



Trident High School International Student Application Form

Student Details:

Family Name: _____ First Name/s: _____

English Name (if any): _____ Gender: M / F

Date of Birth: _____

Address in home country: _____

Home Telephone: _____ Fax: _____

Email: _____

Citizenship Details:

Country of Birth: _____ Nationality: _____

Country of Citizenship: _____

First Language: _____ Other Language/s: _____

Passport Number: _____ Country of Issue: _____

Passport Issued On: _____ Expires: _____

Parents/Legal Guardian Details:

Father's Name: _____

Home Address: _____

Home Telephone: _____ Fax: _____

Business Telephone: _____ Email: _____

Mother's Name: _____

Home Address: _____

Home Telephone: _____ Fax: _____

Business Telephone: _____ Email: _____

Agent/Education Advisor Details:

Name of Company: _____

Consultant: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Agreement:

I/We confirm that the information included in this application is correct.

Name/s: _____

Signature/s: _____

Date: _____

Relationship/s to student: *(circle one)* Mother and/or Father Guardian Other

If other person, please state relationship to the student: _____

Complete and return application to: pa@trident.school.nz