



## International Student Enrolment Application

**START DATE:**

**END DATE:**

**LENGTH OF COURSE:**

**REGISTRATION FEE PAID:**

**Yes**

**No**

**STUDENT DETAILS**

Family Name:	
First Name:	
Preferred Name:	Nationality:
Date of Birth:	Sex:      Male / Female

**PASSPORT / VISA DETAILS**

Passport No:	Expiry Date:
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**PARTICULARS OF LEGAL PARENTS**

Father's Last Name:	Mother's Last Name:
Father's First Name:	Mother's First Name:
Address:	Address:
Work Phone:	Work Phone:
Mobile No:	Mobile No:
Email:	Email:

**INSURANCE DETAILS**

It is a requirement that all students carry comprehensive medical and travel insurance (see our Policies and Procedures for guidelines). Do you wish to organise insurance through Greenhithe School?	Please arrange a policy for me*      Yes      No
	If no, fill out form below and supply copy of policy in English.
Insurance Company:	Policy No:
Policy Start Date:	Policy Expiry Date:

\*If you have any pre-existing medical conditions, the school must be fully notified in order for our insurer to consider offering cover for your condition.

## MEDICAL DETAILS

Emergency Contact Name:	Emergency Contact No:
Does the student suffer from any medical conditions:  Yes                      No	If yes, please explain:

**IN CASE OF AN ACCIDENT OR EMERGENCY if the School CANNOT CONTACT YOU, or if the illness is serious, the School may need to take your child to an Accident and Emergency Clinic or to a hospital. By signing this application form, you give permission for the school to make such arrangements as are necessary for the treatment of your child in an emergency and agree to meet any costs incurred. This includes calling an ambulance in an emergency and being prescribed medications when needed.**

## ACCOMMODATION REQUIREMENTS

Do you wish to have a homestay organised by Greenhithe School:	Yes	No
I wish to organise my own accommodation:	Yes	No
The Student will be staying with a Designated Caregiver:	Yes	No

## DESIGNATED CAREGIVER (DCG)

A Designated Caregiver (DCG) must be a close family friend or relative. The Accommodation must be approved by Greenhithe School and a copy of the Designated Caregiver's visa and passport is required. Please note that a Police Vet check will be carried out on persons 18 years of age and over living in the Designated Caregiver's Accommodation.

Family Name of DCG:	First Name of DCG:
Street Address:	Suburb:
Home Phone:	Email:
Mobile No:	Relationship to Student:

By signing this form, I/we as parents select the caregiver above to provide accommodation for my child while attending Greenhithe School, subject to the approval of the school prior to enrolment if appropriate, or on student's arrival at school. Should this arrangement change, I/we will inform Greenhithe School immediately.

## PARENT AND STUDENT AGREEMENT

1. The School has agreed to observe and be bound by the Code of Practice for the Pastoral care of International Students published by the Ministry of Education.
2. The School shall provide tuition in accordance with the New Zealand Ministry of Education Code of Practice concerning the recruitment, welfare and support of international students.
3. The School shall use its best endeavours to ensure the safety, health and wellbeing of the Student and in doing so shall not be liable for:
  - 3.1 Any damage or harm caused to the Student or the Student's property while attending the School (unless the harm was a result of gross negligence on the part of the school);
  - 3.2 Any damage or harm caused to the Student or the Student's property arising out of the Student's homestay address;

- 3.3 Any damage or harm caused to the Student or the Student's property outside of normal school hours and in the case of the Student's property, shall not be responsible for any damage to such property that may occur outside the School's premises.
4. The Applicant shall pay to the School the registration fee and tuition fee in the manner agreed to by both parties.
5. The Applicant agrees to provide the School with academic, medical and other information relating to the wellbeing of the Student to ensure students are physically and emotionally fully capable of partaking in our curriculum and studying as an international student at Greenhithe School without the need for any additional provision.
6. The Applicant will provide proof of Medical and Travel Insurance.

**Authorisation:**

I/We, the Parent(s)/Guardian(s), accept as a condition of the enrolment that:

1. The Student named in this Application will participate in the school programme stated on the Offer of Place.
2. The Student does not have special educational needs or behavioural needs that would require additional provisions.
3. I have sighted and understood the International Student Policies and Guidelines on [www.greenhithe.school.nz](http://www.greenhithe.school.nz) and agree and accept the conditions of enrolment and refund conditions for Greenhithe School.
4. The Student's Offer of Place may be withdrawn and enrolment terminated if the Student's conduct is in breach of our behaviour expectations (including conduct that occurs while the Student is not under the immediate supervision or control of Greenhithe School).
5. I agree to inform the school of any changes in contact details and/or residential addresses.
6. I understand that no photographs or video recordings may be taken without the permission of Senior Management.
7. I give permission for my child's name and photograph to be published, as a result of participation in school events, in Greenhithe School newsletters, magazines and website.

**DECLARATION**

We have read and understood the conditions of being an international student at Greenhithe School and agree to abide by the school rules (see the International Student Policies and Guidelines).

We agree for our child to participate in any learning programme or activity that takes place on and off site that has been approved by the Principal.

We accept the authority of Greenhithe School and the provisions as set out in the International Student Policies and Guidelines and are aware that Greenhithe School will act according to the Code of Practice. Failure to disclose relevant information or the provision of information may result in the student's Offer of Place being withdrawn and termination of enrolment.

We consent to the information collected in this form being disclosed to Immigration New Zealand for the purpose of verifying our child's eligibility to study in New Zealand, in accordance with the Privacy Act 1993.

Parent's Signature:	Date:
Parent's Full Name:	

PLEASE EMAIL COMPLETED APPLICATION TO: [international@greenhithe.school.nz](mailto:international@greenhithe.school.nz)

**GREENHITHE SCHOOL**

+64 9 413 9838

[www.greenhithe.school.nz](http://www.greenhithe.school.nz)