



**OFFICE USE:**

|        |        |                   |             |
|--------|--------|-------------------|-------------|
| Whanau | Class: | Enrolment Number: | NSN Number: |
|--------|--------|-------------------|-------------|

**INTERNATIONAL APPLICATION FORM**

Proposed Academic Year Level at Entry: Y7  Y8  Y9  Y10  Y11  Y12  Y13

Male  Female  Exchange Student  International Student

**STUDENT INFORMATION**

|                 |  |                   |  |
|-----------------|--|-------------------|--|
| Family Name:    |  | Nationality:      |  |
| First Names:    |  | Language at Home: |  |
| Preferred Name: |  | Country of Birth: |  |
| Date of Birth:  |  | Arrival Date:     |  |
| Present School: |  | Leaving Date:     |  |

**FAMILY INFORMATION**

| Mother / Stepmother (circle as appropriate) |  | Father / Stepfather (circle as appropriate) |  |
|---|--|---|--|
| Title:                                      |  | Title:                                      |  |
| Surname:                                    |  | Surname:                                    |  |
| First Names:                                |  | First Names:                                |  |
| Home Address:                               |  | Home Address:                               |  |
| Home Phone:                                 |  | Home Phone:                                 |  |
| Mobile Phone:                               |  | Mobile Phone:                               |  |
| Email Address:                              |  | Email Address:                              |  |
| Occupation:                                 |  | Occupation:                                 |  |
| Postal Address:                             |  | Postal Address:                             |  |

| AGENT INFORMATION  |  |                 |  |
|--|--|-----------------|--|
| Title:   |  | Company name:   |  |
| Surname:   |  | Business Phone: |  |
| First Names:   |  | Business Fax:   |  |
| Preferred Name:  |  | Mobile Phone:   |  |
| Physical Address:  |  | Postal Address: |  |
|  |  |                 |  |
|  |  |                 |  |
| Home Phone:  |  | Email Address:  |  |
| SPECIAL INTERESTS  |  |                 |  |
| Please indicate any special interest or abilities your child may have: eg cultural, musical, academic or sporting.   |  |                 |  |
|  |  |                 |  |
| HEALTH, LEARNING AND BEHAVIOUR   |  |                 |  |
| Does your child have any special health, learning or behavioural needs? Please list below:<br>Places are offered by the school in good faith. The school requires disclosure on learning needs / difficulties and / or medical issues which can affect a child's learning. |  |                 |  |
|  |  |                 |  |
|  |  |                 |  |
|  |  |                 |  |
|  |  |                 |  |

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach:

1. A PHOTOCOPY of the student's latest DETAILED school report. If not in English, please provide a translation.
2. A copy of the student's passport or birth certificate.

Please return to:  
 Mrs H Troost  
 International Director  
 Otamatea High School  
 PO Box 64  
 Maungaturoto 0547  
 New Zealand  
 Email: [heather.troost@otamatea.school.nz](mailto:heather.troost@otamatea.school.nz)

**APPLICANT QUESTIONNAIRE FOR INTERNATIONAL STUDENTS**

To be completed by the student in their own handwriting

**STUDENT DETAILS**

|                       |                 |
|-----------------------|-----------------|
| Family Name:          | Other Names(s): |
| Preferred First Name: | Date of Birth:  |
| Country of Origin:    | First Language: |

**PERSONAL DETAILS - CONFIDENTIAL**

1. Why do you want to come to Otamatea High School?

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2. What are you good at (include classroom, sporting, music, hobbies etc)?

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3. What are the things you need to improve upon at school?

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4. What subjects do you wish to study at Otamatea High School?

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## STUDENT'S HEALTH RECORD

|  |          |                                |
|--|----------|--------------------------------|
| Has your child ever suffered from?   |          | Medication or Action Required: |
| Asthma   | Yes / No |                                |
| Epilepsy   | Yes / No |                                |
| Diabetes   | Yes / No |                                |
| Hepatitis B  | Yes / No |                                |
| Allergies  | Yes / No |                                |
| Rheumatic Fever  | Yes / No |                                |
| Does she/he suffer from any other medical condition or disability (specify). |          |                                |
|  |          |                                |
|  |          |                                |
|  |          |                                |

## IMMUNISATION STATUS

|                                |          |                                |          |
|--------------------------------|----------|--------------------------------|----------|
| Hepatitis B                    | Yes / No | Poliomyelitis                  | Yes / No |
| Meningitis B                   | Yes / No | Tetanus booster aged 11 (DTAP) | Yes / No |
| Measles, Mumps & Rubella (MMR) | Yes / No | Meningitis C                   | Yes / No |

**In Case of Illness, Accident or Emergency:**

1. I/we give permission for my child to receive appropriate treatment when necessary from school First Aide and for my child to be given Panadol as deemed necessary.
2. If the school is unable to contact me or if the accident is serious, I give permission for the school to either take my child to the Maungaturoto Medical Centre or call an Ambulance. If an Ambulance is needed for a non-accident incident I agree to meet any cost incurred.
3. I will inform the school if my child is on any prescription medication that requires to be administered during the day.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## AGREEMENT FOR USE OF COMPUTERS AND THE INTERNET

As a prerequisite for using computers and the internet at Otamatea High School I agree:

- Not to load any programs onto school computers, via the internet or any other means.
- To use storage media only with network administrator permission and to have the virus checked at school before using.
- Not to interfere with settings or alter programs on school computers.
- Not to reveal my own password to others or use other students' passwords or other personal details such as phone number or address.
- Not to use unsuitable, inappropriate, offensive or illegal material.
- To use electronic mail or enter chat rooms only with teacher permission each time.
- To use appropriate language when sending emails.
- Not to order, sign-up or give out email address for anything online without teacher permission.
- Not to use any method to bypass school internet security.

