

**INTERNATIONAL STUDENT ENROLMENT APPLICATION FORM  
SECONDARY SCHOOL**



**KALAPOI**  
High School

**International Student Enrolment  
Form**

**International Department**  
Director: Mrs Nicky Ewins  
Phone (Direct Line) +64 3 375 5239  
Mobile +64 27 200 2430  
Email n.ewins@kaiapoi.school.nz

**Student Details (Name must be as it appears on your passport)**

|  |  |
|--|--|
| Family name:                               |  |
| First name:                                | Date of birth:   |
| Preferred name:                            | <input type="checkbox"/> Female <input type="checkbox"/> Male  |
| Address: (In home country)                 |  |
| First language:                            | Country of citizenship:  |
| Passport number:                           | Expiry date:   |
| Intended arrival date:                     | Intended leaving date:   |
| Applying for year level:<br>Period of stay | <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13<br><input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Full Year |

**Father's Details: (Name must be as it appears on your passport)**

|                  |                             |                             |
|------------------|-----------------------------|-----------------------------|
| Title:           | Mr <input type="checkbox"/> | Dr <input type="checkbox"/> |
| Family name:     | Date of Birth:              |                             |
| First name:      |                             |                             |
| Street Address   |                             |                             |
| Postal Address   |                             |                             |
| Home Phone:      | Mobile:                     | Email:                      |
| First language:  | Country of citizenship:     |                             |
| Passport number: | Expiry date:                |                             |

**Mother's Details: (Name must be as it appears on your passport)**

|                  |                              |                               |                             |                             |
|------------------|------------------------------|-------------------------------|-----------------------------|-----------------------------|
| Title:           | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Dr <input type="checkbox"/> |
| Family name:     | Date of birth:               |                               |                             |                             |
| First name:      |                              |                               |                             |                             |
| Street address:  |                              |                               |                             |                             |
| Postal address:  |                              |                               |                             |                             |
| Home phone:      | Mobile:                      | Email:                        |                             |                             |
| First language:  | Country of citizenship:      |                               |                             |                             |
| Passport number: | Expiry date:                 |                               |                             |                             |

**Emergency Contact: (In home country, other than parents):**

|                |  |
|----------------|--|
| Contact's name |  |
| Mobile phone   |  |
| Home phone     |  |
| Email address  |  |

**Agent Information: (If using an agent)**

|                      |        |
|----------------------|--------|
| Agency name:         |        |
| Agent name:          |        |
| Agent email address: | Phone: |
| New Zealand Agent    | Phone: |
| Name:                |        |
| Email:               |        |

**Medical Information**

|  |
|--|
| Name of doctor (in home country):  |
| Phone number of doctor:  |
| Does the student have any history of previous illness that may affect their enrolment, including mental illness? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If 'Yes' please provide details.                     |

**Please tick the appropriate box if you suffer from or have suffered from any of the following medical conditions:**

|   |   |  |   |  |
|---|---|--|---|--|
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Back/Neck problems | <input type="checkbox"/> Glandular Fever     | <input type="checkbox"/> Allergy to bee/wasp stings | <input type="checkbox"/> Migraines       |
| <input type="checkbox"/> HIV or Aids              | <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Hepatitis A, B or C | <input type="checkbox"/> Epilepsy                   | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Tuberculosis             | <input type="checkbox"/> ADD or ADHD        | <input type="checkbox"/> Allergies           | <input type="checkbox"/> Food Allergies             | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Depression/Anxiety       |   |  |   |  |
| <input type="checkbox"/> Other: (Please describe) |   |  |   |  |

**Does the student have any medical implants (such as metal implants) that may affect receiving medical treatment while in New Zealand?**

|  |
|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If 'Yes' please provide details. |
|--|

**Is the student currently on any medication?**

|  |
|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If 'Yes' please provide details.   |
| <b>Please note: If you suffer from conditions requiring medication, it is advisable to bring your own medication to NZ. You will be required to notify the school regarding any medications that you bring with you.</b> |
| Is there anything further that the school needs to be aware of that may impact the suitability of the student as an international student?   |
| <input type="checkbox"/> Yes    If Yes please provide details <span style="float: right;"><input type="checkbox"/> No</span>   |

**Medical Release form**

We grant Kaiapoi High School, its employees and the Host Family, at their discretion and at the cost to the student or his/her natural parents (in the case of expenses exceeding the coverage of the insurance policy) the power to place the student in a hospital or in any other institution for any type of assistance or medical treatment, or if there is no hospital available, to place him/her under the care of a local medical doctor for treatment.

