



PERSONAL DETAILS

FAMILY NAME _____ TITLE Mrs Miss Ms Mr Other
GIVEN NAME(S) _____ PREFERRED NAME _____
DATE OF BIRTH ____/____/____ GENDER Male Female
NATIONAL STUDENT NUMBER (If known) ____ _ / ____ _ / ____ _
HAVE YOU STUDIED AT AVONMORE BEFORE? Yes No
IF YES, UNDER WHAT NAME _____
WHAT WAS YOUR ID NUMBER ____ _

ACADEMIC INFORMATION

WHAT WAS THE LAST SECONDARY SCHOOL YOU ATTENDED? _____
WHAT WAS YOUR LAST YEAR AT SCHOOL? ____/____/____
NAME OF QUALIFICATION YOU WISH TO STUDY _____
DO YOU INTEND TO STUDY Full time Part time
START DATE ____/____/____ PLANNED END DATE ____/____/____
NAME OF COURSE YOU WISH TO ENROL IN _____

NEW ZEALAND CONTACT DETAILS

STREET ADDRESS _____ SUBURB _____
TOWN/CITY _____ POSTAL CODE _____
PHONE _____ MOBILE _____
FAX _____ EMAIL _____

HOME COUNTRY CONTACT DETAILS

STREET ADDRESS _____ TOWN/CITY _____
COUNTRY _____ POSTAL CODE _____
PHONE _____ MOBILE _____
FAX _____ EMAIL _____

NEXT OF KIN CONTACT DETAILS

NEXT OF KIN _____ RELATIONSHIP TO STUDENT _____
STREET ADDRESS _____ TOWN/CITY _____
COUNTRY _____ POSTAL CODE _____
PHONE _____ MOBILE _____

PASSPORT DETAILS

STUDENTS MUST BRING THEIR PASSPORT WHEN THEY ENROL
PASSPORT NUMBER _____ PASSPORT EXPIRY DATE ____/____/____
ISSUING COUNTRY _____



HEALTH AND TRAVEL INSURANCE

INTERNATIONAL STUDENTS ARE REQUIRED TO HAVE APPROPRIATE AND CURRENT MEDICAL AND TRAVEL INSURANCE WHILE STUDYING IN NEW ZEALAND

NAME OF INSURANCE COMPANY _____

INSURANCE POLICY NUMBER _____

START DATE OF POLICY ____/____/____ END DATE OF POLICY ____/____/____

MEDICAL OR DISABILITY

DO YOU LIVE WITH THE EFFECTS OF SIGNIFICANT INJURY, LONG-TERM ILLNESS OR DISABILITY?

No Yes (specify) _____

AGENT DETAILS

WAS YOUR APPLICATION VIA AN AGENT? YES NO

AGENTS NAME _____

ADDRESS _____

PHONE _____ MOBILE _____

FAX _____ EMAIL _____

LANGUAGE

IS ENGLISH YOUR FIRST LANGUAGE? YES NO

IF 'NO', HOW LONG HAVE YOU STUDIED ENGLISH? _____ YEARS _____ MONTHS

WHERE DID YOU STUDY ENGLISH? SECONDARY SCHOOL LANGUAGE SCHOOL

UNIVERSITY/COLLEGE/INSTITUTE

HAVE YOU BEEN TESTED IN ENGLISH? YES NO

IF 'YES', WHAT WAS YOUR RESULT? (i.e IELTS Level 5) _____

ACCOMMODATION

WHAT TYPE OF ACCOMMODATION WILL YOU BE LIVING IN WHILE ON THE COURSE?

HOMESTAY PRIVATE BOARD HOTEL/MOTEL FLATTING

BOARDING ESTABLISHMENT/HOSTEL OWN HOUSE

DECLARATION

I declare that to the best of my knowledge all the information supplied on, and with, this application form is true and complete. I consent to abide by the conditions described on the Avonmore website and the disclosure of personal information as also outlined on the website and in the Student Handbook.

NAME _____

SIGNATURE _____ DATE ____/____/____

PARENT/GUARDIAN DECLARATION OF STUDENT'S UNDER 18

I _____ as parent/guardian of _____ hereby accept the terms and conditions as described above, and consent to the disclosure of personal information as described above.

SIGNATURE _____ DATE ____/____/____