

Te Kuiti High School

APPLICATION TO ENROL AS AN INTERNATIONAL STUDENT

Verification
(Office use only)

Name of Student: _____

Date of Birth: _____

Preferred Name: _____

Ethnicity: _____ Nationality: _____

Passport Number: _____ Expiry date: _____

Visa Number: _____ Expiry Date: _____

Length of time International Student wishes to enrol for:

from ____/____/____ to ____/____/____

Passport,
student visa
and student
permit
photocopied

Contact details of parent/next of kin in home country:

Address: _____

Phone: _____ Mobile: _____

Fax: _____ Email: _____

Will the student (named above) be living with a parent?

Please tick: Yes No

If Yes –

Details of the **Parent** the International Student (named above) will reside with while attending Te Kuiti High School.

Name of Parent: _____
(Please Print Full Name)

New Zealand Address: _____

Phone:(0_) _____ Mobile Phone: _____

Details:

parent
Passport
verified and
photocopied

Proof of
Residential
Details

If No -

Details of the **Designated Caregiver** or **Homestay** family (*if applicable*) the International Student (named above) will reside with while attending Te Kuiti High School.

Name of Caregiver/s: _____

Address: _____

Phone: (0_) _____ Mobile Phone: _____

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 views on their website at <http://www.moh.govt.nz>

International Students enrolled at *Te Kuiti High School* must be in good health.

- Does the International Student (named above) have good health?

Please tick: Yes No

- If No - please provide details of health concerns :

Medical and Travel Insurance:

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

Please provide details: _____

I will take out medical an travel insurance and will send the provider a copy of the policy in English before I leave my home

Please tick: Yes

Check the designated Caregivers status

Medical Insurance Details Checked and Photocopied

Te Kuiti High School expects to be able to meet the learning needs of children enrolled at the school.

- Does the International Student (named above) have any special learning or behavioural needs?

Please tick: Yes No

Details if applicable: _____

Language:

What is your first Language? _____

List other languages you speak: _____

I have been informed about and read the Code of Practice for International Students available on:

www.minedu.govt.nz/codeofpractice

Please tick: Yes No

Copy of Summary Code

I have been informed about all costs involved with enrolment and the school's policy regarding fee protection and refunds:

Please tick: Yes No

I have received or read a copy of the school Prospectus and Policies relevant to International Students and have read and understood them

Please tick: Yes No

- I have read understood and accept the policies, rules and procedures regarding International Students at Te Kuiti High School and agree to abide by them.
- I agree that all disputes will be dealt with in accordance with New Zealand law.
- I confirm all the information contained in this application is true and correct to the best of my knowledge and belief:
- I acknowledge that the provision of false information or the withholding of relevant information may result in termination of enrolment.
- I will inform the school if there are any changes to the details of this application.

Student's signature: _____

Parent's Signature – if student is under 18 _____

Parent's Name: _____

Date: _____

Refund & Fees Protection Policies

Prospectus International Student Policy Complaints Policy