

# Deep Green Bush-School

## APPLICATION FORM for INTERNATIONAL STUDENTS

Please complete **one** form for each child attending.

Email form to: [deepgreenbushschool@gmail.com](mailto:deepgreenbushschool@gmail.com)

Please ensure that all the information is complete and correct. Failure to properly complete the form may result in a delay in processing, or rejection of your application. Failure to provide correct information may result in your child's enrolment being terminated.

**Application/administration Fee: NZ\$ 450 +GST**

Starting date applying for: \_\_\_\_\_

Desired length of study at DGBS: \_\_\_\_\_

### Parent's/Guardian Information

Mother's first name:	Father's first name:
Mother's last name:	Father's family name:
Occupation:	Occupation
Speak English? (yes or no)	Speak English? (yes or no)
Read English? (yes or no)	Read English? (yes or no)
Passport number:	Passport number:
Passport expiry date:	Passport expiry date:

### Student Information

<b>Name:</b>	<b>Age:</b>
<b>Birthdate:</b>	
<b>Gender: (Circle one) Male or Female</b>	
<b>Religion (if any):</b>	
<b>Student's country of residency:</b>	
<b>Student's country of citizenship:</b>	
<b>Passport number:</b>	
<b>Passport expiry date:</b>	

→ Please attach scans or photocopies of visas and passports for student and parents. A student cannot begin study at the DGBS until we have received these documents.

### Home Address

City:
Country:

**Parent/Guardian contact numbers (include country code)**

Name	Day Phone	Cell-phone

**Email addresses**


**Emergency contact numbers:**

Name	Relationship to child	Phone

**Student's siblings**

	Age

**Previous Schooling**

School name	City, Country	Year(s)

**Special Learning Requirements**

Please let us know about any special needs your child may have, including learning difficulties, physical and mental health issues. (Please enclose any professional reports, if available.) **NOTE: The DGBS does not enrol international students with special needs for learning, medical, low ability, social, physical or any other reason.**


**Why does the Deep Green Bush-School appeal to your family?**



**Please describe how you would support our curriculum at home/outside of school:**


**Student Profile**

Interests and activities, including hobbies, sports, musical instruments


Please describe the student's previous outdoor experience: (climbing trees, playing in the mud, hiking, camping, beach, etc.)


How much time does the student spend on screens (computer, phone, video games) each day?.....

Please describe how you will support the DGBS at home to minimise use of modern technology, based on the *DGBS Statement on Modern Technology* (available on the website):


Why would you like to attend the Deep Green Bush-School? (to be completed by the student, if possible)

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Has the student ever been suspended, stood down or expelled from a school? If yes, please explain.


### Volunteering

Are you able to volunteer at the Deep Green Bush-School? This may take the form of offering skills to students, helping with admin, helping on the land, or just being an extra adult.

Legislation requires that all adults on school premises have police vetting.

Do you consent to the DGBS obtaining a police vet? Y/N

If you would like to volunteer, please describe in what capacity:


### Medical Safety Questionnaire

Note: This information is requested for your child's safety only. It will be held strictly confidential.

Please place an 'x' as appropriate:

To your knowledge, is your child allergic to bee sting? YES\_\_ NO\_\_

Has your child ever suffered from heat exhaustion or heatstroke? YES\_\_ NO\_\_

Does your child have a history of asthma? YES\_\_ NO\_\_

Is your child currently taking medication for asthma? YES\_\_ NO\_\_

Does your child have any other medical problems (diabetes, epilepsy, etc.) that might interfere with their ability to engage in outdoor physical activity? If so, please explain: YES\_\_ NO\_\_

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Will your child be taking any illness-related prescription medications while at the Deep Green Bush-School? If so, please list them, with dosage and time to be taken: YES\_\_ NO\_\_

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.....  
Has your child been immunised? Yes\_\_ No \_\_

**Dietary Information**

Known food allergies: .....

Dietary restrictions: .....

Please read the following and sign below:

I have answered the forgoing questions truthfully and to the best of my knowledge, and have provided the Deep Green Bush-School staff with medical information that might be crucial to my child's safety. I understand that I am responsible for bringing all the medication my child might need each day and I give permission for Deep Green Bush-School staff to hold onto medication or to remind my child to take that medication appropriately.

Name of Parent/Guardian:.....

Signature of Parent/Guardian: .....

Date: .....

***I have read and agree to the DGBS policies:*** **Check** ✓

Culture of Sustainability (DGBS curriculum)	
Core Principles	
Statement of Practice	
Approach to Literacy	
Statement on Modern Technology	

***The completed application should include:*** **Check** ✓

This application form - signed	
Copy of passport for student and parents	
Application/Administration Fee + GST	

Name of Parent/Guardian:.....

Signature of Parent/Guardian: .....

Date: .....