

PERSONAL INFORMATION

FIRST NAME

LAST NAME

DATE OF BIRTH

GENDER *

NATIONALITY *

ADDRESS *

ADDRESS – STREET *

ADDRESS – SUBURB

ADDRESS – CITY *

ADDRESS – STATE

ADDRESS – POSTCODE *

ADDRESS – COUNTRY *

EMAIL *

PHONE *

PASSPORT NUMBER *

HOW DID YOU FIRST HEAR ABOUT CROWN?

International Registration Form

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME *

RELATIONSHIP TO YOU Please Choose

EMERGENCY CONTACT PHONE NUMBER

COURSE INFORMATION

COURSE:

PREFERRED DATE

ENGLISH LANGUAGE QUALIFICATIONS

MY ENGLISH LANGUAGE LEVEL IS:

HAVE YOU SAT AN OFFICIAL ENGLISH TEST?

IF YES, PLEASE SPECIFY TEST AND YOUR SCORE

ACCOMODATION AND TRANSFERS

WHAT TYPE OF ACCOMODATION WOULD YOU LIKE CROWN TO ARRANGE?

WHEN WOULD YOU LIKE THE ACCOMODATION FROM?

UNTIL?

DO YOU HAVE ANY MEDICAL CONDITIONS OR ALLERGIES?

DO YOU SMOKE? Please Choose

No

Yes

IS THERE ANY FOOD YOU CANNOT EAT?

WHAT ARE YOUR HOBBIES?

DO YOU HAVE ANY OTHER HOMESTAY OR ACCOMODATION

REQUIREMENTS?

WOULD YOU LIKE CROWN TO ARRANGE YOUR AIRPORT TRANSFER

(NZ\$130 EACH WAY) Please Choose

WOULD YOU LIKE CROWN TO ARRANGE YOUR TRAVEL AND MEDICAL

INSURANCE?

International Registration Form

DECLARATION

AGENCY NAME + BRANCH NAME

AGENT FULL NAME

AGENT EMAIL

AGENT PHONE NUMBER

I hereby accept the **Privacy Policy** and **Terms & Conditions** of
Crown Institute of Studies. *

I agree to the **Enrolment Terms and Conditions** *

YOUR SIGN: