Application to enrol as an International Student

Family Name: Given Name:

Address:

Telephone: DAY NIGHT FAX No.

Nationality: Date of Birth: / / Sex: Male / Female  
 Day/ Month/ Year

What is your first language?

What is your highest educational qualification? Year gained:

What English Language Tests have you completed? (Cambridge, IELTS, TOEFL, TOIEC, Other)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Score Gained \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What level of study are you applying for?

Do you have any specific learning or behavioural needs?

When do you wish to start?

Length of Course required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which subjects do you wish to study? *Write them in the order you prefer*

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |

If you have plans to attend a University/Polytechnic in future years, what degree do you intend to study for?

Please paste here a recent photograph of yourself

Signature of Father/Mother

Full name of parent signing this form:

Address:

Phone FAX

***Disclaimer:*** ***Failure to disclose relevant information or the provision of false information may result in termination of enrolment”.***

Contract with Bayfield High School

**Contract to be signed by a parent if the student is under the age of 20 years**

1. I guarantee that my child will behave in a manner acceptable to Bayfield High School. This includes following all school rules.
2. The possession and use of alcohol and/or illegal drugs is forbidden and will lead to immediate exclusion from the program, without previous warning. In more serious cases criminal prosecution and lifelong suspension from the country can ensue. If under suspicion the school may request that a drug test be taken.
3. I accept that Bayfield High School has the right to review and if necessary, adjust my child’s course of study if this is deemed to be in their best interests.
4. I have read and understood this document and the Bayfield High School Refund and Fee Protection Policy for International Students.
5. I understand that my child may not own or drive a motor vehicle while she/he is enrolled at Bayfield High School. Insurance does not cover any claim arising directly or indirectly from ownership, possession or use of a motor vehicle.
6. You must **choose one** of these options and fill in the details clearly:

***EITHER***

I AGREE THAT MY CHILD WILL LIVE WITH A parent or designated caregiver who will act as guardian:

|  |  |
| --- | --- |
| Parent’s name: |  |
| Address: |  |
| Phone: |  |
| Email Address: |  |
| Guardian’s Name |  |
| Guardian’s Address: |  |
| Guardian’s Phone: |  |
| Guardian’s Email: |  |

***OR***

I AGREE TO PLACE MY CHILD UNDER THE GUARDIANSHIP OF:

***Bayfield High School*** while they are part of the homestay programme.

|  |  |
| --- | --- |
| Signed: |  |
| Date: |  |

Homestay Contract

**To be signed by parent of student under 20 years of age, or by student if over 20**

In return for Bayfield High School finding and supervising a homestay for:

1. I guarantee the good behaviour of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ while in New Zealand. I understand that unacceptable behaviour in the homestay may lead to termination of the student’s enrolment at Bayfield High School.
2. I undertake to pay Bayfield High School, the full payment of the year’s accommodation fees in advance – **NZ$11,960** [46 weeks @ $260 per week]
3. I understand that if \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ does not start or complete his/her course for any reason the balance of the accommodation fees will be refunded less any expenses incurred which have not been settled with the homestay family.
4. I agree to settle all outstanding accounts such as telephone bills with the Homestay family immediately they are due. I understand that failure to do so will be regarded as a breach of the homestay contract and the student may be asked to leave.
5. I undertake that the student will not leave the homestay for another permanent address without the knowledge of the Homestay Coordinator, and if the student is under 20 years of age, the permission of the Homestay Coordinator
6. I undertake to arrange for an appropriate insurance policy covering medical costs and personal belongings.

**Signed: Date: / /**

**Full Name:**

**Relationship to Student:**

**Address:**

**Phone: FAX:**

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Homestay Application Form

**A: NAME**

Family Name: Given Name:

Address:

Telephone: DAY NIGHT FAX No.

Nationality: Date of Birth: / /  
 Day/ Month/ Year

**B: Do you require a homestay to be arranged for you?** **YES 🞎 NO 🞎**

This will be in a comfortable room of your own with a family who will  
provide all your meals and arrange laundry etc  
**Cost: $(NZ) 260 per week** = **$11,960 [46weeks]**

**C: Please answer the following questions: YES NO**

1. Are you a vegetarian? 🞎 🞎
2. Is there any food you cannot eat? *Write details in a letter* 🞎 🞎
3. Do you require any special foods? *Write details in a letter*  🞎 🞎
4. Do you require special religious observances? *Write details in a letter* 🞎 🞎
5. Do you have any allergies? *Write details in a letter* 🞎 🞎
6. Are you happy with younger children?🞎 🞎
7. Are you happy with cats or dogs in your home? 🞎 🞎
8. Would you prefer to be placed with a non-smoking family?🞎 🞎
9. What are your hobbies and interests? E.g. do you require use of a piano etc?

Please explain any other needs or requirements, and make comments about what you would like in a homestay. Please outline details in a letter and send it in with this form.

**Please Note** – special dietary requirements may incur an additional payment to the homestay provider.

Medical Authorisation

* I / We, the parents of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorise accredited staff at Bayfield High School to obtain information from hospitals or medical practitioners regarding the medical condition of our child so that this can be sent to us or our agents.
* We expect that in the event of some serious condition or accident, we will be advised immediately so that we can give permission for treatment and/or surgery.
* If, in the event of an emergency or accident, we cannot be contacted, we give permission to hospitals or doctors to take whatever action they find appropriate after consultation with the school staff concerned.

**Name**: **Date of Birth:**

**Address**: **Tel. No**.

**Previous**

**Doctor**: **Tel. No.**

**Address**:

**Signature**: Student’s Medical Details (Confidential)

Have you any ongoing medical problems ie: Asthma, Diabetes, Rheumatic Fever, Hepatitis etc? If so, please state. (This information is strictly confidential)

Are you suffering from any medical condition, illness or injury, including sports-related injuries?

Family history e.g.: Asthma, Diabetes, Hypertension, Migraines, Anxiety, Depression

Are you currently on any medications? If so what is it and what is condition is it treating.

**Do you have any allergies to medications, insect stings, foods etc? If so, please state.**

Have you ever received treatment for Cancer, heart ailment, circulatory condition, back or spinal problems?

Have you been in hospital in the last 12 months? ­­­­­­­­­­­­­­­­­­­­­­­­­­

**Immunisations:**

When was your last booster?

Tetanus Yes No

Diptheria Yes No

Measles Yes No

Hepatitis B Yes No

Polio Yes No

Pertussis Yes No

Rubella Yes No

If your son/daughter has or has had an ongoing medical condition that may need attention, please ensure the school receives a full description of the medical condition and treatment / medication.

Signed: Date: