



King's High School International Students

Application for enrolment



King's High School International Students



Application for enrolment

Please complete this application and return to King's High School

(A) Student Details

Family Name/Surname	<input type="text"/>
Given Names	<input type="text"/>
Usual Name (i.e. name student is to be addressed by)	<input type="text"/>

Birth Date: Day Month Year

Tick the year level the student is applying for a position in

Year 9 Year 10 Year 11 Year 12 Year 13 Year 14

The student wishes to start in term _____ year 200_____

Student's Ethnic group (tick one, two or three boxes as appropriate)

<input type="checkbox"/> NZ Maori	<input type="checkbox"/> Fijian
<input type="checkbox"/> NZ European	<input type="checkbox"/> Niue
<input type="checkbox"/> Other European	<input type="checkbox"/> Samoan
<input type="checkbox"/> Chinese	<input type="checkbox"/> Tokelauan
<input type="checkbox"/> Indian	<input type="checkbox"/> Tongan
<input type="checkbox"/> SE Asian (Malaysia, Thailand, Indonesia)	<input type="checkbox"/> Pacific General
<input type="checkbox"/> Other Asian (incl. Japan, Korea)	<input type="checkbox"/> Other ethnicity: specify below
<input type="checkbox"/> Cook Island Maori	_____

Student's Citizenship

Print country on passport

Student's first language is English tick box - other specify here _____

(B) Academic details

Subjects student wishes to study at King's High School

Further study intended after leaving school - state qualifications aimed for

Study intended:

Qualifications aimed for:

List student's sporting or cultural interests

(C) Contact details

Parent(s)

Family Name	<input type="text"/>		
Father	<input type="text"/>	Mother	<input type="text"/>

Address

Street	<input type="text"/>
Suburb	<input type="text"/>
Town	<input type="text"/>
Post Zone	<input type="text"/>
State/Country	<input type="text"/>

Phones

Home	<input type="text"/>
Work	<input type="text"/>
Mobile	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>
Occupation	<input type="text"/>

Bank details for applicable refunds:

Bank Name	<input type="text"/>
Bank Address (incl. City)	<input type="text"/>
Account Name	<input type="text"/>
Account Number	<input type="text"/>
BIC/Swift Code (if known)	<input type="text"/>
IBAN Number	<input type="text"/>

(D) Medical and contents insurance

It is mandatory for students to have hospital cover insurance and personal contents insurance. King's High School can arrange insurance for your son. The school will not be liable for payment of any medical needs during your son's stay.

Have you arranged medical and contents insurance? Yes No

If yes, the school requires a copy of the policy and it must include:

- Students Name
- Students Date of Birth
- Start and End date of Policy

If no, King's High School will arrange medical and contents insurance for your son? Yes

(E) Accommodation

Do you want King's High School to find a homestay for your son? Yes No

If yes, please fill in and return the **Request for Homestay** form attached. The homestay finding fee is \$150.00. This fee is to be paid if your son is accepted by King's High School.

(F) School Rules

I understand and accept that school rules relating to discipline, attendance, uniform, insurance and fees will apply to this pupil.

(G) Vehicle Policy

It is a policy of King's High School that no student is to own, or drive a vehicle whilst a pupil at King's High School. A breach of this rule will result in expulsion from King's High School.

Signature of Pupil: _____

Signature of Parent/Guardian: _____

Date: _____

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Request for homestay

If you require a homestay for your son, please complete this form and return to King's High School. This information will help us to find the most suitable homestay for your son.

Family Name:			
Given name/s:			
Nationality:		Date of Birth:	
Telephone:		Mobile:	
Fax:		Email:	

Give details of your family

Parents	
Brothers/Sisters	
Pets	

Food

Are there any foods that you cannot eat?

What are your favourite foods?

Health

Do you have any health problems?

Religion

Do you practice any religion?

Interests

Which sports/activities do you enjoy?

Children

Are you happy to be in a Homestay with children?

Yes

No

Pets

Are you happy to live in a home with pets?

Yes

No

Smoking / Non-smoking

Yes

No

I require HOMESTAY to be arranged

Yes

No

I require GUARDIANSHIP to be arranged
(students under 16)

Yes

No

CONTRACT

I understand that I will be cared for in a New Zealand home and agree to try and become a member of that home. I will let my host parents know where I am at all times and will accept their advice and direction about study and travel around the city.

