

APPLICATION FORM AND ENROLMENT AGREEMENT FOR AN INTERNATIONAL STUDENT ENROLLING FOR LESS THAN THREE MONTHS.

Student Details (Name must be as it appears on your passport)			
Family name:			
First name:		Date of birth:	
Preferred name:		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Address: (In home country)			
First language:		Country of citizenship:	
Passport number:		Expiry date:	
Intended school start date:		Intended school end date:	
Applying for year level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13			
Campus: <input type="checkbox"/> Mt. Albert <input type="checkbox"/> Botany <input type="checkbox"/> Golflands			

Father's Details:			
Family name:		Date of Birth:	
First name:			
Street address			
Home phone:	Mobile:	Email:	
First language:		Country of citizenship:	
Passport number:		Expiry date:	

Mother's Details:			
Family name:		Date of birth:	
First name:			
Street address (If different from Father's)			
Home phone:	Mobile:	Email:	
First language:		Country of citizenship:	
Passport number:		Expiry date:	

Medical Information	
Name of doctor (in home country):	
Phone number of doctor:	
Does the student have any history of previous illness that may affect their enrolment, including mental illness?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please provide details.	

Please tick the appropriate box if you suffer from or have suffered from any of the following medical conditions:				
<input type="checkbox"/> Asthma	<input type="checkbox"/> Back/Neck problems	<input type="checkbox"/> Glandular Fever	<input type="checkbox"/> Allergy to bee/wasp stings	<input type="checkbox"/> Migraines
<input type="checkbox"/> HIV or Aids	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hepatitis A, B or C	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> ADD or ADHD	<input type="checkbox"/> Allergies	<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Eating Disorder
<input type="checkbox"/> Depression/Anxiety				
<input type="checkbox"/> Other (please provide details)				
Do you have any medical implants (such as metal implants) that may affect you receiving medical treatment while in New Zealand?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please provide details.				
Are you currently on any medication?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please provide details.				
Please note: If you suffer from conditions requiring medication, it is advisable to bring your own medication to NZ. You will be required to notify the school regarding any medications that you bring with you.				
Is there anything further that the school needs to be aware of that may impact the students enrolment as a group student at the school?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please provide details.				

Learning Information
Does the student have any learning or behavioural difficulties requiring extra school support or services?
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please provide details.

Accommodation Requirements
Please state your accommodation choice: <input type="checkbox"/> Homestay <input type="checkbox"/> Live with parent <input type="checkbox"/> Temporary Accommodation
Interests: <input type="checkbox"/> Music <input type="checkbox"/> Movies/TV <input type="checkbox"/> Reading <input type="checkbox"/> Outdoor Activities <input type="checkbox"/> Water Sports <input type="checkbox"/> Travel
Other interests:
Does the student have any food allergies or special dietary requirements?
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please provide details.

Insurance Details
Do you wish to purchase insurance through the school? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are providing your own insurance, please provide an English copy of the policy details with this application form.

Agent Details: Name: _____

Address: _____

Email: _____ **Phone** _____

AGREEMENT

1. The School shall provide a short term education experience (Education) to the Student commencing on dd/mm/yyyy and ending on dd/mm/yyyy. Education will be provided in accordance with the policies of the School, the Education (Pastoral Care of International Students) Code of Practice 2016 (the Code), the Education Act 1989 (the Act) and any other applicable laws of New Zealand.
2. The Parents and the Student will comply at all times with the School policies, the Code and the Act and the Parents will work with the school to ensure such compliance.
3. The Student agrees to comply with School policies, rules and expectations while placed with a host family or other approved accommodation provided by the School.
4. The Parents and the Student agree that this Agreement is conditional at all times on the Student having accommodation in New Zealand which complies with the Code. If this condition is unable to remain fulfilled, then this agreement will be at an end.
5. This Agreement may be terminated by the School in accordance with the provisions of the Education Act 1989.
6. Photographs and video of the Student may be used for the Student's records and in any publicity material for the School.
7. The Parents and the Student, who have signed this Agreement, irrevocably appoint and authorise the Principal of the School (or such other person as may be appointed by the School) to provide consents that may be necessary to be given on the Student's behalf in the event of a medical emergency where it is not reasonably practicable to contact the Parents.
8. In the event this Agreement is terminated, the School's refund policy will apply.
9. This Agreement may be executed in one or more counterparts, each of which when so executed and all of which together shall constitute one and the same Agreement. Delivery of executed counterparts may be delivered by email or facsimile transmission.

EXECUTION

Parents

By signing below, the Parent/Parents confirm that to the best of their knowledge, all information provided in the Application Form, including information provided in supporting documents, is true and correct and that they have read the Agreement and agree to be bound by it in all respects:

Name(s): _____

Signature(s): _____

Date: _____

School

By signing below, the authorised signatory of the School confirms that they are authorised to sign on behalf of the School and confirms that the School will be bound by the Agreement in all respects:

Name: _____ Signature: _____

Date: _____

Student

By signing below, the Student confirms he/she has read and understood the Agreement and agrees to abide by it in all respects:

Name: _____ Signature: _____

Date: _____