I understand that inappropriate use of the internet or computers may result in withdrawal of their use at school.

Student's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## STUDENT DECLARATION

- I agree to support the rules and regulations of the school in particular:
  - I agree to wear the correct school uniform, with pride, every day (including to and from school).
  - I will demonstrate the highest respect for all people in everything I do. I/We will also respect and care for the school environment.
  - I agree to work hard and complete all work expected of me, to a high standard, so that I am successful while at Otamatea High School. This also involves having all the correct equipment for every lesson and completing homework.
  - I realise that offensive language toward staff and other students at school is not tolerated. I shall use appropriate language at all times.
- I understand the agreement for use of Computers and the Internet.
- I agree to observe all of the rules and regulations that the school may from time to time publish.
- I will only bring a cell phone or other electronic equipment to school for educational purposes.
- I understand that there is a requirement to attend all classes unless a justified reason is supplied by my parent/caregiver which may include a medical certificate.

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT DECLARATION

### **In the event of fraudulent information being given the application will be annulled:**

- I/We understand that making a false declaration is an offence.
- I/We confirm that the address provided to the school is the student's usual place of residence when the school is open for instruction. I will advise the school of any subsequent change of address.
- I/We have read the statement on Personal Information and the Privacy Act (1993).
- I/We agree to support the rules and regulations of the school.
- I/We agree to ensure my child wears the correct school uniform, every day (including to and from school).
- I/We understand the agreement for use of Computers and the Internet.
- I/We understand that my child will be allocated a 'gmail account'.
- I/We shall meet all of the charges relating to classroom materials and all other curriculum and co-curriculum charges.
- I/We understand that there is a requirement to attend all classes unless a justified reason is supplied by the parent/caregiver which may include a medical certificate.

I/We declare that all of the information on this form is true and correct.

In support of my child's application for enrolment at Otamatea High School I/We agree to see that s/he abides by the rules, regulations and dress code of the school.

I/We give permission for the Principal of Otamatea High School, or her nominee to obtain from previous schools and to forward to an on-going school, or any other relevant agency, information pertinent to my child's enrolment.

**I/We consent / do not consent (circle one) to the publication of information and images featuring achievements and activities undertaken by my child.**

Caregiver 1 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver 2 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Where practicable both signatures are required)*

***(Filling and returning this form does not guarantee you a place. Further processes are necessary to complete full enrolment procedure).***

## MEDICAL INFORMATION

**HEALTH:** Please outline any medical condition(s) that may affect attendance or progress at school, or should be noted by the homestay family and/or school:

**ELIGIBILITY FOR HEALTH SERVICES:** Most international students are not entitled to publicly funded health services while in New Zealand. If you receive medical treatment during your visit, you may be liable for the full costs of that treatment. Full details on entitlements to publicly-funded health services are available through the Ministry of health, and can be viewed on their website at <http://www.moh.govt.nz>.

**ACCIDENT INSURANCE:** The Accident Compensation Corporation provides accident insurance for all New Zealand citizens, residents and temporary visitors to New Zealand, but you may still be liable for all other medical and related costs. Further information can be viewed on the ACC website at <http://www.acc.co.nz>.

**MEDICAL AND TRAVEL INSURANCE:** International students must have appropriate and current medical and travel insurance while studying in New Zealand.

**OTHER DETAILS:** Is there any other information that may be helpful for us in knowing, understanding and assisting your child/children/family?

## HOMESTAY APPLICATION

Please indicate as necessary:

Do you smoke? Yes / No (circle)

Do you have any special dietary needs? Yes / No (circle)

If yes, please describe them briefly \_\_\_\_\_

Do you mind animals in the home? \_\_\_\_\_

Do you require any religious observances? \_\_\_\_\_

Do you object to small children in the house? \_\_\_\_\_

Do you have any special requests or other further information you wish to supply? Please attach.

## PARENT CONTRACT

We the parents and the enrolling student have read understood and accept the terms of enrolment. These being:

- Criteria for Enrolment
- Conditions of study
- Insurance requirements
- Homestay expectations
- General expectations
- Circumstances under which the school may terminate enrolment
- Fee refund conditions
- Code of practice

If the student is seen in serious breach of the conditions, guidelines and rules stated, appropriate disciplinary action will follow. For school related matters the schools disciplinary policy will apply. For homestay related matters the International Director will take action depending on the seriousness of the incident. These can include grounding and/or detention. These rules apply to all international students enrolled at Otamatea High School, regardless of age.

Mother's full Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Father's full Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Student's full Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL TRAVEL INSURANCE

*International students must have appropriate and current medical and travel insurance while studying in New Zealand.*

**N.B.** Students must provide evidence of appropriate and current medical and travel insurance. This insurance must cover the full length of time spent in New Zealand. New Zealand insurance cover will be accepted OR: An overseas insurance policy will only be accepted if it is accompanied with an English translation. The school will keep a record of the Insurance Policy number and the type of cover provided.

### **Validity**

These Terms and Conditions of Enrolment are valid from the date when a visa is issued under our schools name to the date the visa expires.

They are subject to the laws of New Zealand and the English language version is legally binding in all cases.

I have read and understood the above Terms and Conditions of enrolment and understand that failure to comply with any of the above terms could result in this contract being revoked.

**Print Name of Student in English:** \_\_\_\_\_

**Signature (parent)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Full Name of parent:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Agent Name:** \_\_\_\_\_

**Signature (agent)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE RETURN THE COMPLETED STUDENT CONTRACT  
WITH THE ENROLMENT FORM**