

BUCKLANDS BEACH INTERMEDIATE

247 Bucklands Beach Road, Bucklands Beach, Auckland, New Zealand
 Phone: +64 9 534 2896 Fax: +64 9 534 2876

Attach
Photo Here

International Student Enrolment Form

A: STUDENT DETAILS

Students Surname	Official First Name/s
Called First Name	Gender (<i>Male/Female</i>)
Birth Date (<i>dd/mm/yy</i>)	Country of Origin
Living in NZ with (<i>name</i>)	Relationship to child
Students Address in NZ	
Home Phone Number	Mobile Number
Emergency Contact	Emergency Phone No.
Enrolled by (<i>name</i>) or Agent/Agency	
Relationship to child	
Address (<i>if different to above</i>)	
Phone Number	Mobile Number
Passport Number	Passport Expiry Date
Date of Entry to NZ / Visitors Visa issued	
Student Visa Number & Expiry date	
Passport Number of Parent/Designated Caregiver	
Passport Number of Homestay Parent (<i>if applicable</i>)	
Student First Language	

B: INTERNATIONAL CONTACT DETAILS

Mothers Name	Fathers Name
Mothers Mobile Number	Fathers Mobile Number
International Address	
Home Phone Number	Fax Number
Email Address	
Emergency Contact Number in Native Country	
Language (<i>Spoken at home</i>)	

C: ACCOMMODATION Parent Designated Caregiver Legal Guardian

In terms of the Code of Practice parents agree that International Students living with a designated caregiver will have formal home visits once per term (*4 x per year*). International students living with parents or legal guardians will have formal visits once a semester (*2 x per year*).

PTO

OFFICE USE ONLY

Payment Date	Amount Paid	Receipt No./s
Period of enrolment: <input type="checkbox"/> Term <input type="checkbox"/> Semester <input type="checkbox"/> Year	Year Level	
Room No.	Starting Date	Enrolment No

D: MEDICAL & TRAVEL INSURANCE

All students must have appropriate and current Medical and Travel Insurance from their departure from their native country to the date of return.

Insurance Company	Policy type
Policy start	Policy end date

E: HEALTH STATEMENT *(Please provide details of any medical conditions in an attached letter)*

Does your child have any pre-existing medical conditions or learning needs? Yes No

If Yes, please state

Do you give permission for your child to be given "Panadol" Yes No

All students should have completed their childhood Immunisation Programme before commencing Intermediate school: Has your son/daughter had the following vaccinations. *(Tick box if yes)*

MMR (*Measles, Mumps & Rubella*) Diphtheria Tuberculosis Tetanus Polio Sips

If your child **has not** been vaccinated against any of the diseases above, and the opportunity arises for your child to be vaccinated at school, **do you consent** to your child being vaccinated? Yes No

F: ACCEPTANCE OF TERMS

By signing below, you acknowledge and accept the terms and conditions detailed below:

- I agree to abide by the rules and policies of the school at all times
- I have read, understood and signed the tuition agreement which shall apply if my application is successful.

Offers of course placement will be decided by the Principal. Should your application be successful, you will receive a letter of offer ("*offer of place*"). You will need to make payment of fees to secure the place. If you accept the offer of place, then this application for tuition and the attached tuition agreement shall be the terms and conditions of agreement by which tuition shall be provided to the student. **A parent or legal guardian must sign the terms.** The parent or legal guardian shall be bound by these terms and conditions. **Your signature below attests that you understand and accept the Policies and Procedures as stated on this International Student Application form. Inaccurate or incomplete information could result in termination of this contract.**

Signed (*Parent*) _____ Dated _____

H: APPLICATION CHECKLIST *(Tick if attached)*

- Copy of Passport (Title page and student permit/visa if applicable)
- A signed statement from parents giving permission for enrolment at BBI
- Signed 'Refund Policy' Document Passport sized photograph of student
- Copy of Travel / Medical Insurance Signed Designated Caregiver Document

In terms of the Privacy Act, I understand that the information on this form is collected to form part of the essential information the school holds on my child. The records made from this information may be viewed on request at the school. I approve the forwarding of information when my child transfers to another school. I further approve the forwarding of my child's name and address on request to a potential intermediate or secondary school. I understand that the school will take action on my behalf in case of sudden illness or injury, and I agree to abide by school policies.

Signature of Parent/Legal Guardian

Date / /

Tuition Agreement

A: Tuition Agreement

This Agreement is between the School and the Student and it shall be signed by behalf of the International Student by a parent or legal guardian of the Student.

“The School” **Bucklands Beach Intermediate**
“The Student”

