



Arrival Check List for Counselors

Please complete this form and forward with a photo copy of the student's passport, ticket and copy of insurance policy to

Jennifer Neads
19 Wainoni Heights
Greenhithe, Auckland 0632
Phone: 09 413 8445

Retain a copy for your records

Student Name		
Counsellor Name		
Counsellor Mob & Home no		
Counsellor Email		
Insurance Company		
Policy Number		
THE INSURANCE POLICY COVERS:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Full year		
• International Travel - home/NZ/ home	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Domestic NZ travel	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Personal Belongings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Risk Sports & Activities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Participation in competitive sports	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• All hospitalizations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Claims settled locally	Yes <input type="checkbox"/>	No <input type="checkbox"/>
RETURN AIRLINE TICKET:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Open Status		
• One year period available	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Return date shown on ticket		
Passport Nationality and Number		
Passport Expiry Date		
VISA: granted for one year	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Confirmed by Immigration on arrival	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Expiry date of Visa (covers exchange year?)		
Amount in Emergency Fund	NZ\$	
Bank		
Account Name and Number		
South Island Trip Funds confirmed	Yes <input type="checkbox"/> NZ\$	No <input type="checkbox"/>
Exchange Power Point Presentation (15 min duration)	Yes <input type="checkbox"/>	No <input type="checkbox"/>