



Wellington High School

Fax: 64-4-802 7670
Email: ifp@whs.school.nz

APPLICATION FOR A PLACE

Dear Principal

I would like to study in New Zealand and would be grateful if you would allow me to enrol at your school for the year 20____

MYSELF

Family Name

First Names

Date of Birth

 (Enter as Day/ Month/ Year)

Sex

Male Female

Address

Telephone

Fax

My E-Mail

Father's e-mail

Mother's e-mail

Country of Birth

Nationality

Country of Normal Residence

Passport Number

Country of Issue

MY PARENTS

Father's Name

Father's Occupation

Father's Address

Father's Telephone

Father's Fax

Mother's Name

Mother's Occupation

Mother's Address

Mother's Telephone

Mother's Fax

MORE ABOUT MYSELF

Present School and class

Previous school attended

Number of years studying English

My spoken English is: not very good good excellent

Subjects being studied this year: (indicate those which are taught in English)

I would like to study the following at your school:

When I leave school I intend to study further for:

State qualifications aimed at (e.g. university, a polytechnic, teacher college)

MEDICAL INSURANCE: will arrange suitable medical insurance before arrival
 I would like the school to arrange medical insurance

I FOUND OUT ABOUT THE SCHOOL FROM:

- An education agency
- A New Zealand Embassy or High Commission
- A friend or relative
- Internet contact or website

ACCOMMODATION ARRANGEMENT:

I would like the school to arrange me a home stay Yes/ no

I have made arrangements for accommodation with: (name and address)

Signature _____ Date _____