

International Programme

238 Union Street, Milton 9220, New Zealand

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Email: isc@tokohigh.school.nz www.tokohigh.school.nz

APPLICATION FORM

Please complete in English and return to the International Student Co-ordinator as above.

Student Details:
Family Name:First Name/s:
English Name (if any): male female
Nationality
Date of Birth:
First Language:Other Languages
Address in home country
Home Telephone:
Email:
Parent Details:
Father: Occupation Home Address (if different from student)
Home Telephone: Mobile
Mother:
Home Telephone: Mobile: Business Telephone: Email:
When would you like to start your stay at Tokomairiro High School? Term

Levels of English Spoken None A little Some Skilled	Written English None A little Some Skilled	
Years studying English language		
Please provide latest school assessments/reports		
What do you plan on doing when leaving	g school	
Passport		
Number	Expiry Date	
Emergency Contact Details Name		
Address		
Phone Email		
Fax		
Agant (if applicable)		
Agent (if applicable) Name of Company		
Consultant		
Address		
Telephone I Email	-ax	
Homestay Accommodation Tokomairiro High School agree to place the student in a suitable homestay, checks are made to ensure that both the student and host family are compatible.		
I wish to be placed in a homestay during time at Tokomairiro High. yes/no		
Please fill in the details below for homestay accommodation.		
Interests – include cultural, hobbies, sports, music.		
continue on next page		

Interests continued	
Homestay information continue	d
Food	
Are you vegetarian yes/n	
Are there any foods you cannot ea Animals – do you have severe alle	atergies to any animals ves/no
If yes which animal/s	
Religion	
Do you smoke yes/no	
Agreement:	
I/We confirm that all the informatio accompanying forms are true and	on included in this application and any correct:
Name/s:	
Signature/s:	
Date:	
Relationship to student:	Mother / Father /
Please supply with this applicat	tion
Latest school report	
Recent photograph	
Passport copy	
rassport copy	
газэрин сору	