



**BARADENE COLLEGE STUDENT APPLICATION FORM**  
**Sacred Heart Schools' Exchange Programme**

Please complete, sign, scan and email this form to [kmeredith@baradene.school.nz](mailto:kmeredith@baradene.school.nz)

Baradene College Student Information

Date		<i>Insert photo here</i>
Exchange Applying for:		
Full Name		
Year Level		
Date of Birth		
My age this year		

Home Address	
Home Phone	
My mobile phone	
Passport No	
Insurance Policy	

Baradene College Student Family information

	Father	Mother
Parents/Caregivers Names		
Home address		
Home Phone		
Mobile Phone		
Email address/s		
Occupation		
Business Phone		

Additional Children at Home

Name	Age	

Emergency Contact details

Full Name and relationship to student			
Address			
Home Phone		Mobile Phone	

### Additional Information

Specify any allergies, physical/emotional/psychological conditions that you have or have had in the past, together with medications, or other information that should be known by the host family or host school: (be specific). Also see Health Profile sheet

What current medications are you taking, and would be expected to take on the school visit with you?

What experience have you had living away from home?

What are your hobbies? What do you do after school? What do you do on weekends?

What responsibilities do you have at home? (Be specific)

Describe your family (Be specific)

What are your best subjects at school?

Why do you want to be involved in a Sacred Heart Schools' Exchange visit?

Choose one of the Five Goals of the Sacred Heart and explain what it means to you

How are you involved in the life of the school?

What do you see yourself able to offer/bring to your host school during this school visit?

What do you think you will be able to offer your fellow students at Baradene College as a result of the school visit?
What do you see being the challenges for you during this exchange?
What personal qualities do you feel would help you while on exchange?
Parents: Why have you chosen for your daughter to participate in such a school visit?
Do you have any concerns with regard to your daughter's participation in this school visit?

- 1) We give consent for all the above information to be shared with the host family and school.
- 2) We understand and accept the Expectations (attached) set out in this reciprocal exchange agreement

**Signatures:**

	Name	Signature	Date
Student:			
Parent:			
Parent:			
Parent:			
Parent:			

## Confidential Health Profile

Confidential Health Profile for: \_\_\_\_\_

Does your daughter have any medical conditions or allergies? (Yes/No)

If YES, please **specify** giving details of treatment required:

Will she be taking any medication while away? (Yes/No)

If YES, please specify medication and condition:

**NB: A doctor's certificate of all medication is required for customs.**

Please provide details of anything your daughter is allergic to:

	Yes or No	Details of Allergy	Treatment Required
Prescription medication			
Food			
Insect bites/stings			
Other allergies			

Does your daughter have any of the following conditions?

	Yes or No	Details/Treatment
Phobias?		
Diabetes?		
Epilepsy?		
Bleeding disorder?		
Heart Condition of any kind?		
Migraine headaches?		
Sight/Hearing disorders?		
Psychological condition?		
Other? Please give details:		

Does your daughter have any past or present mental health concerns and/or is she under the care of a psychologist or psychiatrist?

**When was your daughter's last tetanus injection?**

**Does your daughter sleepwalk? (Yes/No)**

Outline any **dietary requirements** (Please discuss with staff if your daughter has any dietary/eating issues)

Has your daughter had any major health condition in the last six months that may limit full participation in any activities? Yes or No?

If YES, please state the injury/illness/condition below:

Please indicate which of the following can be given for minor pain, cold or flu symptoms or minor stomach upsets.

	Indicate Yes or No
Paracetamol	
Antihistamines	
Codeine/Decongestants	
Antacids	
Non steroidal anti-inflammatories	
Cough mixtures which may contain alcohol	

<b>Parent/Guardian Name:</b>		<b>Signed by Parent/Guardian:</b>	
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**EXCHANGE STUDENT EMERGENCY PERMISSION FORM  
BARADENE COLLEGE OF THE SACRED HEART**

Name of <b>student</b> :	
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Name of <b>mother</b>		Home phone	
		Work phone	
		Mobile	
Name of <b>father</b>		Home phone	
		Work phone	
		Mobile	

In case of emergency, please call one of the above numbers for permission or advice. In the event that I cannot be reached, I hereby grant permission to the physician selected by the host family or school to take whatever measures are necessary including hospitalization, proper treatment and order for injections, drugs, anesthesia and/or surgery.

Name	
Signed	
Date	
Relationship	

If neither of the above can be reached, please call:

Name	
Relation to student	
Phone	

Please specify below any allergies, physical limitations, medication and/or any other information that should be known by the host school or host family.

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**Insurance Details:**

Insurance Company	
Policy #	
Group	
Policy in name of:	

## **EXPECTATIONS REGARDING THE SACRED HEART SCHOOLS' RECIPROCAL EXCHANGE PROGRAMME**

Firstly, we thank you and your daughter for participating in the Exchange programme.

Baradene College expectations for their student:

1. To represent Baradene College as a senior student maintaining all rules and regulations regarding behaviour and school uniform code.
2. To comply with the host School's routines and regulations and attend the classes offered at the year level in which she is enrolling or as agreed upon by the Exchange co-ordinator at the host school.
3. To show your ability to fit in with the life of your host family and be willing to help with daily chores.
4. Air Travel to and from your designated host school is for your account. Please make sure connecting flights are within a maximum of 4 hours. (We understand some connections can be up to 15 hours which is unacceptable so we ask that you ensure connecting flights are within 4 hrs)
5. Appropriate Travel visas are for your account.
6. Students must carry Medical and Travel Insurance prior to departure from New Zealand.
7. All school fees/accounts must be paid in full prior to travel.

### **The Host family will:**

8. Pick up/drop off exchange student from the airport on arrival/departure.
9. Treat the exchange student in a similar manner as their own daughter.
10. Provide transport to and from the school.

NB – Please fill in your **completed application (please type)** form and email to Mrs Meredith [kmeredith@baradene.school.nz](mailto:kmeredith@baradene.school.nz)