



Enrolment and Tuition Agreement

A. Child's Name _____
(as it appears on the passport)

Date of Birth: _____ Gender: _____ Ethnicity: _____

Date of Entry into New Zealand: _____

Length of time student wishes to enrol for:

From: ___/___/___ to ___/___/___

Passport Country of Issue: _____ Passport Number _____

First language: _____

B. Type of Accommodation in New Zealand:

Legal Guardian

Parent

C. Details of the Parent or Legal Guardian the student will be living with in New Zealand (if applicable).

Name of Parent/Legal Guardian _____

(please print full name)

Mother

Father

Other (please circle)

Wellington address: _____

Phone: () _____ Mobile: _____

Email: _____

Emergency contacts in Wellington

1. Contact name: _____

Contact number: _____ Language spoken: _____

Relationship to student: _____

2. Contact name: _____

Contact number: _____ Language spoken: _____

Relationship to student: _____

D. Medical Insurance

Medical Insurance is compulsory for International Students coming to New Zealand

Insurance company: _____

Policy type and number: _____

E. Living situation in the student home country

What type of home does the student live in? (house, apartment etc) _____

Where is the home situated? (countryside, city etc.) _____

How does the student get to school? (bus, walk etc.) _____

If the student has brothers and sisters, who are they

Name	Age	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who else lives in the student's home? (other parent, grandparent, uncle, boarder etc.)

Name	Relationship to parent
_____	_____
_____	_____
_____	_____

Who usually looks after the student in the home? _____

What work do the parents do?

Father _____

Mother _____

F. Sports, Hobbies Interests

What sports, hobbies or special interests does the student have?

Are there any particular sports, hobbies or special interests that the student would like to be involved in while at Te Aro School?

G. Does the student have any special learning or behavioural needs or difficulties?

Yes No

Details (if applicable)

H. Does the student have any pre-existing medical conditions or concerns?

Yes No

Details (if applicable)

New Zealand children are vaccinated against the following diseases. Please circle the ones your child has been vaccinated against:

<i>Whooping Cough</i>	<i>Diphtheria</i>	<i>Tuberculosis</i>	<i>Tetanus</i>	<i>Measles</i>
<i>Mumps</i>	<i>Rubella</i>	<i>Polio</i>	<i>Hepatitis B</i>	

If the student has not been vaccinated against one or more of these illness and the opportunity arises at the school for a vaccination, do you consent:

Yes No (Please state diseases vaccination is given for) _____

If the student has any allergies, please state (eg. peanuts, bee stings, penicillin etc) _____

Does the student carry any medication for allergies? Yes No

Has the student had any of the following illnesses? Please circle

<i>Whooping Cough</i>	<i>Diphtheria</i>	<i>Tuberculosis</i>	<i>Tetanus</i>	<i>Measles</i>
<i>Mumps</i>	<i>Rubella</i>	<i>Polio</i>	<i>Hepatitis B</i>	<i>Chicken pox</i>
<i>HIV</i>	<i>Malaria</i>	<i>Rheumatic fever</i>		

I. Schooling in the students home country

Present Class: _____ Years at School: _____

Main Language of Instruction: _____

Level of English: (please circle)

No English *Beginner* *Satisfactory* *Proficient* *Fluent*

Languages spoken: _____

Languages written: _____

Previous New Zealand schools attended: _____

What are the students favourite subjects at school?

What does the student find the most challenging about being t school?

What does the student enjoy most about being at school?

(Please attach the student's most recent school report)

I have been informed of and received a summary of the Code of Practice for International Students:

Yes No

J. Other information

What other countries has the student travelled to? _____

For what period of time has the student lived away from their parents before? _____

What is the student's religion? _____

Is it expected that the student regularly attend a place of worship in New Zealand? Yes No

Is there a very important part of the student's culture that the school needs to know about?

What is the student's favourite food? _____

Is there any particular food that the student cannot eat? _____

Does the student have a fear of any pet animals? Yes No If yes, which ones? _____

K. School documentation

I have been informed of all costs involved with enrolment and the school's procedures regarding fee protection and refunds: Yes No

I have received a copy of the school's prospectus and procedures relevant to International Students and have read and understood them. Yes No

I have received a copy or access to a copy of the *Pastoral Care of International Students, Code of Practice 2016* Yes No

Declaration:

- I have read, understood and accept the fees, rules and procedures as identified in the **Enrolment Information** pamphlet regarding International students at Te Aro School and agree to abide by them;
- I agree that all disputes will be dealt with according to New Zealand law, and as outlined in the grievance procedures;
- I confirm that all the information contained in this application is true and correct to the best of my knowledge and belief;
- I will inform the school if there are any changes to the details of this application.

Signed _____

(parent or legal guardian)

Date: _____

Te Aro School agrees to provide tuition and pastoral care and support (in accordance with the **Code of Practice for the Pastoral Care of International Students**) for:

(name of student)

for a period of _____ commencing _____

(length of stay)

(date)

Signed _____ Date _____

(Principal on behalf of Te Aro School BoT)