

Current passport photo to be attached.

**Application & Tuition Agreement**

**2018**

**APPLICATION INFORMATION:** use BLOCK letters to complete this application form.

Year Level:(Please tick the year level applying for) Yr 7 Yr 8

Student’s age:10yrs 11yrs 12yrs 13yrs

Start Date: Term 1 Term 2 Term 3 Term 4 Year: 20……….

 Jan/Apr Apr/June July/Sep Oct/Dec Length of study: ………...…

**STUDENT INFORMATION:**

Family Name (as on passport):......................................................................................................................................

First Names (as on passport):.....................................................................................Known as: ..................................

Country of birth: .................................................................... Date of Birth: .............................................................

Gender: Male / Female Date of Enrolment: ...................................................

Religion: ................................................................................. 1st Language: .............................................................

Language(s) Spoken at Home: .....................................................................................................................................

Address (home country): ................................................................................................................................................

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**PASSPORT / VISA DETAILS:**

Passport Number: ................................................................. Country of Issue: .......................................................

Passport Expiry Date: ........................................................... Date of Entry to NZ: .................................................

Student Visa/Permit Issue Date:……...……………………….. Student Visa/Permit Expiry Date:....……………......

**PARENT / LEGAL GUARDIAN INFORMATION:**

**Mother’s Last Name:** .......................................................................................................................................................

Mother’s First Names: ......................................................................................................................................................

Home Address: .................................................................................................................................................................

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Home Phone: ....................................................................... Mobile: .......................................................................

Email: .................................................................................... Occupation: .............................................................

**Father’s Last Name:** .........................................................................................................................................................

Father’s First Names: ........................................................................................................................................................

Home Address: .................................................................................................................................................................

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Home Phone: ....................................................................... Mobile: .......................................................................

Email: .................................................................................... Occupation: .............................................................

Business Phone: ................................................................... Fax: .............................................................................

**LOCAL NEW ZEALAND CONTACT (if applicable):**

Family Name: ....................................................................................................................................................................

First Names: .......................................................................................................................................................................

Address: .............................................................................................................................................................................

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Home Phone: ....................................................................... Mobile: .......................................................................

Email: .................................................................................... Occupation: .............................................................

Fax: .................................................... Relationship to you (Family Friend, relative): ................................................

**AGENT INFORMATION (if applicable):**

Name of agency:............................................................................................................................................................

Contact Person:...............................................................................................................................................................

Agent address: ................................................................................................................................................................

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Phone: .................................................................................. Mobile: .......................................................................

Email: .................................................................................................................................................................................

**ACCOMMODATION INFORMATION:**

Tick the accommodation type for your time at Te Puke Intermediate School.

Living with parents Designated Caregiver Homestay (to be organised by TPI)

NB: If you are living with your parents, please provide copy of your full birth certificate stating your parents’ names and copy of their passport and visa).

Food Preferences (please state if any):……………………………………………………………………………………..

Interests: Outdoor Activities Music Movies / TV

Water Sports Travel Reading

 Other (Please state): ……………………………………………………………………

**NZ Caregiver’s Details:** (To be completed if student is staying with **Parents** or **Designated Caregiver** in NZ).

Caregiver’s Family Name: ..............................................................................................................................................

First Names: .......................................................................................................................................................................

Home Address: .................................................................................................................................................................

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Home Phone: ....................................................................... Mobile: .......................................................................

Email: .................................................................................... Occupation: .............................................................

Business Phone: ................................................................... Fax: .............................................................................

Relationship to student (eg: Aunt/Grandmother/close family friend): .....................................................................

*Please note: A DCG must be a relative or close family friend of the family. This accommodation must be approved by Te Puke Intermediate prior to the student’s arrival. Please provide a copy of the passport (and visa if applicable).*

**GENERAL DETAILS:**

Have you applied for Te Puke Intermediate before?: Yes / No If yes, when: / /

Have you studied at a NZ school before?: Yes / No

If yes, please state the school you last attended in NZ: ……………………………………………………………………

Have you had a brother or sister enrolled at Te Puke Intermediate before? Yes / No

Name: ……………………………………………………………………………………Year Attended: ………………………

How many years have you studied English? ……………..months ……………….years

Do your parents speak or read English? Speak: Yes / No Read: Yes / No

What is your planned future career or study plan? …………………………………………………………………………

**STUDENT HEALTH:**

Name of Family Doctor: ................................................................................................................................................

Phone Number:.............................................................. Fax Number:....................................................................

