

Please return when completed together with pages 10–13.

## Student details

Family name (as appears in your passport) \_\_\_\_\_ Given name/s \_\_\_\_\_

Known name \_\_\_\_\_ Birth date | | \_\_\_\_\_ Gender **female**  **male**

ACG student number (if previously enrolled at ACG) \_\_\_\_\_

Religious affiliation \_\_\_\_\_ Does your religion require any special consideration? **yes**  **no**

If yes, please list: \_\_\_\_\_

Please list your interests and hobbies: \_\_\_\_\_

Do you have any other accommodation requirements? (Please list) \_\_\_\_\_

## Study location *(For campus location details please refer to [acgedu.com](http://acgedu.com))*

I will study at:

- |  |   |   |
|--|---|---|
| <input type="radio"/> The Campbell Institute | <input type="radio"/> NSIA                  | <input type="radio"/> Academy New Zealand     |
| <input type="radio"/> NZMA                   | <input type="radio"/> NZ Institute of Sport | <input type="radio"/> NZ School of Tourism    |
| <input type="radio"/> NZ College of Massage  | <input type="radio"/> Elite International   | <input type="radio"/> Yoobee School of Design |
| <input type="radio"/> Cut Above Academy      | <input type="radio"/> Animation College     | <input type="radio"/> South Seas              |
| <input type="radio"/> Ames                   |   |   |

I will study in:

- |  |                                 |
|--|---------------------------------|
| <input type="radio"/> Auckland – which area: | <input type="radio"/> Airport   |
| <input type="radio"/> Hamilton               | <input type="radio"/> Albany    |
| <input type="radio"/> Tauranga               | <input type="radio"/> Central   |
| <input type="radio"/> Rotorua                | <input type="radio"/> Glenfield |
| <input type="radio"/> Wellington             | <input type="radio"/> Manukau   |
| <input type="radio"/> Christchurch           |                                 |
| <input type="radio"/> Dunedin                |                                 |

## Flight details

ACG requires your flight details at least 2 weeks prior to your arrival. Please provide the confirmed flight details:

Date of arrival	Time of arrival	Flight number
_____	_____	_____
City of arrival	Airline	
_____	_____	

If flight details are not available at the time of application, please provide at least 2 weeks before arrival.

Airport Transfer requested:  **On arrival** From (airport name) \_\_\_\_\_

**On departure** To (airport name) \_\_\_\_\_

**Auckland Airport only** – transfer between domestic and international terminals requested

## Other accommodation arrangements

- Live with my parents while enrolled at ACG** (ACG will provide a form which must be completed and signed by the parent/s once an Offer of Place has been received. ACG must approve the accommodation. The U18 Accommodation Guarantee and Services Fee will apply).
- Live with a family friend/relative** (The person must be known by the student. A Designated Caregiver Form must be completed and returned, signed by the parents and the designated caregiver). ACG must approve the accommodation. The U18 Accommodation Guarantee and Services Fee will apply.
- Independent accommodation arrangements** (Students aged 18 years and older. Parental consent is required for students under the age of 20).

## Type of accommodation selected

- Student apartments** – for students 18 years and over, self-catering
- Which type of homestay accommodation arrangement do you prefer? \_\_\_\_\_
- Do you object to staying with a homestay family that has: \_\_\_\_\_
- Are you allergic to animals? **yes**  **no**
- Homestay** (see next question)
- ACG Homestay  ACG Homestay Plus
- Cats  Dogs  Young children
- If yes, please give details: \_\_\_\_\_

Fill in section below **only** if you are applying to stay in homestay accommodation:

Do you smoke? **yes**  **no**  Do you have any food allergies? **yes**  **no**

If yes, please list which foods you are allergic to: \_\_\_\_\_

Is there any food you cannot eat? **yes**  **no**  If yes, please list the food you cannot eat: \_\_\_\_\_

Do you require any special food? **yes**  **no**  If yes, please list what special food: \_\_\_\_\_

## Signature

Signature of student	<input type="text"/>	Signature of parent/ legal guardian	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>