We grant Kaiapoi High School or the Host Family all necessary permissions to act as legal guardians, especially in emergencies, whether medical or other, including the possibility for surgical operations or any other treatment. We authorise Kaiapoi High School to return the student to the home country at his/her cost if this is deemed necessary by the above-mentioned people after consultation with medical authorities.

We confirm that at the time of signing this document our child enjoys perfect health and that his/her health record as filled in by a parent on this application form is true and complete.

We also grant Kaiapoi High School the power to act on our behalf in anything pertaining to possible representation before local authorities.

This authorisation shall be valid for the entire duration of the student's study programme at Kaiapoi High School (school terms and holidays).

Parents Name :

Parents signature:

Date:

### Learning Information

Does the student have any learning or behavioural difficulties requiring extra school support or services?

Yes  No  
If 'Yes' please provide details.

### School History

|  |  |   |
|--|--|---|
| Has the student previously applied for entry to the school?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No       | When?   |
| Has the student ever had a family member or relative enrolled at the school? | <input type="checkbox"/> Yes <input type="checkbox"/> No       |   |
| Name:  | Year attended:   |   |
| Has the student previously studied at any other NZ school?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No       |   |
| If yes, please state the name of the school:                                 | Dates:   |   |
| How many years has the student studied English?                              | [ ] Months   | [ ] Years   |
| Do the student's parents speak or read English?                              | Speak <input type="checkbox"/> Yes <input type="checkbox"/> No | Read <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the student been convicted or brought before any Courts?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No       |   |
| If Yes – Please provide details  |  |   |

### Subject Choices

| Subject | Year Level |
|---------|------------|
| 1.      |            |
| 2.      |            |
| 3.      |            |
| 4.      |            |
| 5.      |            |
| 6.      |            |

**Please note:** Subject choices indicated in this application are an indication only. The school reserves the right to change subject availability at any time. Entry to some courses may require prior learning.

| Sporting & Cultural History |                         |  |
|-----------------------------|-------------------------|--|
| Sport                       | Number of years played  | Level<br><input type="checkbox"/> beginner <input type="checkbox"/> intermediate <input type="checkbox"/> advanced |
| Sport                       | Number of years played  | Level<br><input type="checkbox"/> beginner <input type="checkbox"/> intermediate <input type="checkbox"/> advanced |
| Musical instrument          | Number of years played  | Level<br><input type="checkbox"/> beginner <input type="checkbox"/> intermediate <input type="checkbox"/> advanced |
| Musical instrument          | Number of years played  | Level<br><input type="checkbox"/> beginner <input type="checkbox"/> intermediate <input type="checkbox"/> advanced |
| Language                    | Number of years studied | Level<br><input type="checkbox"/> beginner <input type="checkbox"/> intermediate <input type="checkbox"/> advanced |

| Accommodation Requirements               |   |
|--|---|
| Accommodation choice:                    | <input type="checkbox"/> Homestay <input type="checkbox"/> Rural living <input type="checkbox"/> Urban living (township) <input type="checkbox"/> Designated caregiver (relative or family friend)  |
| Interests:                               | <input type="checkbox"/> Music <input type="checkbox"/> Movies/TV <input type="checkbox"/> Reading <input type="checkbox"/> Outdoor Activities <input type="checkbox"/> Water Sports <input type="checkbox"/> Travel<br><input type="checkbox"/> Shopping <input type="checkbox"/> Animals <input type="checkbox"/> Cooking |
| Does the student mind pets               | <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Please note 'many' NZ homes have a form of pet  |
| Does the student have any food allergies | <input type="checkbox"/> Yes please state<br><input type="checkbox"/> No  |
| Special dietary requirements?            | <input type="checkbox"/> Yes please state<br><input type="checkbox"/> No  |
| State students favourite foods?          |   |