1. The School shall provide tuition to the Student in accordance with the New Zealand Ministry of Education Code of Practice and the laws of New Zealand in return for a fee per semester.
2. The Student shall comply with the rules and policies of the School and with the reasonable instructions from the teachers of the School.
3. The parents or guardians of the Student (“the Parents”) authorise the staff of the School to provide consents for school activities, travel outside the school and medical emergency where it is not reasonably practical to contact a parent.
4. The parents authorise the staff of the school to relocate the child to alternative accommodation if their safety or well being is in any way compromised and where it is not reasonably practical or possible to contact the parents.
5. The parents agree to provide the School with academic, medical or other information related to the well-being of the Student.
6. The parents give permission for any previous education provider to be contacted.
7. The School shall agree to use its best endeavours to ensure safety, health and well-being of the International Student. The School shall have no responsibility for the Student outside of school hours.
8. Under the Privacy Act, I understand that all personal information provided to the School is collected and will be held by the School.
9. It is acknowledged that all relevant provisions of the Education Act 1989 shall apply to the International Students in New Zealand. Any decision under these provisions to stand-down or suspend the Student with the possible outcome for a student under 16 being excluded for a specified period, shall terminate this agreement and the refunds policy shall apply. The Parents shall have no claim in damages or for any compensation if this agreement is terminated in these circumstances.
10. The School must be notified of any changes to accommodation or International Student status.
11. Either party may terminate this agreement at any time upon two weeks written notice being given to the other party. If the agreement is terminated the refunds policy for international students as outlined in the Refunds Policy shall apply.
12. Neither party is liable to the other for failing to meet its obligations under this agreement to the extent that the failure was caused by an act of God or any other circumstances beyond its reasonable control. The Refund Policy will apply.
13. This agreement shall be construed and take effect as a contract made in New Zealand and will be governed by New Zealand law, and the Student and Parents submit to the exclusive jurisdiction of the New Zealand courts.
14. Notices given under this agreement must be in writing and given to the addresses set out in the application forms. Those sent by post shall be deemed to have been received five working days after posting.
15. This agreement contains all terms, representations and warranties made between the parties and supersedes all prior discussions and agreements covering the subject matter of this agreement.
16. If the Student/Parents fail to provide any information requested in the application for tuition, the School may be unable to process the application;
17. The Student/Parents have the right under the Privacy Act 1993 to obtain access to and request corrections of any personal information held by the School concerning them.

Parent/Guardian Signature

Name of Parent/Legal Guardian

Date

Refund Policy

A: Refund Policy Explanation – School Fees

1. If you change your mind before coming to New Zealand, your full fees will be refunded less an administration fee of NZ\$900.00
2. If you wish to withdraw after arriving in New Zealand, no refund will be given, except in the case of:
 - Return home because of the student's serious illness
 - Return home because of death or serious illness of a close member of the student's familyIn these cases, under New Zealand law, Bucklands Beach Intermediate School must retain amounts to cover costs already incurred. The balance of fees received may be returned. Medical evidence (i.e. a certified Doctors Medical Certificate, in English) must be provided.
3. No refunds will be made to students who are asked to leave Bucklands Beach Intermediate School because of misbehaviour or poor attendance.
4. No refunds will be made to students who wish to transfer to another educational institution for whatever reason.
5. No refunds will be made to students who return home for any reason other than those mentioned above in section 2.
6. No refunds will be made where students acquire permanent residence or their parents obtain a work permit after having enrolled at the School.

B: Refund Policy for International Students

This refund policy is based on Section 4B(7) of the Education Amendment (No. 4) Act 1991.

“Where at any time a foreign student withdraws from a subject, course or programme at a State School, the Board may refund to the person who paid the fees (in respect of the students enrolment in the subject, course or programme) the amount of fees referred in subsection (1) of this section (or the sum of any instalments paid in respect of those fees) any amount it thinks appropriate not exceeding the extent (if any) by which the amount paid exceeds the sum of the following amounts:

- a) The Board's best estimate of the cost to the school of providing tuition in the subject, course or programme for one student up to that time;

- b) An amount that in the Board's opinion reflects the use made by one student receiving tuition in the subject, course or programme of the School's capital facilities;
- c) The appropriate proportion of the amount (if any) prescribed under section 4D of this Act for a student receiving tuition at a state school in the subject, course or programme.
- d) The appropriate proportion of the amounts paid by the Board in respect to foreign students;
- e) All other fees prescribed by the Board”

In order to be eligible for any refund, the student must apply in writing to the Board of Trustees, setting out the special circumstances of the claim. In arriving at their decision, the Board of Trustees will take into consideration the special circumstances of the withdrawing student and:

1. Costs already incurred by the Board of Trustees
2. The salaries of the teachers and support staff and any other components of the fee already committed for the duration of the course
3. An amount which covers the use of the facilities and resources to the date of withdrawal
4. Any refund of the foreign students fee from the government

C: Execution

By signing below, I acknowledge that I have read and fully understand the terms and conditions set out in the Bucklands Beach Intermediate School Refund Policy.

Parent/Legal Guardian Signature

Name of Parent/Legal guardian

Address of Parent/Legal Guardian

Date

Parent Authority to Enrol

Indemnity Document for Students Living with a Designated Caregiver

I/we designate _____ to provide accommodation for my/our son/daughter
to attend Bucklands Beach Intermediate as an international student from _____ to _____
subject to the approval of the school prior to enrolment.

Student's name (As shown on Passport) _____

Student's preferred name _____

Print designated caregiver's name _____

Relationship to student _____

Address _____

Phone _____

Mobile _____

- **Visit the home of the designated caregiver prior to enrolment to determine living conditions are of an acceptable standard.**

Relocation of the student:

Should the arrangement change I/we undertake to inform the Education Provider immediately. Further, I/we understand that should the Education Provider have any concerns regarding the welfare of my/our child, they may refer him/her to the relevant welfare authorities, or any other appropriate agency in New Zealand.

I/we understand that the Education Provider will make every endeavor to ensure the safety and welfare of my/our child while studying in their school.

The 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>.

Must be signed by Father, Mother or Legal Guardian only

Contact Telephone number in home country

Print Signature of Father, Mother or Legal Guardian (in English)

Contact Address in home country (in English)

Date of signing

Email Address