _____

Home Address: _____

Telephone: Day: _____ Evening: _____ Fax: _____

Email: _____

Brother(s) / Sister(s): _____

First Language: _____

Emergency Contact (not a parent)

In home country: Name: _____

Address: _____

Telephone: Day: _____ Evening: _____ Fax: _____

Agent Details:

Name: _____

Address: _____

Telephone: Day: _____ Evening: _____ Fax: _____

Email: _____

RONGOTAI COLLEGE – Application to Attend continued

Academic Programme

Level of Entry (please circle)

Year 9 Year 10 Year 11 Year 12 Year 13

Preferred Subjects

Please list the subjects you would like to study at this school in order of preference:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

→ How long do you wish to study at Rongotai College? _____

→ Do you wish to study further at university in New Zealand? Yes / No

→ In another country? Yes / No

→ Date you intend to begin study at Rongotai College _____

Health

Do you have any medical problems: Yes / No

If yes, please explain : _____

Medical and Travel Insurance

You must arrange this before you leave home. This is compulsory and documentation must be presented on arrival at your school. The school will not be liable for payment of any medical expenses during your stay. We can supply the name of suitable insurance companied.

Interests

Cultural e.g. Jazz Band, Orchestra, Drama, Speech: _____

Hobbies: _____

Sports: _____

CONTRACT (to be signed by the parent or guardian)

- I guarantee the good behaviour of the student in New Zealand
- I accept that the school will arrange an academic course in the interests of the student
- I guarantee regular payment of fees and allowances
- I guarantee that my son will have medical and travel insurance
- I will complete and return the Tuition Contract when it is sent to me

Signed: _____ Date: _____

Please Print Name: _____

Relationship to Student: _____