

International Student

ENROLMENT FORM



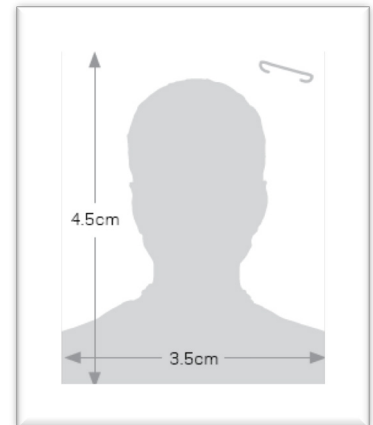
CHRIST'S COLLEGE
CANTERBURY

It is important that you read the information, terms and conditions in the Enrolment Form before signing. This enrolment form and additional documents can be scanned and sent to Christ's College by email or fax. Alternatively, the original application, along with the copies of your documents (reports, letters, passport and photograph) can be posted to:

Christ's College Canterbury
Rolleston Avenue, Private Bag 4900
Phone +64 3 366 8705
Fax +64 3 364 5295
www.christscollege.com

INTERNATIONAL
International Student Manager: Ms Deanne Gath
Phone (Direct Line): +64 3 364 6869
Mobile: +64 272 155 366
Email: dgath@christscollege.com

Please attach a passport-size photograph of the student here



STUDENT'S DETAILS

(Please print clearly in English using **BLOCK CAPITAL LETTERS**)

Family Name/Last Name (as shown in passport)

Given Name(s)/First Name(s) (as shown in passport)

Preferred First Name

Date of Birth

DD MM YYYY

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 and information 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 of the most recent school attended
- A personal letter stating the reasons for applying to study at Christ's College
- A copy of your passport including passport number and expiry date
- A copy of any English language proficiency test results (such as IELTS or CPE) *if available*

STUDENT DETAILS *(Please print clearly in English using BLOCK CAPITAL LETTERS)*

Student's Email <i>(please print clearly)</i>	Student's Telephone <i>(country code + area code + number)</i>
Full Postal Address <i>(your residential address in your home country: address + suburb + city + postal code + country)</i>	
City	Country

PASSPORT DETAILS

Passport Number	Country Issued	
Passport Expiry Date DD MM YYYY	Nationality	Date of NZ arrival DD MM YYYY

PARENT DETAILS

Father's Last Name	Father's First Name	Speaks English <input type="radio"/> Yes <input type="radio"/> No
Mother's Last Name	Mother's First Name	Speaks English <input type="radio"/> Yes <input type="radio"/> No
Address <i>(if different from student's)</i>		
City	Country	
Email Address <i>(please print clearly)</i>	Phone Number <i>(country code + area code + number)</i>	
Mobile Phone <i>(country code + area code + number)</i>	Fax Number <i>(country code + area code + number)</i>	

AGENT DETAILS *(complete only if you have an agent)*

Agency Name	Contact Person
Full Postal Address <i>(address + suburb + city + postal code + country)</i>	
City	Country
Email Address <i>(please print clearly)</i>	Website
Phone Number <i>(country code + area code + number)</i>	Fax Number <i>(country code + area code + number)</i>
Mobile Phone <i>(country code + area code + number)</i>	

AGENT DETAILS IN NEW ZEALAND *(complete only if you have an agent in NZ)*

Agency Name	Contact Person
Full Postal Address <i>(address + suburb + city + postal code + country)</i>	
City	Country
Email Address <i>(please print clearly)</i>	Website
Phone Number <i>(country code + area code + number)</i>	Fax Number <i>(country code + area code + number)</i>
Mobile Phone <i>(country code + area code + number)</i>	

SUPPORT PERSON/RELATIVE IN NEW ZEALAND *(complete only if you have an agent in NZ)*

Company Name	Contact Person
Full Postal Address <i>(address + suburb + city + postal code + country)</i>	
Email Address <i>(please print clearly)</i>	Phone Number <i>(country code + area code + number)</i>
Fax Number <i>(country code + area code + number)</i>	Mobile Phone <i>(country code + area code + number)</i>

COURSE AND SCHOOL DETAILS

Level of study requested

Year 9 Year 10 Year 11 Year 12 Year 13

Start date

Term 1 Term 2 Term 3 Term 4 Year: 20__

Length of course

Academic year Three terms Two terms One term Other (please state):

Has this student studied at a NZ school before?

