

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? _____

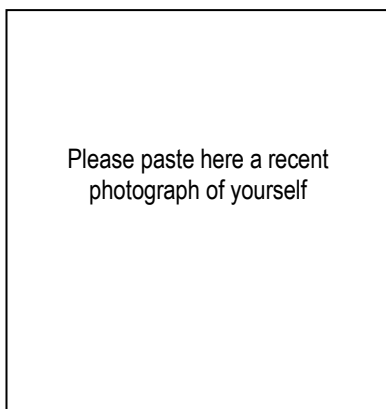
When do you wish to start? _____

Length of Course required _____

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

1.	2.	3.
4.	5.	6.

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



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:** _____

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

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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there any food you cannot eat? <i>Write details in a letter</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you require any special foods? <i>Write details in a letter</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you require special religious observances? <i>Write details in a letter</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any allergies? <i>Write details in a letter</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you happy with younger children? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you happy with cats or dogs in your home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Would you prefer to be placed with a non-smoking family? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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
Diphtheria	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: _____