

INFORMATION SHEET—MIDDLETON GRANGE INTERNATIONAL COLLEGE—2011

PLEASE COMPLETE AND RETURN TO THE INTERNATIONAL COLLEGE OFFICE

Personal Details:

Date of birth: _____

Form Class/ Group: _____

Year Level: _____

Family Name: _____ FULL Christian/Given Names: _____

Known Name: _____ Nationality: _____ Student's Cell phone No.: _____

Father's Name: _____ Mother's Name: _____

Parent's Address in Home Country: _____

Parent's Telephone No.: _____ Fax No.: _____

Email Address: _____

English Speaker in Home Country—please state if your parents speak English (this is necessary in case of an emergency)

Name: _____ Telephone No.: _____

Care Provider (Guardian) Details:

Please indicate type of Care Provider by ticking the correct box

Care Provider

Designated Caregiver

Parent

Please state relationship to student if Designated Caregiver (e.g. aunt, family friend): _____

Name: _____ Occupation: _____

Address: _____

Telephone No.: _____ Cell phone: _____

Fax & or/Email: _____

Work No.: _____

If student is living with parent, please give a contact detail of somebody speaking English in New Zealand (i.e. a friend or relative):

Homestay Details:

Homestay Father:

Name: _____

Occupation: _____

Date of Birth: _____

Work Telephone No.: _____

Cell phone: _____

Nationality: _____

Address: _____

Homestay Mother:

Name: _____

Occupation: _____

Date of Birth: _____

Work Telephone No.: _____

Cell phone: _____

Nationality: _____

Home Telephone No.: _____ Email Address: _____

People living in the house & their ages: _____

Health:

A. Are there any medical conditions which teachers need to be aware of e.g. hearing / eyesight / allergies etc.? _____

B. Please list any medication that needs to be taken during the school day. _____

C. Is the student able to participate in all forms of physical education? **Yes / No**
(please include a medical certificate if the answer is no)

D. If requested are you happy for Middleton Grange Staff to dispense paracetamol (tablet form) to your student? **Yes / No**

Transport Arrangements:

(tick the appropriate box)

Bicycle Walk Car Public Bus School Bus Own Car/Motorbike

* N.B. Student wishing to drive a car or motorbike to school must have prior permission from the Assistant Director of the International College

Care Provider's (Guardian) Signature: _____ Date: _____

This must be Care Provider's signature & not Homestay Caregiver's signature!