



# Auckland International College

## Boarding Application Form

Telephone: +64 9 309 4480 Fax: +64 9 627 9103 Email: [info@aic.ac.nz](mailto:info@aic.ac.nz)  
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Office Use Only	
<input type="checkbox"/>	Copy sent to Admissions Manager
<input type="checkbox"/>	Copy sent to Accommodation Manager/Supervisor
Date:	____/____/____
Initials:	_____

### 1. Student Personal Details

Family Name as it appears in your passport: \_\_\_\_\_

Given Names: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth (dd/mm/yy) \_\_\_\_\_ Gender:  Male  Female

Ethnicity:  NZ European  NZ Maori  Pacific Island  Asian (please specify): \_\_\_\_\_  Other (please specify)

Citizenship: \_\_\_\_\_ Passport Number: \_\_\_\_\_

### 2. Medical History

Do you live with the effects of significant injury, long-term illness or disability?  No  Yes If "Yes" please provide details: \_\_\_\_\_

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Have you ever had an operation?  No  Yes If "Yes" please provide details \_\_\_\_\_

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Do you have any food or other allergies?  No  Yes If "Yes" please provide details: \_\_\_\_\_

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Do you suffer from one of the following conditions?  No  Yes If "Yes", please tick the appropriate box(es) below:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> ADHD/ADD	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Migraines	<input type="checkbox"/> Aspergers / Autism	<input type="checkbox"/> Other (Please specify)

Please list any medication that you regularly take and detail the circumstances:

Name of medication	Dosage	Usage

**Please provide an accurate English translation for each medicine sent. Medicines will be collected from your child and administered by boarding supervisors.**

Please list all vaccinations you have received and the dates they were administered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other physical or mental conditions that may affect your learning: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Personal Information**

Do you have any special needs that we may assist you with during your stay at AIC? Dietary, religious or otherwise?  No  Yes

If yes, please provide details:

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**4. Declaration**

I declare:

- 4.1 All information I have given in this form is true and correct.
- 4.2 I have read all AIC Terms and Conditions and understand all the AIC Terms and Conditions as are applicable to residing in AIC Accommodation.
- 4.3 I agree to observe and adhere to all applicable rules in respect of my residence in AIC Accommodation.

Student's Full Name:

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Student's Signature:

Date

/ /

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**5. Parent Consent**

Please provide written consent by having a parent sign below:

If you are under the age of 18, you must obtain the signature of a parent.

I, (Parent's Full Name):

as parent of (student's name):

declare that all the information I/we have given in this form is true and correct and I offer my consent for him/her to become a resident at AIC Accommodation under the AIC Terms and Conditions.

Parent's Signature:

Date

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