



# **Application and Tuition Agreement for International Students**

## Application and Tuition Agreement

Before completing this application, please read the information contained in the Enrolment Information Document.

I am applying for:

Year Level

Year 7  Year 8  Year 9  Year 10  Year 11  Year 12  Year 13

Start Date

Term 1  Term 2  Term 3  Term 4  Year

Length of Course

Terms

Please attach a recent passport sized photo to this application

### Student Details

Last Name (*as written in passport*):

First Name (*as written in passport*):

Known as:

Date of Birth:

Country of Birth:

Age:

First Language:

Religion:

Student Email:

Student Mobile Phone Number:

Student Address:

### Passport and Visa Details

Passport Number:

Passport Expiry Date:

Date of Entry to New Zealand:

Student Visa Issue Date:

Student Visa Expiry Date:

### Parents Details

Mother's Last Name:

Mother's First Name:

Address:

Occupation:

Home Telephone Number: (     )

Mobile Telephone Number: (     )

Work Telephone Number: (     )

Email Address:

Father's Last Name:

Father's First Name:

Address:

Occupation:

Home Telephone Number: (     )

Mobile Telephone Number: (     )

Work Telephone Number: (     )

Email Address:

### Agent Details

Name of Agency:

Agent Address:

Contact Phone Number: (     )

Contact Person:

Email Address:

### General Information

Have you applied to Waihi College as an international student before?

Yes

☐

No

☐

If yes which year:

Have you studied at a New Zealand school before:

Yes

☐

No

☐

If yes please state which school and the year of enrolment:

Have you ever had a brother or sister study at Waihi College before:

Yes

☐

No

☐

Name:

Year:

How many years have you studied English?

Do your parents read or speak English?

Read English:

Yes

☐

No

☐

Speak English:

Yes

☐

No

☐

After completion of this enrolment I intend to:

Travel:

☐

Return home:

☐

Other:

### Accommodation Requirements

I wish to have a homestay organised by Waihi College:

Yes

☐

No

☐

or

I will be living with my parents while studying at Waihi College:

Yes

☐

No

☐

or

*(If you will be living with your parents, please provide a full birth certificate with this application stating your parent's names along with a copy of their passport and visa.)*

I have my own designated caregiver arranged by my family:

Yes

☐

No

☐

*(Please provide details in the designated caregiver information section of this application.)*

I am comfortable to share a host family with another international student from a different country:

Yes

☐

No

☐

Please tell us about any food preferences you have: Vegetarian: Yes

☐

No

☐

Vegan: Yes

☐

No

☐

None:

☐

Please tell us about any other factors that might relate to placing you with a host family:

In this next section please indicate your preferences for host family. Please note that we use this information to achieve the best possible match for you with a host family however we are unable to guarantee that we can satisfy all your preferences.

The kind of host family I would be most comfortable with is:

The kind of host family I would be least comfortable with is:

I would prefer to live with a family:

At Waihi Beach Village

☐

In Waihi town

☐

On a farm

☐

Please use page 7 of this application to write a short letter to introduce yourself to your new host family.

### Designated Caregiver Information

If you are staying in accommodation with a Designated Caregiver, that is accommodation not arranged by Waihi College, the designated caregiver must be a relative or close family friend. Designated caregivers will be carefully assessed by Waihi College prior to the student's arrival. Designated caregiver accommodation is governed by the same regulation as host family accommodation arranged by Waihi College.

*(If you will be living with a designated caregiver, please include a completed Designated Caregiver Indemnity Form with this application)*

Name of Caregiver:

Address (in New Zealand):

Telephone Number: ( )

Mobile Number: ( )

Email Address:

Please state the designated caregiver's relationship to the student:

### Bank Account

Do you wish to open a New Zealand bank account through Waihi College?

Yes

☐

No

☐

BNZ

☐

Westpac

☐

### Insurance Information

Would you like Waihi College to arrange insurance cover?

Yes

☐

No

☐

*(Waihi College will arrange insurance cover for seven days prior to the beginning of this enrolment and seven days after the end of enrolment)*

If you answered no to the above question, you are required to arrange your own insurance cover for the duration of this enrolment and to provide a copy of the insurance certificate with this application.

