



**JOHN PAUL
COLLEGE
ROTORUA**

INTERNATIONAL STUDENT PROFILE

(Please supply all information, even if some details might already have been submitted in your Application to Enrol form and Tuition Agreement.)

PART ONE: Personal Information

Student Name: _____

Date of Birth: _____

Gender *(please circle)*: Male / Female

Parents Names:

(Mother): _____

(Father): _____

Home Country: _____

Residential Address: _____

Postal Address *(if different from above)*:

Contacts: *Home Phone* _____ *Work Phone* _____
 Fax _____ *Email* _____
 Emergency Contact Number _____
 Who is the emergency contact person? _____

New Zealand Contact: *(if applicable)*

Name: _____
Phone: _____
Relationship to Student: _____

Agent Details:

Name: _____
Phone: _____
Email: _____

Medical & Insurance details: *(If not yet organized then please ensure details reach us before you arrive here in Rotorua. Alternatively, if you would like us to organize insurance though our approved Uni-care Insurance, then do let us know.)*

Insurance company: _____
Policy type: _____
Policy start date: _____
Policy end date: _____

PART TWO: Living Situation in your Home Country

What type of home do you live in? (Apartment, House, etc) _____

Where is your home located? (City, Town, Countryside, etc) _____

How do you get to school? (Walk, Bus, Train, etc) _____

Do you have any brothers or sisters? Yes / No (please circle)

If Yes please list their names and ages and indicate whether they live at home:

| Name | Age | Male/Female | Living at Home (Y/N) |
|------|-----|-------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Who else lives in your home? (Mother, Father, Uncles, Aunts, Grandparents, etc)

| Name | Relationship to student |
|------|-------------------------|
| | |
| | |
| | |
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| | |
| | |
| | |
| | |

Who usually looks after you? _____

What work do your parents do?

(Mother) _____

(Father) _____

PART THREE: Hobbies, Interests, Sports

What sports do you play? *(Please list your level of experience next to each sport – e.g. social player, school team, regional representative, etc)*

Sport: _____ Level of Experience _____

Sport: _____ Level of Experience _____

Sport: _____ Level of Experience _____

Do you sing or play any musical instruments? *(Please state how long you have been playing for next to each instrument)*

Sing: Yes / No If Yes, how long for? _____

Instrument played: _____ How long for? _____

Instrument played: _____ How long for? _____

Instrument played: _____ How long for? _____

Are you in a band or a choir? *(If yes please state)* _____

What are your interests? *(E.g. astronomy, environmental issues)* _____

What are your hobbies? *(E.g. model trains, collecting stamps or stickers)* _____

Are there any other sports or hobbies that you would like to be involved in while you are in New Zealand? See www.jpc.co.nz and www.rotoruanz.com for ideas.

Do you have any other particular talents? _____

PART FOUR: Health Information

Pre-existing medical conditions or concerns? Yes / No

If Yes please state: _____

Vaccinations - Please circle the ones the student has been vaccinated against:

| | | |
|------------------------------|----------------|------------------|
| (1) Whooping Cough | (1) Diphtheria | (1) Tuberculosis |
| (2) Tetanus | (2) Measles | (2) Mumps |
| (3) Rubella (German Measles) | (3) Polio | (3) Hepatitis B |

Allergies? (E.g. **food allergies** like peanuts or wheat, or **medical allergies** like penicillin or bee stings): _____

Medication student carries for this allergy: _____

Any other medication the student requires: _____

Has the student had any of the following illnesses? (Please circle)

| | | | |
|------------------|---------------------|----------------|----------------|
| (1) Measles | (1) Rubella | (1) Chickenpox | (1) Mumps |
| (2) Tuberculosis | (2) Rheumatic fever | (2) Meningitis | (3) Hepatitis |
| (4) Polio | (3) Malaria | (3) HIV | (5) Diphtheria |

Does the student have any other any special health or medical needs? _____

PART FIVE: Study Information

Does the student have any specific learning needs or difficulties that could affect their progress?

Estimate of student's level of English? (*Please circle*)

| | | | | |
|----------|------------|------------------|--------------|--------------------|
| Beginner | Elementary | Pre-Intermediate | Intermediate | Upper Intermediate |
|----------|------------|------------------|--------------|--------------------|

Indicate the foreign languages you speak and/or have studied.

| Language | Years of Study |
|----------|----------------|
| _____ | _____ |
| _____ | _____ |

Student to complete

What are your favourite subjects at school? _____

What do you find the most challenging about school? _____

What do you enjoy most about school? _____

What are your dreams and ambitions? _____

What do you hoping for or looking forward to in your New Zealand school?

What worries you about living and studying in New Zealand?

Do you want to complete your studies at John Paul College, with a New Zealand registered qualification? (See NCEA details in Information Booklet. Extra costs apply)

Yes / No

Do you wish to pursue further study in New Zealand at a tertiary level?

Yes / No

PART SIX **Other Information**

Have you travelled to other countries before? *(Please state which ones)*

Have you lived away from your family before? _____

Indicate any part-time jobs or work experience you may have had.

What is your religion? _____

Do you need to attend church or another place of worship on a regular basis? *(Please circle)*

Yes / No

If yes please state which church: _____

Do you plan to return home in the term holidays? *(Please circle)* Yes / No

Is there a particular part of your culture that is very important to you that we should know about? _____

Are there any special items you plan to bring with you? _____

What is your favourite food? _____

Is there any particular food that you cannot eat? _____

Do you have any special dietary requirements *(E.g. vegetarian, don't eat chicken or pork, etc)*? _____

Is there any particular New Zealand food that you are looking forward to eating?

About Yourself

What qualities do you value most in yourself?

What kind of people do you get along with best? What are their qualities? What are their interests?

What do you enjoy doing with your family in your home country?

What household chores do you do at home?

Apart from doing school homework and watching TV, how do you spend your free time?

Thank you for providing your personal details. We will read them carefully and do our best to meet your wishes and requirements.