



International Student Enrolment Form 2
GROUPS

Group Name									
Agent/Company									
Agent/Company phone				Agent/company email					
Start Date				Length of study					
Total number of students									
Age range (please circle & include number of students)	10	11	12	13	14	15	16	17	18
Student's personal details-please fill in the attached spreadsheet									
Academic									
<i>Level of study (in New Zealand)</i>									
Year 13		Year 12		Year 11		Year 10		Year 9	
Year 8		Year 7							
<i>Level of English</i>									
Beginner		Intermediate		Advanced					
Contact Details									
<i>(person responsible for the group during their stay in NZ)</i>									
Name									
Address									
Phone			Email						
Student well being									
Any student well-being information must be included on the attached spreadsheet.									
Please detail any learning or behavioural needs		Existing Conditions			Health concerns / mental health concerns		Medication		