

Application Form

Please attach a passport photo



CAMBRIDGE HIGH SCHOOL

FULL NAME OF STUDENT

Male Female

PREFERRED NAME

DATE OF BIRTH

PRESENT YEAR OF STUDY

PRESENT SCHOOL

NATIONALITY

ENROLLING FOR YEAR

PASSPORT NUMBER

FATHER/GUARDIAN (NAME IN FULL)

ADDRESS

OCCUPATION

BUSINESS PHONE

HOME PHONE

FAX NUMBER

EMAIL

MOTHER/GUARDIAN (NAME IN FULL)

ADDRESS (IF DIFFERENT FROM FATHER)

OCCUPATION

BUSINESS PHONE

HOME PHONE

FAX NUMBER

EMAIL

The parents or guardians of the international student are required to complete and sign this document.

I/We accept that our child shall be subject to the rules and regulations of Cambridge High School.

Name/s

Signature/s

I/We are the:

Father and Mother

Mother

Father

Other Person

If Other person, please state your relationship to the student

SUBJECT CHOICES (IN ORDER OF PREFERENCE)

1.

2.

3.

4.

5.

6.

HOBBIES / SPORTS / SPECIAL INTERESTS

CAREER PLANS



STUDENT HOMESTAY REQUIREMENTS

- **Must be completed by parent in consultation with student**

HOW MANY BROTHERS DO YOU HAVE?

HOW MANY SISTERS DO YOU HAVE?

AGE(S) OF BROTHER(S)

AGE(S) OF SISTER(S)

DO YOU PLAY ANY MUSICAL INSTRUMENTS? IF SO WHAT?

WOULD YOU LIKE OTHER CHILDREN IN YOUR HOMESTAY? Yes No

WOULD YOU LIKE CHILDREN YOUNGER THAN 12 IN YOUR HOMESTAY? Yes No

WOULD YOU LIKE CHILDREN THAT ARE 13 YEARS OR OLDER IN YOUR HOMESTAY? Yes No

WOULD YOU LIKE A FAMILY WITH MORE THAN FOUR PEOPLE?
(MOTHER, FATHER, 2 OR MORE CHILDREN) Yes No

WOULD YOU LIKE A FAMILY WHERE ANOTHER INTERNATIONAL STUDENT OF A
DIFFERENT NATIONALITY TO YOURSELF LIVES? Yes No

NONE OF THE ABOVE, I REQUIRE A HOMESTAY WITHOUT CHILDREN Yes No

DO YOU WANT TO STAY IN CAMBRIDGE TOWN? Yes No

DO YOU WANT TO STAY IN THE COUNTRYSIDE? Yes No

DO YOU HAVE AN ALLERGY TO PETS AND/OR ANIMALS? Yes No

HOMESTAY WITH PETS? Yes No

WILL YOU BRING A LAPTOP COMPUTER WITH YOU TO USE AT YOUR HOMESTAY? Yes No

WHAT FOODS DO YOU LIKE TO EAT?

ARE THERE ANY FOODS YOU DO NOT EAT?

DO YOU HAVE ANY SPECIAL REQUIREMENTS FOR YOUR HOMESTAY FAMILY?

Cambridge High School will endeavour to match the student homestay requirements with a homestay family subject to availability; however in some cases not all requirements will be able to be met.

HEALTH DETAILS - Medical Information

HEPATITIS A OR B Yes No EPILEPSY Yes No RHEUMATIC FEVER Yes No

GLANDULAR FEVER Yes No ASTHMA Yes No HEART CONDITION Yes No

BEE/WASP ALLERGY Yes No DIABETES Yes No

ALLERGIC REACTION TO: _____

MEDICATION REQUIRED: _____

OTHER MEDICAL CONDITION OR DISABILITY INCLUDING MENTAL HEALTH ISSUES, PHYSICAL DISABILITY,
VIOLENCE OR ABUSIVE BEHAVIOUR OR ANY ADDITIONAL NEEDS THAT THE SCHOOL SHOULD BE AWARE OF?

DOES THE STUDENT HAVE A PHYSICAL CONDITION THAT MIGHT AFFECT CLASSROOM LEARNING EG: HEARING
LOSS, NEED FOR GLASSES, MOTOR SKILLS LOSS ETC. Yes No

If yes, please explain: _____

DATE OF LAST TETANUS INJECTION: _____