Has your child ever suffered from: (please circle)

**Asthma**  Yes/No **Epilepsy**  Yes/No **Rheumatic Fever** Yes/No **Allergic Reaction** Yes/No

**Diabetes**  Yes/No **Migrains** Yes/No **Hepatitis A or B** Yes/No **Heart Conditions** Yes/No

**Back / neck problems** Yes/No **Glandular Fever** Yes/No **Bee / wasp stings** Yes/No

**Any special medical or learning needs:** Yes/No

If you answered YES to any of the above, please give details: .................................................................................

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Detail any medication/s your child is taking: ...............................................................................................................

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***Please Note: As part of signing this application I give permission for Te Puke Intermediate School to contact my doctor if further information is required, or in the case of an emergency. Please note this includes calling an ambulance in an emergency situation and being prescribed over the counter medications (which are suitable) by certified first aiders when needed i.e. Panadol, etc.***

**MEDICAL / TRAVEL INSURANCE:**

You **must** have health and travel insurance before travelling to New Zealand. This is essential as your health care will be charged to you if needed.

Insurance Policy Provider......................................................................................................... Copy taken: Yes / No

Policy Number: ..................................................................... Expiry Date: ...............................................................

Please state what immunisations your child has received and when: .....................................................................

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**SPORTING & CULTURAL ACTIVITIES:**

Please circle and/or list the activities you would like to be involved in at Te Puke Intermediate School:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Athletics  | Tennis  | Touch  | Netball  | Cricket |
| Badminton | Stage Challenge | Choir | Soccer/Football  | Squash |
| Basketball | Outdoor Education | Kapa Haka (Maori group) | Dance | Theatre/Productions/Drama |
| Table Tennis  | Golf | Volleyball  | Rugby  |  |
| Cross Country | Softball | Hockey (field)  | Lawn Bowls |  |

Please indicate what level of any of the above sports or activities you have played in the past, i.e. sports or musical instrument/band for school, club and/or representative level:

1.

2.

3.

4.

*Please note that these are available at various times of the year according to our seasons, e.g. athletics is in term 1 only.*

**OTHER INFORMATION:**

How did you first hear about Te Puke Intermediate School? (please tick)

School Visit Education Agency NZ Embassy Agent

Internet Friend or Relative Facebook International Fair

Other (please state): ..........................................................................................................................................

**DECLARATION & TUITION AGREEMENT:**

I …………………………………………………………(student) have read and understood the conditions of being an international student at Te Puke Intermediate School and agree to abide by the rules of the school.

Signed: ……………………………………………………………………………………. Date: ……………………………....

We (parents) have read and understand the Policies and Guidelines Document and the Code of Practice document and are aware thatTe Puke Intermediate Schoolwill act according to the Code of Practice ([www.minedu.govt.nz/goto/international](http://www.minedu.govt.nz/goto/international)). We accept the authority of Te Puke Intermediate School and all the provisions as set out.

**Father’s Name: ……………………………………………………………………………………………………………………..**

Signed: ……………………………………………………………………………………. Date: ……………………………....

**Mother’s Name: …………………………………………………………………………………………………………………….**

Signed: ……………………………………………………………………………………. Date: ……………………………....

If I am living in a homestay organized by Te Puke Intermediate School I agree to abide by the homestay rules and guidelines and to do my best to fit in with the lifestyle of my homestay family.

**Student’s Name: …………………………………………………………………..………………………………………………..**

Signed: ……………………………………………………………………………………. Date: ……………………………....

*Note: Failure to disclose relevant information or the provision of false information may result in termination of enrolment. Make sure all details on these forms are completed and signatures from the correct people are included.* Please attach a letter to your homestay (if applicable).

**2018 Tuition Fees:**

(fees are in New Zealand Dollars and include Government taxes (GST) and Ministry of Education levies).

**4 terms:** $12000.00 (one year)

**3 terms:** $ 9000.00

**2 terms:** $ 6100.00

**1 term:** $ 3200.00 (approx. 10 weeks)

**Short term fee:** **(less than 1 term):**  $350.00 per week.

Included in these tuition fees are: ESOL classes within school time, specialist subject fees, initial stationery pack and all text books.

**Administration fee:** $500.00

This covers uniform, registration, class placement and monitoring.

**Homestay Costs:**

 $250 per week + one off placement fee of $200

\* **Additional Costs:**

a) Outdoor Education excursions and camps vary greatly in price (approximately $200-800) and are therefore payable once the student has chosen their preferred option.

b) Replenishment of stationery (pens, pencils, exercise books) as necessary

c) Pocket money (varies)

d) Travel to, from and within New Zealand

e) Medical and travel insurance (compulsory)

f) Visa – for further information on costs of visas – www.immigration.govt.nz