



APPLICATION FORM AND ENROLMENT AGREEMENT FOR AN INTERNATIONAL STUDENT ENROLLING FOR SHORT TERM OR LONG TERM STUDY AT

EDUCATION SOUTHNZ PUBLIC SCHOOLS

<input type="checkbox"/> Short Term Study Trip (Less than one year)	<input type="checkbox"/> Long Term Study Abroad (More Over one Year)
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Student's Personal Details	
Name of Applicant:	
Surname:	First name:
Preferred name:	Nationality:
Date of Birth:	Country of Birth:
Passport Number:	Issuing Country:
First Language:	Other languages spoken:
Name & Address of School currently attending:	
Intended Start date:	Intended Finish date:
Present Grade:	Enrolling for Year:

Parent(s)/Family Details					
Father	Surname:	First name:	Mother	Surname:	First name:
Address			Address (if different)		
Occupation			Occupation		
Business Telephone			Business Telephone		
Residence Telephone			Residence Telephone		
Email			Email		
Signature			Signature		
Date			Date		
Siblings					
Brothers (Name/age/school/occupation)					
Sisters (Name/age/school/occupation)					

Emergency Contact	
Name	Day Phone
Email	Evening Phone
	Mobile

Accommodation	
<input type="checkbox"/> Homestay	<input type="checkbox"/> Hostel
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/Hobbies/Sports:	
Does the student have any pets?	
Does the student have any food allergies or special dietary requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' please provide details.	

Medical Authorisation
Education SouthNZ School applied to, to obtain information from Hospitals or Medical Practitioners regarding the medical condition of our child. We expect that in the event of some serious condition or accident we will be advised immediately so that we can give permission for treatment and/or surgery. If, in the event of an emergency or accident we cannot be contacted, we give permission to Hospitals or Doctors to take whatever action they find appropriate after consultation with the school staff concerned.
Name: _____ Date of birth: _____
Address: _____

Please answer all of the following questions
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.
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.
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?

Yes No

If 'Yes' please provide details.

Any foods that cannot be eaten— due to religious reasons:

Yes No

If 'Yes' please provide details.

Please indicate with an X if you have had any of the following illnesses

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cancer/Tumour | <input type="checkbox"/> Chickenpox |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Measles | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Heumatic Fever |
| <input type="checkbox"/> Ulcer | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Nervous Disturbance | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Urological Problems |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Eczema | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Convulsive Disorder | <input type="checkbox"/> Physical Handicap |

Please advise any other medical history not listed above (including mental health and operations)

Have you any ongoing medical problems ie Asthma

Parent or Guardian's Agreement

I hereby guarantee

- ★ that the information given in this application form is correct.
- ★ that I accept responsibility for paying all school fees and charges.
- ★ that I am responsible for any charges made by my child (for example, phone and credit card charges),
- ★ that my child will attend school regularly.
- ★ that my child will abide by the school rules.
- ★ that my child is not a Special Needs learning or physically impaired student who needs extraordinary learning assistance. (The need for English language tuition is exempt from this condition).
- ★ that organising personal (eg contents or life insurance) has been arranged by myself. (The school will arrange medical insurance).
- ★ I have read and understood the NZ Code of Practice for the Pastoral Care of International Students.
- ★ I have read and understood the Refunds Policy on School Fees and Homestay Fees on the school website or contained in this form.

I understand that

- ★ I must disclose any learning and behavioural needs of my child, as well as medical needs. I understand that failure to disclose relevant information or the provision of false information may result in termination of enrolment.
- ★ the school will make appropriate course placements only where the candidate's English ability and prior learning indicate a reasonable chance of success.
- ★ the school may contact the student's previous schools for background information.
- ★ the school will make decisions involving accommodation.
- ★ I am giving the school permission to include my child in any routine health checks as necessary.
- ★ I am giving the school authority to provide consents for school activities, travel outside the school and medical emergency treatment where it is not reasonably practical to contact a parent.
- ★ either party may terminate this agreement after two weeks written notice. The refunds policy will then apply.
- ★ any disputes that may arise will be settled under New Zealand law.
- ★ neither party is liable to the other if any adverse event is caused by "act of God" or any other circumstances beyond reasonable control.

Privacy Act 1983: We hereby acknowledge and authorise Education Southland and the Education Southland School to collect, store, use and disclose information provided on this form (which is correct and accurate) for the purpose of enrolment, general administration of the school and general care and welfare of the student during the term of enrolment with the school and we agree to update the information as necessary.

"I have read and understood this document and the attached Refund and Fee Protection policies." And agree to the rules and information contained in this enrolment form. I agree to any other educational provider sharing information with the Education Southland school I am enrolling at, that is relevant to my child, his/her enrolment and his/her safety.

Signature of Parent or Guardian

(not Agent or other person)

Full name _____

Date _____

School Rules

Parents enrolling a student at an Education Southland school undertake to ensure that their child abides by the school rules. These rules include:

1. Students are expected to behave in a courteous manner and to show consideration towards other people
2. Students are to be tidily dressed in the school uniform as set out in the school prospectus.
3. Students are required to attend all classes, on time, and to remain at school throughout the school day.
4. Students are forbidden to bring cigarettes, tobacco, alcohol, drugs or solvents to school, or use such material while under school discipline.
5. International students are to reside in a homestay residence approved by the School or the School Hostel.
6. International students must not travel outside Invercargill and its immediate environs (other than with your homestay family) without having obtained the permission of the Director of International Students.

General Homestay Rules

1. You are expected to be home early from school, unless of course you have asked permission from your family first, for example you may wish to participate in after-school sport, or visit a friend's home. Whatever the reason you must tell your family where you are going and what time you will be home. You **MUST** be home for dinner each evening.
2. At no time are you allowed to go out at night alone. Family outings or group functions are acceptable. However, you must ensure that you are back home at a reasonable hour, for example not later than 9.00pm during the week and not later than 11.00pm at the weekend.
3. If you wish to stay with a friend overnight, you should ask your host family first, who will then telephone the family you wish to stay with and confirm that this is acceptable.
4. At no time are students permitted to leave Invercargill other than with the homestay family eg to go away for

weekends or holidays without permission from the Director of International Students. This is to ensure that you are safe at all times. The telephone number and name of the person you will stay with must be left with your school and your homestay family so that you can be contacted if anything should happen.

5. The student may not download any programmes, movies or play online games without the consent of the homestay family.
6. You are expected to help with any household chores, as New Zealand children do.
7. You are not permitted to participate in activities that contravene your health insurance, for example bungy jumping, paragliding etc. Parental consent in writing must be obtained to receive an exemption from this policy.

Student's Agreement

I hereby guarantee

- ★ I agree to abide by the laws of New Zealand.
- ★ I agree to abide by the school rules.
- ★ I agree to attend all classes regularly and be on time.
- ★ I agree to follow the directions of the International Director of my Education Southland school – who will act as my Guardian.
- ★ I agree to obey all hostel rules/homestay rules and become part of my Homestay family and meet all homestay requirements.
- ★ I agree to notify the School of any change of contact details or residential address for myself or my parents.
- ★ I agree to abide by the terms and conditions of the agreement signed by both myself and my parents.

Signature of Student:

Date://

Signature of Parent:

Date://