

# International Student Enrolment Form 国际学生入学表格



SINCE 1899

# Oropi School

be all you can be | whaia te matauranga

Please complete this and return to the office with a copy of your child's passport and student visa.

填写后请将表格、学生护照及签证复印件一并递交到办公室。

<b>Family Name:</b> 姓:	<b>Parent Details:</b> 家长信息:
<b>Given Name:</b> 名:	<b>Surname:</b> 姓:
<b>Preferred Name:</b> 常用名:	<b>Title: Mrs/Ms/Miss/Mr</b> 称谓: 夫人/女士/小姐/先生
<b>Gender: Male/Female</b> 性别: 男/女	<b>First names:</b> 名:
<b>Date of Birth:</b> 出生年月:	<b>Address:</b> 地址:
<b>Permanent Resident of:</b> 国籍:	
<b>Passport Number:</b> 护照号:	
<b>Visa Number:</b> 签证号:	<b>Postcode:</b> 邮编:
<b>Address of Student at time of application:</b> 地址(中国):	<b>Phone: Home</b> 电话: 家庭电话
	<b>Work:</b> 工作电话
	<b>Mobile:</b> 移动电话
<b>Student Address while in New Zealand:</b> 地址(新西兰):	<b>Occupation:</b> 职业:
	<b>Level of Study Requested:</b> 就读年级要求:
	<input type="checkbox"/> Year 1 一年级
	<input type="checkbox"/> Year 2 二年级
	<input type="checkbox"/> Year 3 三年级
<b>Postcode:</b> 邮编:	<input type="checkbox"/> Year 4 四年级
<b>Home phone number:</b> 家庭电话:	<input type="checkbox"/> Year 5 五年级
<b>Email address:</b> 邮箱地址:	<input type="checkbox"/> Year 6 六年级
<b>Email newsletter?</b> Y/N 邮箱能否接收信息? 是/否	<input type="checkbox"/> Year 7 七年级
<b>Language spoken at home:</b> 母语:	<input type="checkbox"/> Year 8 八年级
<b>Agent Details:</b> 代理详细信息:	
<b>Name:</b> 名字:	

Address: 地址:		
Email: 邮箱:		
Phone: 电话:		
Mobile Phone: 手机号码:		
Dates Intended to Study at Oropi School: 入学日期:		
From: 从:		To: 至:

### Health and Travel Insurance

#### 健康及旅行保险

Eligibility for Health Services

公共医疗资格

Most International Students are not entitled to publicly funded health service while in New Zealand. If you receive medical treatment during your visit, you may be liable for the full costs of that treatment. Full details on entitlements to publicly-funded health services are available through the Ministry of Health, and can be viewed on their website at <http://www.moh.govt.nz>.

在新西兰，大多数国际学生并未享有公共医疗服务资格。如果在出访期间接受治疗，可能要支付所有治疗费用。有关公共医疗服务权利，可通过卫生部及其网站 <http://www.moh.govt.nz> 了解详细信息。

The Accident Compensation Corporation (ACC) provides accident insurance for all New Zealand citizens, residents and temporary visitors to New Zealand, but you may still be liable for all other medical and related costs. Further information can be viewed on the ACC website at <http://www.acc.co.nz>.

保险公司(ACC)为所有新西兰公民、居民和到新西兰旅行的游客提供意外伤害保险，但您可能仍需支付一部分医疗及相关费用。更多的信息可以查看 ACC 网站 <http://www.acc.co.nz>。

It is a requirement of Immigration New Zealand that International Students must have appropriate and current medical and travel insurance while studying in New Zealand. Evidence of this must be produced when the full fee is paid. Your insurance policy must be compliant with NZQA Education Code (Pastoral Care of International Students) of Practice 2016 requirements and be approved by Oropi School.

Please state clearly any medical condition or illness, physical or mental, the student is suffering from that we should be aware of and that may require medical attention.

新西兰移民局要求国际学生在新西兰学习期间必须有相应的医疗和旅行保险。当支付所有费用时，需出具保单。您的保险项目必须符合 2016 新西兰教育评估委员会实践要求(国际学生关怀计划)并获得 Oropi 学校认可。

请说明学生的身体状况，即需要我们加强注意并进行医疗看护的任何身体或精神疾病。

### Learning Needs

学习需求:

Oropi School expects to be able to meet the learning needs of children enrolled at the School. Does the student have any special learning or behavioural needs?

