



# DOMINION ENGLISH SCHOOLS

<http://www.dominion.school.nz>

**DOMINION TEACHING ASSOCIATES LTD**  
**AUCKLAND**  
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**CHRISTCHURCH**  
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RETURN ENROLMENT

## 2008: ENROLMENT FORM

REV.1

NAME .....  
Given Name(s) Family Name  
ADDRESS .....  
.....  
TELEPHONE .....  
(Day) (Night)  
EMAIL .....  
DATE OF BIRTH .....

MALE  FEMALE  
NATIONALITY .....  
PASSPORT NUMBER .....  
FIRST LANGUAGE .....  
OCCUPATION .....  
HOW DID YOU HEAR ABOUT DOMINION ENGLISH SCHOOLS? .....

NAME, ADDRESS AND TELEPHONE OF SOMEONE FOR US TO CONTACT IF THERE IS AN EMERGENCY, OR YOUR LEGAL GUARDIAN, PERMANENTLY RESIDENT IN NEW ZEALAND (if applicable):  
.....

**STUDENT DETAILS:** Please provide details of any medical conditions in an attached letter.

### INSURANCE

YES, I have arranged my own insurance that meets the requirements of the Code of Practice. - see website ([www.minedu.govt.nz/goto/international](http://www.minedu.govt.nz/goto/international)) or  
 I will arrange on arrival.

### TRAVEL ARRIVAL DETAILS

AUCKLAND  CHRISTCHURCH  
Do you require airport meeting and transfer on arrival  YES  NO and/or on departure?  YES  NO (fee applies)

Date ..... Arrival Time ..... Flight Number .....

*Please note that students transferring between the different Dominion Schools must pay for their own transport.*

### YOUR PRESENT LEVEL OF ENGLISH

Write a number from 1 (beginner) to 10 (expert) that represents your present level of English:.....

### PAYMENT

Either pay your local agent  
or pay in person at Dominion in cash in NZ dollars  
or post a Banker's Draft to Dominion Teaching Associates Ltd (payable in NZ\$)  
or use Telegraphic Transfer (NZ\$) to Swift address Bank of New Zealand BKNZ22100 for BNZ Auckland - Client Dominion Teaching Associates Ltd:  
Account Number 020100-0875701-00. Sender should pay all bank charges

VISA  MASTERCARD  
card number ..... expiry date .....  
cardholder's name .....  
signature .....

### AGENT

*Please attach your photo here*

Send to your local agent. If you have no local agent send to Dominion English Schools in Auckland.

## ACCOMMODATION

**HOME STAY** *please arrange*

- |  |                                      |  |
|--|--------------------------------------|--|
| 1. Do you smoke?                             | <input type="radio"/> NO             | <input type="radio"/> YES  |
| 2. Do you want cats/dogs in your home?       | <input type="radio"/> NO             | <input type="radio"/> YES  |
| 3. Is there any food you cannot eat?         | <input type="radio"/> NO             | <input type="radio"/> YES <i>(write details in letter)</i>               |
| 4. Do you require special foods?             | <input type="radio"/> NO             | <input type="radio"/> YES <i>(write details in letter)</i>               |
| 5. Do you have religious observances?        | <input type="radio"/> NO             | <input type="radio"/> YES <i>(write details in letter)</i>               |
| 6. Do you have any special medical problems? | <input type="radio"/> NO             | <input type="radio"/> YES <i>(write details in letter)</i>               |
| 7. Do you want children in your host family? | <input type="radio"/> Older children | <input type="radio"/> Younger children <input type="radio"/> No children |

- |  |  |
|--|--|
| <input type="radio"/> <b>FURNISHED APARTMENT</b> | <input type="radio"/> <b>HOSTEL</b>              |
| <input type="radio"/> <b>BACKPACKER</b>          | <input type="radio"/> <b>SELF-CATERING MOTEL</b> |

**NOTE: If you would like Dominion to arrange any of these options, an accommodation arrangement fee applies and you must provide credit card details to make the reservation.**

**I shall make my own arrangements.**

**AUCKLAND**    **CHRISTCHURCH**

<b>Date in</b> AUCKLAND	CHRISTCHURCH	<b>Date out</b> AUCKLAND	CHRISTCHURCH
<i>(date)</i> .....	<i>(date)</i> .....	<i>(date)</i> .....	<i>(date)</i> .....

## YOUR INTERESTS

*(Cultural/Sporting)*.....

## COURSES REQUESTED

**AUCKLAND**    **CHRISTCHURCH**    **BOTH**

**Auckland:**   Course start date .....   End date.....   Number of weeks .....

**Christchurch:**   Course start date .....   End date.....   Number of weeks .....

### 1 GENERAL ENGLISH COURSES

- Part-Time    Intensive    Full-Time    Full-Time Plus Individual English    Conversation    Individual

### 2 EXAM COURSES

- Cambridge PET    Cambridge First Certificate    Cambridge BEC Vantage    Cambridge Advanced    Cambridge Proficiency    IELTS    TOEFL    TOEIC

### 3 BUSINESS ENGLISH COURSES

- English for Business Studies    Executive Business English

### 4 ENGLISH PLUS

- Holiday English    Christmas Experience    Golf    New Zealand Studies    Physical Well-Being    Rugby    Sailing    Scuba Diving    Tennis    Wine Tasting

### 5 50 PLUS

- 2 Week Programme    3 Week Tour

### 6 TEENAGE SCHOOL

- Holiday English    Full-Time English    Airport transfer service on arrival and departure

### 7 FAMILY COURSES

A separate enrolment is required for each person

### 8 TRAVELLING CLASSROOMS

- The Ultimate New Zealand Experience

### 9 WORK AND STUDY IN NEW ZEALAND

- Working Holiday Visa    Work and Study Visa

### 10 TEACHER REFRESHER COURSES

I accept the Conditions of Enrolment outlined on the back of the Fees Schedule, and I have read the Code of Practice.   Signature: ..... Date: .....

### IF THE STUDENT IS UNDER 18 YEARS OF AGE THIS SECTION IS TO BE COMPLETED BY A PARENT OR GUARDIAN.

I accept full legal responsibility for the student while the student is in New Zealand *(Write full name, address and telephone number)*

full name

address

signature (parent or guardian)

telephone

date