



Auckland International College
Application for Enrolment Form

37 Heaphy St, Blockhouse Bay, Auckland 0600, New Zealand
Telephone: +64 9 309 480 Fax: +64 9 627 9103 Email: info@aic.ac.nz
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Please attach passport
size photograph here

Please complete all sections clearly using BLOCK CAPITALS

1. Student Personal Details

Family Name:

Given Name(s):

Preferred Name:

Date of Birth (dd/mm/yy):

/ /

Gender:

Male

Female

Ethnicity: NZ European NZ Maori Pacific Island (please specify):
(please specify)

Asian (please specify):

Other

Citizenship:

Passport Number:

Home Address

Street Address:

City:

Country:

Tel:

Mobile:

Email:

Parent/Caregiver Information

Mother

Name:

Occupation:

Street Address:

Postal Address (if different):

Tel:

Fax:

Mobile:

Email:

Father

Name:

Occupation:

Street Address:

Postal Address (if different):

Tel:

Fax:

Mobile:

Email:

Emergency Contact

Please give details of an adult family member or friend whom we may contact in the event of an emergency.

Name:

Relationship:

Street Address:

Postal Address (if different):

Tel:

Fax:

Mobile:

Email:

2. COURSE OF STUDY

Please tick (✓) the appropriate box to indicate your choice of programme: Year: 20.....(please indicate year of commencement)

Programme	Month of commencement	Duration
<input type="checkbox"/> English for Senior Secondary Studies (Year 10)	<input type="checkbox"/> Feb (<i>one intake only</i>)	½ year
<input type="checkbox"/> Preparation Year Programme for IB Diploma (Year 11)	<input type="checkbox"/> Feb <input type="checkbox"/> July <input type="checkbox"/> Oct	1 year
<input type="checkbox"/> International Baccalaureate (IB) Diploma (Year 12)	<input type="checkbox"/> July (<i>one intake only</i>)	2 years

3. Language Proficiency: Which language/s have you been studying at school and for how many years?

4. Academic History

Most Recent School:

Course:

Most Recent Level:

Year:

School address:

Attach a copy of your school results or forecast results.

Copy attached

Attach copies of two most recent school reports.

Copy attached

5. Accommodation (Please choose ONE option from below)

Living with Parents

AIC Accommodation – Shared Room

AIC Homestay

6. PERSONAL INFORMATION

Do you have any medical needs?

Yes

No

If yes, please give details:

Do you have any special educational needs?

Yes

No

If yes, please give details:

Do you have any dietary, religious or other needs?

Yes

No

If yes, please give details:

7. HOW DID YOU HEAR ABOUT AUCKLAND INTERNATIONAL COLLEGE?

<input type="checkbox"/> Friends/Family	<input type="checkbox"/> Agent	<input type="checkbox"/> Student at AIC	<input type="checkbox"/> Advertising, please specify:
<input type="checkbox"/> Internet	<input type="checkbox"/> NZ Education Centre	<input type="checkbox"/> Open Day/Seminar	<input type="checkbox"/> Other, please specify:

8. Declaration

This application form must also be signed by a parent when the student is under 18 years of age.

1. I have read and understand all the AIC Terms and Conditions set out in this enrolment kit and I agree to be bound by them
2. I understand that AIC may use my image in promotional material
3. I understand that from time to time AIC may alter or amend courses or policies in the best interests of the student
4. Under the terms of the New Zealand Privacy Act 1993, I consent to providing personal information to AIC and understand the information may be used for purposes related to my capacity as a student and to my welfare
5. I understand that I have the right to see and correct, if necessary, the information which I have provided
6. I am aware that supplying false, inaccurate or incomplete information about myself may lead to expulsion
7. I am aware that I must advise AIC of any change of my address details, and, if I am an international student, failure to do so may result in the cancellation of my visa
8. I agree to inform AIC of the results of all university admissions applications made by me, or on my behalf, upon request
9. I have read and understand the fees payment policy, and I agree to be bound by it
10. I agree to abide by the rules, regulations and policies of AIC
11. I agree to observe and adhere to all applicable rules if residing in AIC accommodation
12. I declare that I have provided all information required and that the information in this application is true and correct to the best of my knowledge

Student's Signature: _____

Date / /

Parent Consent (For applicants under the age of 18)

If you are under the age of 18, you must obtain a signature of a parent. Please provide written consent by having a parent complete and sign below:

I, (parent's full name): _____

as parent of (student's name): _____

offer my consent for him/her to study at AIC under the AIC Terms and Conditions

Parent's Signature: _____

Date / /

APPLICATION CHECKLIST

- Attached a passport size photo of yourself in the space provided
- Attached photocopies of your passport/birth certificate/student visa
- Completed all relevant sections of the application form
- Attached certified copies of relevant academic qualifications and/or English language proficiency test (all applicants NOT residing in NZ)
- Attached details of special needs/medical information if applicable
- Attached copy of school results/forecasts
- Attached copies of TWO most recent reports
- Signed the Declaration

Finally, check that all of your details are correct and deliver your application to AIC or send by mail or fax to:

Auckland International College – Applications
PO Box 3966, Shortland Street, Auckland, New Zealand
Fax: +64 9 309 4484

Email: admissions@aic.ac.nz

Agent Use Only:

Company Name: _____

Agent Name: _____

Signature of Agent: _____

Date: / /

Tel: _____

Fax: _____

Mobile: _____

Email: _____