Oropi 学校希望能符合学生的学习需求。学生有特殊的学习或行为需求吗？

Yes / No

是/否

If Yes, please give details:

如果有，请给出详细信息：


**Immigration**

**移民**

Full details of visa and permit requirements, advice on rights to employment in New Zealand while studying, and reporting requirements, are now available through the New Zealand Immigration Service, and can be viewed on their website at <http://www.immigration.govt.nz>

签证许可、在新西兰学习期间的就业权利和报告需求等详细信息可询问新西兰移民局，也可查看他们的网站 <http://www.immigration.govt.nz>

**Student Medical Information**

**学生医疗信息**

Does your child suffer from any of the following? (Please tick)

您的孩子患过以下任何一种疾病吗？（如果有请打钩）

	Mild 轻度	Moderate 中度	Severe 重度
Allergy 过敏症			
Asthma 哮喘			
Bee Sting Reaction 蜜蜂刺痛反应			
Bladder Problems 膀胱问题			
Diabetes			

糖尿病			
Eczema 湿疹			
Epilepsy 癫痫症			
Fainting 眩晕			
Headaches 头痛			
Hearing Problems 听力问题			
Vision Problems 视力问题			
Speech Problems 语言障碍			
Nose Bleeds 鼻出血			
Any other information we should know about? 有其他我们需要了解的情况吗?			
Does your child carry any medication? 您的孩子有携带药品吗?			
Do we need to keep medication at School? 您需要我们在学校保存药品吗?			

Permissions & Declarations 权限&声明
<input type="checkbox"/> I have been informed about and received a summary of the Education (Pastoral Care of International Students) Code 2016 我已经收到并了解教育概要(国际学生关怀计划)代码 2016。
<input type="checkbox"/> I have been informed about all costs involved with enrolment and signed a copy of the school's policy regarding fee protection and refunds. 我已经了解了有关报名的所有费用，并签署了学费保护和退款政策的复印件。
<input type="checkbox"/> I have received a copy of the school prospectus and policies relevant to International Students and have read and understood them. 我收到了一份与国际学生有关的学校计划书和政策的副本，并已阅读并理解了这些内容。
<input type="checkbox"/> I have included a copy of my child's passport 我已经附上了我孩子的护照复印件。
<input type="checkbox"/> I have included a copy of the parent's passport 我已经附上了父母的护照复印件。
<input type="checkbox"/> I have included a copy of the Student Visa 我已经附上了学生签证的复印件。
<input type="checkbox"/> I have included a copy of my child's Immunisation record 我已经附上了我孩子的免疫接种记录的复印件。
<input type="checkbox"/> I have included a copy of my child's latest school report 我已经附上了我孩子上一所学校的报告。
<input type="checkbox"/> I agree that all disputes will be dealt with in accordance with New Zealand law. 我同意所有的争议都将按照新西兰的法律进行处理。
<input type="checkbox"/> I confirm that all the information contained in this application is true and correct to the best of my knowledge and belief. 我确认该申请表所填写的所有资料均真实无误，并符合本人的认知和信仰。

I acknowledge that if I have provided false information or withheld relevant information, the school may terminate the enrolment.

我承诺，如果本人提供了虚假信息或隐瞒相关信息，学校可终止录取。

I will inform the school if there are any changes to the details of this application.

如果该申请的信息有任何变动，我将告知学校。

#### Social Media Permission

#### 社会媒体许可

Publish photos on the school website?  Yes  No

允许在学校网站上发布您孩子的照片？ 是 否

Publish photos on Facebook?  Yes  No

允许在脸书上发布您孩子的照片？ 是 否

Publish movies/slideshow on You Tube?  Yes  No

允许在 You Tube 上发布您孩子的相关视频？ 是 否

Publish image for media use?  Yes  No

允许发布用于媒体使用的图像？ 是 否

I do not consent to my child's image being used under any circumstances.

任何情况下，我都不同意使用我孩子的相关图象。

#### Bus Transport Permission

#### 校车许可

Do you wish to use the bus  Yes  No

您希望使用校车吗？ 是 否

*Information throughout this document is requested in order to provide the school with sufficient information to enable it to make proper contact with parents and to enable the school to comply with such legitimate requests for statistical information as may be required.*

该文件是为了向学校提供足够的信息，使学校与家长进行适当的沟通，并使学校符合信息收集的合法要求。

*This information will not be used for any purposes other than those required by the school. It will not be handed on to any other agency except as may be required by law. This information will be stored appropriately.*

除学校要求外，该表格不作为其他任何用途。除法律要求外，表格不得交给其他机构。所填信息将被妥善存储。

*Parents are advised of their right to see this information at any time. They are encouraged to use their legal right to request that it be updated and corrected should circumstances change. Such changes will be made on receipt of the new information in writing from a parent.*

父母有权随时查看这些信息并在情况发生变化时及时更新和纠正。我们在收到父母的书面信息后，将会及时更新。

*I agree to accept responsibility for any careless or wilful damage to school property caused by my child.*

*In term the Privacy Act I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of my child's name and address on request to a potential intermediate or secondary school. I understand that the school will take action on my behalf in case of sudden illness or injury and I agree to abide by school policies & procedures.*

我同意对我孩子所造成的学校财产损失承担责任。就个人的隐私而言，我清楚该表格信息仅为学校收集学生基本信息所用。学校可查看这些信息。我同意将我孩子的姓名和地址转寄给可能就读的中学。我知道学校会在孩子遭遇突发性疾病或受伤的情况下代表我采取治疗措施，我同意遵守学校的政策及程序。

Signed

签字

Date

日期