| Designated Caregiver Details (If staying with a relative or close family friend) |         |
|--|---------|
| Name of caregiver:   |         |
| Address (in NZ):   |         |
|  |         |
| Home phone:  | Mobile: |
| Email:   |         |
| Relationship to student:   |         |

| Insurance Details  |  |
|--|--|
| Do you wish to purchase insurance through the school? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| Is 'Yes', please select which provider you would prefer: <input type="checkbox"/> Southern Cross <input type="checkbox"/> Uni-Care <input type="checkbox"/> Other: <input type="checkbox"/> No preference: |  |
| If you are providing your own insurance please provide the name of your insurer:   |  |
| Policy number:   |  |
| Insurance cover start date: :                    /                    /  | Insurance cover expiry date:                    /                    / |
| Please provide an English copy of the policy details with this application form.   |  |

## Travel Release Form

It is necessary for all holiday travel plans to be documented and approved by Kaiapoi High School prior to plans, reservations and actual travel. Approval will not be given for any independent travel or for travel undertaken without adult supervision. It is necessary that parents are informed of all travel and give their approval. Below is authorisation by parents for Kaiapoi High School to make the decision on student travel. This is not mandatory and if the school does not have this authorisation, the school will contact the parents and receive permission for every trip that is planned by the student.

### TRAVEL AUTHORISATION

We, the parents of the student named on this application, do hereby authorise Kaiapoi High School to make the determination for student travel for the length of the student's enrolment at Kaiapoi High School. This authorisation is given in advance only for when the student is travelling and supervised by a host parent or representative of the school or a school approved travel company.

Parents name:

Parents signature:

Date:

## Education Outside the Classroom Agreement - EOTC

Education Outside The Classroom (EOTC) is the name given to all events/activities that occur outside the classroom, both on and off the school site. This includes sport. EOTC is part of the culture of Kaiapoi High School for three main reasons:

- The school believes in utilizing a range of environments, and experiences to enhance the learning of their students.
- Students at our school have ready access to the beach, the rivers, the mountains, the bush of Canterbury and beyond, and the urban environs of Christchurch, Kaiapoi and other towns. For many these areas are part of their playground. They need to learn how to be safe.
- The school believes in providing students with the opportunity to participate in recreation, leisure, and sport.

Thus some of the learning for students occurs beyond the school site and this document is seeking your consent.

The Ministry of Education's EOTC guidelines and our safety management systems identify four EOTC activity types, each with recommended types of parental/caregiver consent. In brief they are:

| Event type | Description  | Type of consent   |
|------------|--|---|
| A          | On site- in the school grounds<br>(i) Lower risk environments e.g.: measuring for maths<br>(ii) Higher risk environments* e.g.: climbing wall in gym                         | (i) <b>No consent</b> sought<br>(ii) <b>Blanket consent</b> at enrolment  |
| B          | Off-site events (Short visits to local venues)<br>(i) Lower risk environments e.g.: museum trip<br>(ii) Higher risk environments* e.g.: beach to study plants, (no swimming) | (i) <b>Blanket consent</b> at enrolment<br>(ii) <b>Separate consent</b> for each event or Blanket programme consent e.g. Outdoor Education practicals |
| C          | Off-site events (day trips with additional risk management required)<br>(i) Lower risk environments e.g.: farm visit<br>(ii) Higher risk environments* e.g.: rock climbing   | (i) <b>Blanket consent</b> at enrolment<br>(ii) <b>Separate consent</b> for each event or Blanket programme consent e.g. Outdoor Education practicals |
| D          | Off-site residential overnight events<br>(i) Lower risk environments e.g.: sports exchanges<br>(ii) Higher risk environments* e.g.: Year 9 camps                             | (i) <b>Separate consent</b><br>(ii) <b>Separate consent</b> for each event or programme   |

\*Involves risk assessed to be greater than that associated with the average family activity.

