



Canterbury International College

Enrolment Form

To Apply for Enrolment at Canterbury International College as an International Student, Please Complete the Application Form and Forward to:

Canterbury International College, P.O.Box 80045, Riccarton, Christchurch, New Zealand
Ph: 0064 – 3 – 377 0839 Email: admin@canic.ac.nz

PART ONE: PERSONAL INFORMATION

First Name: Surname:

Other Name: Date of Birth:

Gender (*please circle*): Male / Female

Address in NZ:

Postal Address (*If Different from Above*):

Telephone: Mobile Phone:

E-mail:

Address in Home Country:

Postal Address (*If Different from Above*):

Telephone:

Contact in case of accident or emergency

Name: Contact Number:

Relationship to the Student:

PART TWO: PASSPORT INFORMATION

Passport Number: Expiry Date:

Country of Origin: Nationality:

Current Visa & Permit Expiry Date:

PART THREE: INSURANCE

INSURANCE Medical and Travel Insurance is Compulsory for International Students to Study in New Zealand. Please Provide your Medical and Travel Insurance Details:

Do you have a personal insurance? Yes NO

If Yes,

Insurance Company: Insurance Type:
Insurance Policy Number: Policy Start Date:
Policy Expiry Date:

If No,

I have not yet taken out medical and travel insurance, but agree to do so and will provide proof of this to the school on acceptance of this application for enrolment.

OR (tick)

I would like the school to arrange medical and travel insurance on my behalf and bill me for this together with school fees.

PART FOUR: COURSE INFORMATION

National Certificate of Educational Achievement (NCEA)

Start Date : Finish Date :

Please Choose the Subjects :

Mathematics	<input type="checkbox"/>	Statistics	<input type="checkbox"/>	Calculus	<input type="checkbox"/>
Accounting	<input type="checkbox"/>	Physics	<input type="checkbox"/>	Chemistry	<input type="checkbox"/>
Computing	<input type="checkbox"/>	Economics	<input type="checkbox"/>	Biology	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	English	<input type="checkbox"/>	Other :	

PART FIVE: HEALTH INFORMATION

Do you have any pre-existing medical conditions or concerns? Yes / No

If Yes Please State:

Do you have any allergies? (E.g. *food allergies like peanuts or wheat, or medical allergies like penicillin or bee stings*) Yes / No

If Yes Please State:

Have you had any following illnesses? Yes / No

If Yes, Please Circle

Measles	Rubella	Chickenpox	Mumps	Polio	Malaria
Tuberculosis	Rheumatic fever	Meningitis	Hepatitis	HIV	Diphtheria

Do you need any other special health or medical needs? Yes / No

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PART SIX: BANK DETAILS

ACCOUNT NAME:

BANK NAME/BRANCH:

BANK ACCOUNT NUMBER:

PART SEVEN: DECLARATION

Declaration – *I declare that to the best of my knowledge all the information supplied on, and with, this enrolment form is true and complete, I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above.*

..... /..... /.....
Signature Date

Signature of Parents or Guardian (if applicant is under 18):

..... /..... /.....
Signature Date

PART EIGHT: AGENT DETAILS

Agent Name: Contact No:
Address:

..... /..... /.....
Signature Date