Yes (please state the name of the school):

No

Please list preferred study/subjects (you must refer to the Study Guide on the website <http://christcollege.com/current-parents/curriculum-studies-guide-2017>)

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

YOUR SCHOOL HISTORY OVERSEAS

Year	Name of School	Country
Year	Name of School	Country
Year (from-to)	English Language Study (tick all that apply) <input type="radio"/> In school <input type="radio"/> After school/holiday programme	Average hours of English study per week during term time

SPORTING & CULTURAL

Sport	Number of years played	Level <input type="radio"/> Beginner <input type="radio"/> Intermediate <input type="radio"/> Advanced
Sport	Number of years played	Level <input type="radio"/> Beginner <input type="radio"/> Intermediate <input type="radio"/> Advanced
Musical instrument you play	Number of years played	Level <input type="radio"/> Beginner <input type="radio"/> Intermediate <input type="radio"/> Advanced
Second musical instrument	Number of years played	Level <input type="radio"/> Beginner <input type="radio"/> Intermediate <input type="radio"/> Advanced
Singing/Choral	Number of years studied	Level <input type="radio"/> Beginner <input type="radio"/> Intermediate <input type="radio"/> Advanced
Language	Number of years studied	Level <input type="radio"/> Beginner <input type="radio"/> Intermediate <input type="radio"/> Advanced
Drama	Number of years studied	Level <input type="radio"/> Beginner <input type="radio"/> Intermediate <input type="radio"/> Advanced
Other	Number of years studied/ played	Level <input type="radio"/> Beginner <input type="radio"/> Intermediate <input type="radio"/> Advanced

MEDICAL DETAILS *(to be completed by a parent)*

Please tick the box of any medical conditions your child suffers from:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Back/neck problems | <input type="checkbox"/> Bee sting reaction |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Food allergies | <input type="checkbox"/> Glandular fever |
| <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Hepatitis A or B | <input type="checkbox"/> Migraines | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Medic Alert | <input type="checkbox"/> Requires Epipen | <input type="checkbox"/> Migraines | <input type="checkbox"/> |
| <input type="checkbox"/> Other: | | | |

Does your child wear glasses? Yes No

Does your child have contact lenses? Yes No

Does your child have orthodontic fittings? Yes No

Please write details of any condition your child has:

Vaccinations - Please tick the box if your son has been vaccinated against any of the following conditions:

- | | | | |
|----------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> Polio | <input type="checkbox"/> Tetanus | <input type="checkbox"/> HIB | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Rubella | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Pertussis
<i>(whooping cough)</i> |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Meningococcal Meningitis | | |

MEDICAL DETAILS CONTINUED *(to be completed by a parent)*

Is your child taking any medication? Please include any natural remedies being used.

Yes No (If yes, please list and explain - in English)

Can pain relief such as Paracetamol, Paracetamol/Codeine, Ibuprofen or Antihistamine be given if required?

Yes No

Are there any other physical or mental health conditions or concerns that would place your child at risk? (e.g. depression)

Yes No (If yes, please explain)

Does your child have any learning or behavioural needs? (e.g. dyslexia)

Yes No (If yes, please explain)

MEDICAL RELEASE FORM

We grant Christ's College and its employees, at their discretion and at the cost to the student or his/her natural parents (in 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 Christ's College all necessary permissions to act as legal guardians and "in loco parentis" in an emergency situation, whether medical or other, including the possibility for surgical operations or any other treatment.

We also authorise Christ's College to return the student to the home country at his/her cost to submit to medical treatment, 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 is in good health and that his/her health record as filled in by a parent on this application form is true and complete. We accept that Christ's College reserves the right to request further information in regards to a medical or mental health condition.

We also grant Christ's College 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 Christ's College (including school holidays).

Parent's Name: _____

Signed: _____

Date: DD / MM / YYYY

INSURANCE



It is compulsory for International Students to have medical insurance while in New Zealand.

