



## International Student Application Form

*Please complete in English*

### ***Student Details:***

Family Name: \_\_\_\_\_ First Name/s: \_\_\_\_\_

English Name (if any): \_\_\_\_\_ Gender: M / F

Date of Birth: \_\_\_\_\_

Address in home country: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### ***Citizenship Details:***

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

First Language: \_\_\_\_\_ Other Language/s: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Country of issue: \_\_\_\_\_

Passport issued on: \_\_\_\_\_ Expires: \_\_\_\_\_

### ***Parents / Legal Guardian Details:***

Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Email: \_\_\_\_\_



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### *Agent / Education Advisor Details:*

Name of Company: \_\_\_\_\_

Consultant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### *Agreement:*

*I/We confirm that the information included in this application is correct.*

Name/s: \_\_\_\_\_

Signature/s: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship/s to student:      Mother and/or Father      Guardian      Other

*If other person please state relationship to the student:* \_\_\_\_\_

### *Complete and return application to:*

**Peter Leggat**  
**c/ - Katikati College**  
**Beach Road**  
**Katikati**  
**NEW ZEALAND**  
**Tel: (64 7) 549 0434**  
**Fax: (64 7) 549 1286**  
**E mail: pleggat@katikaticollege.school.nz**