**All EOTC activity types** require staff to undertake an analysis of the risks, and identify the management strategies required to eliminate, isolate and minimise the risks. Emergency procedures are also in place.

## BLANKET EOTC CONSENT

I/we agree to the participation of \_\_\_\_\_ (student's name)  
in Type **A** and *lower risk* Type **B** and *lower risk* Type **C** EOTC events while a student at Kaiapoi High School.

I/we have provided the school with up to date medical, supervision and learning information through the enrolment form and will make every endeavour to keep this information current.

Parents Name:

Parents signature:

Date:

## Cyber Safety Use Agreement

To the student and parent/legal guardian/caregiver, please:

1. Read this page carefully to check that you understand your responsibilities under the Cyber safety Use Agreement included in the **Prospectus**.
2. Sign the appropriate section on this form
3. Make a copy of the Cyber safety Use Agreement and keep for future reference,

**We understand that Kaiapoi High School will:**

- Do its best to keep the school cyber safe, by maintaining an effective cyber safety programme. This includes working to restrict access to inappropriate, harmful or illegal material on the Internet or school ICT equipment/devices at school or at school-related activities, and enforcing the cyber safety rules and requirements detailed in the Agreement
- Respond appropriately to any breaches of the Agreement
- Provide members of the school community with cyber safety education designed to complement and support the Agreement initiative
- Welcome enquiries from students or parents about cyber safety issues.

**Section for student**

**My responsibilities include:**

- I will read the Cyber safety Use Agreement carefully
- I will follow the cyber safety rules and instructions whenever I use the school's ICT
- I will also follow the cyber safety rules whenever I use privately-owned ICT on the school site or at any school-related activity, regardless of its location
- I will avoid any involvement with material or activities which could put at risk my own safety, or the privacy, safety or security of the school or other members of the school community
- I will take proper care of school ICT. I know that if I have been involved in the damage, loss or theft of ICT equipment/devices, my family may have responsibility for the cost of repairs or replacement
- I will keep the Agreement somewhere safe so I can refer to it in the future
- I will ask the [relevant staff member] if I am not sure about anything to do with the Agreement.

**I have read and understood my responsibilities and agree to abide by the Cyber safety Use Agreement. I know that if I breach the Agreement there may be serious consequences.**

Students name:

Students signature:

**Section for parent**

**My responsibilities include:**

- I will read the Cyber safety Use Agreement carefully and discuss it with my child so we both have a clear understanding of their role in the school's work to maintain a cyber safe environment
- I will encourage my child to follow the cyber safety rules and instructions
- I will contact the school if there is any aspect of the Agreement I would like to discuss.

**I have read the Cyber safety Use Agreement document and am aware of the school's initiatives to maintain a cyber safe learning environment, including my child's responsibilities.**

Parents Name:

Parents signature:

Please note this agreement for your child will remain in force as long as he / she is enrolled at this school. If it becomes necessary to add or amend any information or rule parents will be advised in writing.

## Refund Policy

In accordance with the Education Amendment Act (No 4) 1991, an International Student enrolled for a course of study at Kaiapoi High School and wishing to withdraw, is entitled to:

1. Withdraw before 7 days of course commencement
  - a) Full payment of tuition fees minus NZ\$250 enrolment fee
2. Withdraw within 7 days of course commencement
  - a) Refund of remaining fees minus administration fee of \$500.
3. Withdraw any time after 7 days of course commencement
  - a) No refund on the current term and following term fee.
  - b) A refund of remaining fees minus an administration fee of \$500 and any other costs incurred on behalf of the student e.g. agent's commission, government levy.
4. Withdraw after end of Term 2
  - a) No refund of tuition fees.
5. No refund when enrolment is withdrawn by the school
6. No refund when passport status has been changed to permanent residence

In order to be eligible for any refunds, the student must apply in writing to the Principal, stating the reasons for withdrawal from the course of study.

