



APPLICATION TO ATTEND

PERSONAL INFORMATION

Name: _____ Male Female
[Family Name] [Personal names]

Address: _____

Email: _____ Telephone: _____ Fax: _____

My Nationality: _____ My City: _____

I am _____ years old Date of Birth: _____
[Day] [Month] [Year]

Intended Start Date: _____ Intended Finish Date: _____

AGENCY INFORMATION

Agency Name: _____ Agency contact person: _____

Agency email and contact details: _____

FAMILY CONTACTS

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Emergency Contact Phone: _____

Who is the emergency contact person? _____

Please email or fax to:

Rick Geerlofs
Director of International Students
Email: rick@kvc.school.nz
Fax: +64 3 453 1602
Phone: 64 27413 9460 or +64 3 453 6035 Ext 811