Insurance Provider:

Policy Number:

### Medical Information

Do you have any special medical requirements?

Yes

☐

No

☐

If you answered yes please provide details:

Who should Waihi College contact in the event of an emergency?

Name:

Phone Number: ( )

Name of your family doctor in your home country:

Phone Number: (       )

Please tick the boxes if you suffer from any of the following medical conditions:

Asthma	<input type="checkbox"/>	Back or Neck Injury	<input type="checkbox"/>	Glandular Fever	<input type="checkbox"/>	Bee or Wasp Stings	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Migraines	<input type="checkbox"/>	Hepatitis A or B	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Heart Conditions	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	Food Allergies	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Other	<input type="checkbox"/>	(please state below)	

Details of other medical conditions that may affect this application:

As part of making this application:

- We give permission for Waihi College to contact our family doctor if further information is required or in the case of an emergency.
- In the event of an emergency, we give permission for Waihi College to call an ambulance and prescribe over the counter medication by the certified school nurse.
- In the event Waihi College is unable to contact us during a medical emergency, we the parents agree that Waihi College will act on our behalf to seek appropriate medical treatment for our son or daughter.
- We confirm that all relevant medical information has been disclosed in this application.

Please note that if you require medication for any medical conditions, it is advisable for you to bring your own medication to New Zealand. In this event, we agree to notify Waihi College of any prescription medicine our son or daughter brings with them.

### Current School Information

Please include with this application:

- Copies of your most recent school report and academic record
- Letters of reference from a teacher or teachers at your current school in English

### Learning Information

Do you have any special learning needs?

Yes ☐ No ☐

If you answered yes please provide details:

### Subject Choices

Detailed subject information is available in the Waihi College senior course handbook and available on the school website [www.waihicol.school.nz](http://www.waihicol.school.nz). Year eleven, twelve and thirteen international students must take six subjects. International students will not be eligible for study periods unless they are registered to sit external level three examinations.

Below, please give an indication of the subjects you would like to study. We will discuss your selections with the academic deans and do our best to make these courses available to you. Course placement depends on several factors including available places, prerequisites and future study plans. On your arrival we will assist you to finalise your course of study.

1. **English or ESOL** (We will assess your English ability when you arrive and assist you to choose the English course that best suits your needs)

2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## Use of Internet and Computers

In making this application we agree that we have read the Information Technology Acceptable Use Agreement for International Students. We have gone through the agreement with our son or daughter and explained its importance and that there may be consequences for breaking this agreement.

We understand that our son or daughter is responsible for their own ICT use both at school and with the host family and that while the school will do its best to restrict access to offensive, dangerous or illegal material on the internet or through Email, it is the responsibility of our son or daughter to have no involvement with such material. We understand that our son or daughter will be provided with an individual login and password for access to the Waihi College network once the Information Technology Acceptable Use Agreement For International Students has been signed by both our son or daughter and their host family or designated caregiver.

We have discussed with our son or daughter that internet use with the host family is not unlimited and that any internet use by the student incurring expenses in excess of the host family internet plan should be paid for by the student. We have also discussed with our son or daughter of the need to discuss their internet needs with the host family prior to any use.

## Declarations

### The Student

I (the student) have read and understood the Application and Enrolment Information document and agree to abide by all rules and regulations of Waihi College. I understand that failure to abide by these rules may result in termination of this agreement.

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### The Parents

We (the parents) accept the authority of Waihi College and all the provisions as set out in the Application and Enrolment Information document and are aware that Waihi College will act according to the Code of Practice for the Pastoral Care of International Students. We understand that any failure by our son or daughter to abide by all rules and regulations of Waihi College may result in termination of this agreement.

Father's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### Homestay Conditions

We (the parents) have read and discussed the homestay conditions as set out in the Application and Enrolment Information document with our son or daughter and we agree that they abide by these conditions. Our son or daughter agrees to do their best to fit in with the lifestyle of the host family. We also agree that in the event Waihi College is unable to place our son or daughter in a suitable homestay as a result of their failure to abide by Waihi College homestay conditions, this agreement may be terminated.