## Grievance Procedures

Kaiapoi High School has established guidelines for students who have a complaint or grievance against the school. The procedure for dealing with such an issue is:

1. International students who consider that they have a concern, complaint or grievance with Kaiapoi High School should in the first instance discuss the concern with the Director of International Students.
2. If the matter is not resolved to the satisfaction of the student, the student or their authorized agent/representative should then take up the matter with the Principal.
3. If the matter is still not resolved satisfactorily, the student should put their concern in writing to the Board of Trustees of Kaiapoi High School. The board will then consider the matter and come to a decision.
4. If, at this stage, the student is still not satisfied with the outcome, the complaint should be taken to the International Education Appeal Authority (IEAA). The IEAA will receive and adjudicate on complaints received from International Students or their authorized agents/representatives concerning breaches of the Code of Practice for the Pastoral Care of International Students. Information about the IEAA is available in the International office, or by mail at:

**The International Education Appeal Authority**  
C/- Ministry of Education  
PO Box 1666  
Wellington  
New Zealand

## Insurance and Liability

1. Kaiapoi High School shall not be liable for any loss or damage to property or persons however caused, except where such liability is imposed by New Zealand law.
2. Kaiapoi High School reserves the right to change the course of study of any student if it is deemed to be in the best interest of the student to do so.
3. Kaiapoi High School reserves the right to decline any student enrolment to the school, without explanation, at the discretion of the Director of International Students.
4. Prior to commencing study at the school students may be required to undergo, and make available to the school, a full medical examination by a doctor of the school's choice.
5. The parents of the student authorise the Principal of the school to provide consents that may be necessary to be given on the student's behalf in the event of a medical emergency where it is not reasonably practical to contact the parents.
6. The parents of the student authorise the Principal of the school to provide consents that may be necessary to be given on the student's behalf in respect of any activity carried out and authorised by the school.

## Photographs and Marketing Material

As a parent, I grant permission for the school to take photographs or camera footage of my child during school activities and that the school may use that material on the Kaiapoi High School website, school newsletters, school magazine and as marketing material for the school.

Parents name:

Parents signature:

Date:

## PART TWO:

**THE TERMS AND CONDITIONS APPENDED TO THIS APPLICATION, FORM AND GOVERN THE STUDENT'S TUITION AT THE SCHOOL. BY SIGNING BELOW, THE STUDENT, THE SCHOOL AND THE PARENTS OR LEGAL GUARDIAN AGREE TO THOSE TERMS AND CONDITIONS. PLEASE ENSURE THE TERMS AND CONDITIONS ARE READ CAREFULLY.**

### Terms and Conditions:

1. For the purposes of this Agreement the following terms shall have the following meanings:

**Accommodation** means the residential accommodation provided to the Student pursuant to the Accommodation Agreement.

**Accommodation Agreement** means the agreement between the Student, the School, the Parents or Legal Guardians which governs the Student's accommodation arrangements.

**Act** means the Education Act 1989.

**Agreement** means this Agreement including any schedules.

**Application Form** means the standard enrolment form which forms the cover page of Agreement.

**Code** means the Education (Pastoral Care of International Students) Code of Practice 2016.

**Fee** means fees payable by the Parents or Legal Guardians to the School as per the Fee Schedule.

**Fee Schedule** means the schedule of fees for Tuition, Accommodation and miscellaneous charges.

**Homestay** has the meaning as set out in the Code.

**Parents or Legal Guardians** means the parents or legal guardians referred to in the annexed Application Form.

**Residential Caregiver** has the meaning as set out in the Code.

**School** means the school referred to in the annexed Application Form.

**Student** means the school referred to in the annexed Application Form.

**Tuition** means the education of the Student at the School.

**Period of Study** means any period for which Fees are paid and for the purpose of this Agreement the enrolment of the Student begins on the course start date stated in the Student's offer of place and ends on the course end date stated in the Student's offer of place.

2. The School shall provide Tuition to the Student in accordance with school policies, the Code, the Act and any other applicable laws, in return for the payment of the Fee.
3. The Parents or Legal Guardians and Student agree that no changes to accommodation arrangements will be made whatsoever without the prior written agreement of the School.
4. The Parents or Legal Guardians and Student agree to comply with the immigration requirements as set out in the Immigration Act 2009, and any immigration conditions applicable to the Student's stay in New Zealand. The Parents or Legal

Guardians and Student understand that the School has an obligation to report any breaches of the immigration requirements to the appropriate immigration authority.