I have read the conditions of homestay at King's High School, Dunedin and I agree to act within these guidelines.

Signed: _____ Student

Signed: _____ Parent/Guardian

Date: _____

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Medical Consent & Health Form

Full Name of Pupil	Surname:	Christian Name:	
Address			
Date of Birth			
Phone		Cell Phone	
Mother's Name (address & phone number if different from above)			
Name:			
Address:			
Father's Name (address & phone number if different from above)			
Name:			
Address:			

Does your son suffer from any of the following: (please tick box)

- | | |
|---|--|
| <input type="checkbox"/> Bleeding Noses | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney infections |
| <input type="checkbox"/> Hayfever | <input type="checkbox"/> Migraines |

Any major illnesses or operations please describe:

Dates of last immunisations

<input type="text" value="Tetanus:"/>	<input type="text" value="Date:"/>
<input type="text" value="Hepatitis B (children):"/>	<input type="text" value="Date:"/>
<input type="text" value="Measles/Mumps/Rubella:"/>	<input type="text" value="Date:"/>

Has he had (please tick box)

<input type="checkbox"/> English measles	<input type="checkbox"/> Chicken pox
<input type="checkbox"/> German measles	<input type="checkbox"/> Mumps

Are there any pre-existing conditions that the school should be aware of? Yes No

If yes, please give details:

Is he allergic to any medications, insect stings, foods etc? Please describe:

Is there any recent relevant stress? e.g. Bereavement, separation, please describe

I consent to such treatment as may be required in an emergency

Signed: _____

Date: _____

Please note Parents/guardians are always notified of any serious accident or illness.

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Contract of behavior

King's High School applies these rules to all students.

King's High School has a climate which promotes academic excellence and where students are expected to strive to reach their full potential. Counselling and practical support is an integral part of the school. From time to time some students may have difficulty in living up to the code of behaviour. Our pastoral care staff will be involved and problems will be discussed before considering removal.

Where students are involved with repeatedly breaking school rules, advice is sent to the parents/agent in the home country warning of the likely consequences, if behaviour continues a second and final warning is given. Failure to follow that warning will involve the school contacting the New Zealand Immigration Service to have the visa removed. The student is then sent home.

I agree that I will try my best to:

- Promote a happy and supportive relationship between myself, other students and staff
- Enjoy success in academic studies, sport and culture, both in class and out of school through hard work and disciplined attitude
- To treat everyone with fairness, respect and without prejudice
- Accept the advice and guidance of my teacher and others who have responsibility

I have read these guidelines and the rules of King's High School and understand that I must abide by them.

Signed: _____ Student

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Refunds Policy

- If you change your mind before coming to New Zealand your full fees are refunded, minus 20% administration fee
- If you wish to withdraw after arriving in New Zealand no refund will be made except in the case of:
 1. *Return home because of the student's serious illness*
 2. *Return home because of death or serious illness of a close member of the student's family*

In these cases under New Zealand law the school must retain amounts to cover costs already incurred. The balance will be returned. Medical evidence must be provided.

- **NO** refunds will be made to students who are asked to leave the school because of misbehavior, poor attendance or violation of the rules regarding motor vehicles
- **NO** refunds will be made to students who wish to transfer to another school unless it is with the permission and approval of the Principal
- **NO** refunds will be made to students who return home for any reason other than the student's serious illness or death or serious illness of a close member of the family
- Refunds will be made to students who acquire Permanent Residence after having enrolled here

Code

King's High School has agreed to observe and be bound by the **Code of Practice for the Pastoral Care of International Students** published by the Minister of Education. Copies of the Code are available on request from this institution or from the New Zealand Ministry of Education – website at <http://www.minedu.govt.nz>

Check List

Before submitting this application please ensure that you have

- Completed and signed all relevant sections above and signed the application
- Enclosed a character reference (from a teacher or friend of your family)
- Enclosed a recent photo
- Enclosed a photocopy of student visa and passport
- Enclosed a copy of latest school report/academic record



KING'S HIGH SCHOOL
INTERNATIONAL

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