Father's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Permissions

We (the parents) give permission for our son or daughter to participate in all onsite activities provided by Waihi College during the term of this enrolment. We understand that Waihi College requires specific permission from parents for each and every off site activity and we agree to provide such permission either in writing or through email. We agree that without such permission, our son or daughter will not be able to participate. We understand that Waihi College will ensure all safety measures are in place and that all instructors are qualified for all on site and off site activities.

Father's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Refund Policy and Fee Protection Policy

We have read, understand and agree to the terms of the Waihi College Refund Policy and the Waihi College Fee Protection Policy.

Father's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Disclosure

We agree that to the best of our knowledge all information given in this Application and Tuition Agreement and supporting documents is true and correct. We accept that failure to disclose relevant information or the provision of false or misleading information may result in termination of this agreement.

Father's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Student Letter to the Host Family

Dear Host Family,

This image shows a full page of blank, lined paper. It features approximately 28 horizontal black lines spaced evenly across the page, typical of notebook paper. The lines are thin and extend from the left edge to the right edge. There are no margins, text, or other markings on the page.

## Parent Letter to the Host Family

Dear Host Family,

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



## Application Checklist

Please ensure the following are included with this application:

Completed application form: *(Including a recent passport sized photograph)*

☐

Signed declarations form:

☐

Copy of the photo page of the student's passport:

☐

Student letter to the host family:

☐

Parent Letter to the host family:

☐

Copies of your most recent school report and academic record

☐

Letters of reference from a teacher or teachers at your current school in English

☐

Copy of insurance certificate: *(If providing own insurance cover)*

☐

Full birth certificate stating parent's names and copies of their passports and visas *(If living with parents while at Waihi College)*

☐

Designated Caregiver Indemnity Form: *(If living with a designated caregiver)*

☐

***Thank you very much for taking the time to complete this application form. We are looking forward to your son or daughter spending time with us at Waihi College. We will do everything we can to ensure their time here is the best it can possibly be.***

## Indemnity Document for Students Living With a Designated Caregiver

I/We designate \_\_\_\_\_ to provide accommodation for my/our son/daughter to attend Waihi College as an international student from \_\_\_\_\_ to \_\_\_\_\_ subject to the approval of the Waihi College prior to enrolment.

Student's name (as it appears on the passport): \_\_\_\_\_

Student's preferred name: \_\_\_\_\_

Print Designated caregiver's name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

*(Uncle/Aunt/Grandparent/close family friend)*

Address of Designated Caregiver: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Declaration

I/we understand that the education provider will:

- Visit the home of the designated caregiver prior to enrolment to determine that the living conditions are of an acceptable standard
- Assess whether the designated caregiver will provide a safe physical and emotional environment for the student
- Determine that the accommodation is not a boarding establishment (i.e. does not have 5 or more international students staying in the home)
- If the accommodation designated by the parents is a boarding establishment, the school will follow the provisions relating to boarding establishments as set out in the Code of Practice
- Meet with the designated caregiver/s and establish communication with the caregiver
- Meet the student at least quarterly to ensure the accommodation is suitable
- May require a Police vet to be undertaken, if the education provider considers it appropriate

Should this arrangement change I/we undertake to inform Waihi College immediately. I/we understand that Waihi College will make every endeavour to ensure the safety and welfare of my/our child while studying in their school. Should there be a concern about the welfare of the student, Waihi College will consult the pastoral care staff within the school and will discuss the concern with the designated caregivers and parents of the student. Further, I/we understand that should Waihi College have any concerns regarding the welfare of my/our child, the school may relocate the student in an approved school homestay. If necessary, Waihi College will also refer the matter to the relevant welfare authorities or any other appropriate outside agencies.

I/we confirm that the person/s nominated as the designated caregiver/s is/are a 'bona fide' relative or close family friend.

*(Proof of this relationship may be required)*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(Must be signed by the student's Parent)*

Print Name: Mr/Mrs: \_\_\_\_\_

Contact Telephone number in Home Country: \_\_\_\_\_

Contact address in Home Country: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Waihi College has agreed to observe and be bound by the Education (Pastoral Care of International Students) Code of Practice 2016 published by the Minister of Education. Copies of the Code are available on request from this institution or from the New Zealand Ministry of Education website at: [www.minedu.govt.nz/goto/international](http://www.minedu.govt.nz/goto/international)