5. The Parents or Legal Guardians and the Student agree that this Agreement is subject to an Accommodation Agreement or Designated Caregiver Agreement being entered into by all relevant parties.
6. The Fee must be paid to the School in advance of each Period of Study or as otherwise directed by the School. The Parents or Legal Guardians and the Student agree to comply with school policies regarding the payment of the Fee.
7. If Tuition is terminated by the School during a Period of Study, in accordance with the Act and the Code, any refund of the Fee applicable to that Period of Study will be assessed in accordance with school policies.
8. The Parents or Legal Guardians and the Student, who have signed this Agreement irrevocably appoint and authorise the principal of the School (or such other person as may be appointed by the School to carry out the principal's duties) to:
  - (a) Receive information from any person, authority, or corporate body concerning the Student including, but not limited to, medical, educational or welfare information;
  - (b) Provide consents that may be necessary to be given on the Student's behalf in the event of a medical emergency where it is not reasonably practicable to contact the Parents or Legal Guardians.
9. The Parents or Legal Guardians irrevocably authorise the principal of the School to advise the Residential Caregiver (whether or not arranged through the school) of all matters and information required to be provided to the Parents or Legal Guardians and agree to appoint the Residential Caregiver in New Zealand to receive such information in substitution for the Parents or Legal Guardians.
10. The Parents or Legal Guardians agree to provide the School with academic, medical or other information relating to the wellbeing of the Student as may be requested from time to time by the School. If the Parents or Legal Guardians provide misleading information or fail to disclose information about the Student to the School, such that the School has to change or modify the level of Tuition or Accommodation required by the Student, the School may charge the Parent or Legal Guardians such fees as required to adequately compensate for such additional requirements.
11. The Parents or Legal Guardians agree that it is a condition of enrolment that the Student has current and comprehensive travel and medical insurance. If requested, the Parents or Legal Guardians will provide the School with evidence of the relevant insurance policy.
12. The School shall at all times comply with the Health and Safety at Work Act 2015.
13. Nothing in this Agreement limits any rights that the Parents, Legal Guardians or Student may have under the Consumer



Guarantees Act 1993.

