## U18 INTERNATIONAL STUDENT



## LANGUAGE BOOST / LANGUAGE MEGA BOOST / SHORT TERM STUDY ENROLMENT SUPPORT

## To complete this form:

- Answer all questions on the form.
- Use BLOCK LETTERS and tick check boxes where required

Any applicant (prospective student) Under 18, currently holding a Student Visa with another provider / school, who wishes to apply for enrolment into AEI's Holiday Programme. Quickstart Programme or any other short term study, requires support from their primary provider / school.

1.0 APPLICAN	1 (STODENT)	J-HAILS			
					Student ID Number (office use only)
Family name:				Given name/s:	
(as shown on passpor	t)			Given namers.	
Date of birth:	DD	MM	YYYY	Preferred Given Name:	
2.0 PRIMARY	PROVIDER / S	CHOOL CONT	ACT DETAILS		
Primary Provide	r / School Infor	mation			
Name of Primar	ry Provider / Sch	ool:			
Control Dataila					
Contact Details  Name of Contact	ot Darson.				
Primary Provide	r / School Addre	ess:			
Telephone:				Mobile:	
Email:					
3.0 PRIMARY	PROVIDER / S	SCHOOL SUPF	PORT		
We acknowledge th Care of Internation		onal Institute (AE	) is an NZQA registere	d Private Training Establishment and a signator	y to the Code of Practice for the Pastoral
We support the abo	ove-named studer	nt's enrolment in 1	he following program	me (select programme):	
□ AEI Language M	ega Boost	☐ AEI Term 1	– Language Boost	☐ AEI Term 2 – Language Boost	☐ AEI Term 3 – Language Boost
☐ Other short term	n study				
Please specify:					
for all matters related to the pastoral of the	ting to: care of the studen nsuring the U18 st	t is managed in a cudent's living arra	ccordance with the Co angements are compli	t in the above-selected programme, we remain ode of Practice for the Pastoral Care of Internati ant with the Code Iment in the above-selected programme	·
Provide the P administrativ	ral care as require rimary Provider / S e, academic and p	ed during the delive School with relevants School care areas	very of the above-sele ant verbal and written s.	cted programme. reports as required or requested. These reports ntact person named above.	may include but are not limited to
Sianatura Dri	man, Dravidar / Saha	ol Representative		Date	