



## International Student Placement Form

*Please complete in English*

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

Family Name: \_\_\_\_\_ First Names: \_\_\_\_\_  
 English Name (if any): \_\_\_\_\_ Gender: M / F Date of Birth: \_\_\_\_\_

### ***Education Details:***

How many years Junior High School have you completed? \_\_\_\_\_  
 How many years High School have you completed? \_\_\_\_\_  
 Name of present school: \_\_\_\_\_  
 Class / Level: \_\_\_\_\_  
 Subjects you are studying this year: \_\_\_\_\_  
 \_\_\_\_\_

**Important:** *Please enclose High School grades and a letter of reference from the School Principal or Teacher. Both documents must be in English.*

### ***Language Details:***

How many years have you studied English? \_\_\_\_\_  
 Where did you study? \_\_\_\_\_  
 English level: Beginner / Elementary / Intermediate / Higher Intermediate / Advanced

### ***Course Required:***

Subjects you would like to study: \_\_\_\_\_  
 \_\_\_\_\_  
 What are your plans for future study? \_\_\_\_\_  
 \_\_\_\_\_

### ***Arrival Details:***

Do you need airport pick-up upon arrival in New Zealand? Yes / No  
 Arrival Date: \_\_\_\_\_ Arrival Time in New Zealand: \_\_\_\_\_  
 Flight Number: \_\_\_\_\_

### ***Accommodation Details:***

Do you need homestay on arrival? Yes / No  
 Your Religion: \_\_\_\_\_  
 What are your interests? \_\_\_\_\_



## International Student Placement Form

Sports / Hobbies: \_\_\_\_\_

Do you like children?      Yes / No

Do you like pets?          Yes / No

### ***Medical Information:***

Do you suffer from any illness the school should know about?      Yes / No

If yes, please provide details including medications: \_\_\_\_\_

***Important:*** All international students attending Katikati College must have comprehensive medical insurance. The school is able to arrange full insurance if required.

### ***Agreement:***

I have read and understood the information concerning Katikati College. I agree to abide by the school rules and New Zealand Law at all times.

Signed by Student: \_\_\_\_\_ Date: \_\_\_\_\_

***Please complete and return the student placement form to:***

Please  
Attach  
Passport  
Photograph

**Katikati College  
c/ - Peter Leggat  
Beach Road  
Katikati  
NEW ZEALAND  
Tel: (64 7) 549 0434  
Fax: (64 7) 549 1286**