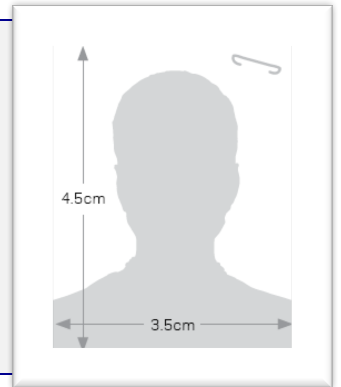
14. It is acknowledged that provisions in the Act relating to the suspension, expulsion or exclusion of students will apply to the Student while in New Zealand. Any decision to expel or exclude the Student shall terminate this Agreement and the School's refund policy will apply.
  15. The Student will comply at all times with school policies, the Code and the Act, and the Parents or Legal Guardians shall work with the School to ensure such compliance.
  16. No party to this Agreement 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 other circumstances beyond its reasonable control.
  17. This Agreement shall be construed and take effect in accordance with the non-exclusive laws of New Zealand. In relation to any legal action or proceedings arising out of or in connection with this Agreement the Parents or Legal Guardians irrevocably:
    - (a) Submit to the non-exclusive jurisdiction of the Courts of New Zealand; and
    - (b) Agree that proceedings may be brought before any Court including any forum constituted under the Arbitration Act 1908 within New Zealand, and waive any objection to proceedings in any such Court or forum on the grounds of venue or on the grounds that the proceedings have been brought in an inconvenient forum.
  18. Notices given under this Agreement must be in writing and given to the addresses set out in the Application Form. Those notices sent by post will be deemed to have been received ten (10) days after posting. The Parties also agree that email correspondence is a suitable means of communication and emails will be deemed to have been received when acknowledged by the party or by return email.
  19. This Agreement contains the entire understanding of the parties and overrides any prior promises, representations, understandings or agreements. The terms of the Agreement may be changed by the School in consultation with the Student, and Parents or Legal Guardians, except where such change is required by New Zealand legislation or the Code. This Agreement shall continue in force during the Year of Study with the School.
  20. The Parents or Legal Guardians and Student acknowledge that:
    - (a) The School may obtain at any time from any person or entity any information it requires to process and/or accept the Student for admission to the School or to perform or complete any of the other purposes under this Agreement. The Parents or Legal Guardians and the Student authorise any such person to release to the School any personal information that person holds concerning the Student and/or Parents or Legal Guardians.
    - (b) If the Student and/or Parents or Legal Guardians fail to provide any information requested in relation to the Student's admission to the School, the School may be unable to process the Student's application.
- This Agreement is conditional at all times on the Student having accommodation in New Zealand which complies with the Code.
- (c) Personal information of the Student and/or Parents or Legal Guardians collected or held by the School is provided and may be held, used and disclosed to enable the School to process the Student's eligibility to receive Tuition at the School and Accommodation.
  - (d) All personal information provided to the School is collected and will be held by the School.
  - (e) The Student and Parents or Legal Guardians 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.
  - (f) Under the Privacy Act 1993, any information collected may be provided to education authorities.
  - (g) Information relating to the education, health, welfare or safety of the Student, may be released to relevant parties outside the School, at the discretion of the School.
21. Photographs and videos of the Student may be used for the Student's records and in any publicity material for the School.
  22. The School's responsibility for the Student ends on the last day of the Period of Study, or in the event that the Student's Tuition is terminated, on the date of termination.
  23. The conditions in this Agreement apply for the whole time the Student is enrolled at the School during a Period of Study. The Agreement may be renewed on application to the School in writing. Renewal of this Agreement is at the sole and absolute discretion of the School and is subject to satisfactory performance and attendance by the Student, the issue of an offer of place for a further Period of Study and the payment of Fees.
  24. Without limiting any obligations set out in school policies, the Parents or Legal Guardians and Student agree that the Student:
    - (a) Must comply with school policies;
    - (b) Must comply with all terms of the Accommodation Agreement; and
    - (c) Must maintain an up-to-date visa as stipulated by Immigration New Zealand.
  25. The parties acknowledge that prior to signing this Agreement, they have had the opportunity to seek independent legal advice in respect of its content and effect.
  26. This Agreement may be executed in one or more counterparts, each of which when so executed and all of which together shall constitute one and the same Agreement. Delivery of executed counterparts may be delivered by email or facsimile transmission.
  27. The parties agree that any dispute in relation to this Agreement will be resolved in accordance with the Code and the School Policies

**IMPORTANT**

When you have completed the form, please use the checklist below to make sure you have included all the documents and information we need.

**Documents you must attach with your application**

- One current photograph of student
- School Reports (in English) from schools attended in the previous 12 months
- A letter of recommendation from the Principal or English teacher from school attended
- A personal letter stating the reasons for applying to study at Kaiapoi High School
- A copy of your Passport including Passport number and expiry date



**PARENTS/LEGAL GUARDIANS AND STUDENTS' DECLARATION AND AUTHORISATION**

We declare that the information contained in this application is true and complete. We understand that any false or incomplete information submitted in support of this application may invalidate this application and may result in the withdrawal of an offer of enrolment. We agree that we have received sufficient information to make an informed decision about enrolment at the School.

**EXECUTION**

**Parent Acknowledgement**

By signing below, the Parents or Legal Guardians (as applicable) confirm that they have read the Agreement and agree to be bound by it in all respects:

Name(s): \_\_\_\_\_  
 \_\_\_\_\_

Signature(s): \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_

**Student Acknowledgment**

By signing below, the Student confirms he/she has read and understood the Agreement and agrees to abide by the Code, School Policies and (to the extent applicable) the Agreement:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**School Acknowledgement**

By signing below, the authorised signatory of the School confirms that they are authorised to sign on behalf of the School, and confirms that the School will be bound by the Agreement in all respects:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