Christ's College is able to purchase Southern Cross insurance. These policies are compliant with the NZ Code of Practice for International Students. The brochures are available at www.uni-care.org.nz

Please tick one:

- I would like Christ's College to arrange Insurance and add it to my invoice
- I will take out medical and travel insurance and will send Christ's College a copy of the policy in English before I leave my home country

TRAVEL RELEASE FORM

We, the parents of the student named on this application, do hereby authorise Christ's College to approve student travel during the student's enrolment at Christ's College. Our authorisation is given (in advance) only for when the student is travelling and supervised by a representative of the school or a school approved travel company.

Parent's Name: _____

Signed: _____

Date: DD / MM / YYYY

It is necessary for all student holiday travel plans to be documented and approved by Christ's College prior to reservations being made, and prior to the actual travel. Approval will not be given by the school for any independent travel or for travel undertaken without adult supervision. Parental approval will be required for this type of travel.

ACCOMMODATION DETAILS

Please tick one

- I will be living with one of my parents
 I will be living in the boarding facilities at Christ's College

House preference

Name of parent/s *(complete this only if you will be living with them in NZ)*

Full Postal Address *(address + suburb + city + postal code + country)*

Email Address *(please print clearly)*

Phone Number *(country code + area code + number)*

Mobile Phone *(country code + area code + number)*

EDUCATION OUTSIDE THE CLASSROOM AGREEMENT

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.

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 (i) Lower risk environments e.g. measuring for maths (ii) Higher risk environments* e.g. climbing wall in gym	(i) No consent sought (ii) Blanket consent at enrolment
B	Off-site events (short visits to local venues) (i) Lower risk environments e.g. museum trip (ii) Higher risk environments* e.g. beach to study plants, (no swimming)	(i) No consent at enrolment (ii) Separate consent for each event or Blanket programme consent e.g. Outdoor Education practicals
C	Off-site events (day trips with additional risk management required) (i) Lower risk environments e.g. farm visit (ii) Higher risk environments* e.g. rock climbing	(i) Blanket consent at enrolment (ii) Separate consent for each event or Blanket programme consent e.g. Outdoor Education practicals
D	Off-site residential overnight events (i) Lower risk environments e.g. sports exchanges (ii) Higher risk environments* e.g. Year 9 camps	(i) Separate consent (ii) Separate consent for each event or programme

**Involves risk assessed to be great 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 Christ's College.

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.

Parent's Name: _____

Signed: _____

Date: DD / MM / YYYY

LAPTOP AGREEMENT

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

1. Read the **Acceptable Use Policy** when logging on to Christ's College network.
2. Read this page carefully to check that you understand your responsibilities.
3. Sign the appropriate section on this form.

We understand that Christ's College 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 Acceptable Use Policy.
- Respond appropriately to any breaches of the Policy.
- Provide members of the school community with cyber safety education designed to complement and support the policy.
- Welcome enquiries from students or parents about cyber safety issues.

SECTION FOR PARENTS

My responsibilities include:

- I will read the Acceptable Use Policy 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 policy rules and instructions
- I will contact the school if there is any aspect of the policy I would like to discuss
- I will provide my son with a Mac laptop

I am aware of the school's initiatives to maintain a cyber safe learning environment, including my child's responsibilities.

Parent's Name: _____

Signed: _____

Date: DD / MM / YYYY

REFUND POLICY

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

1. If notice of cancellation is received in writing two weeks before the commencement of the course, full tuition fees and boarding fees will be refunded, less:
 - (a) NZ\$150 application fee
 - (b) NZ\$1,500 administration fee
2. If the parents wish to cancel the student's further study after the course has commenced, tuition fee for the current school term plus one subsequent term's fees will be retained.
3. No refund when enrolment is withdrawn by the school.
4. When the passport status has been changed to permanent residence or work visa status, tuition fee for the current school term plus one subsequent term's fees will be retained.

GRIEVANCE PROCEDURES

Christ's College has established guidelines for students who have a complaint or grievance against the school. The international student has the same rights regarding any grievance with the school as domestic students. Complaint procedures for international students are posted on notice-boards within 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 Christ's College should in the first instance discuss the concern with the International Student Manager.
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 Executive Principal.
3. If the matter is still not resolved satisfactorily, the student should put their concern in writing to the Board of Governors of Christ's College. 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

Tribunals Unit

Private Bag 32001

Panama Street

Wellington 6146 Phone: 64 4 462 6660

Fax: 64 4 462 6686

Email: ieaa@justice.govt.nz

www.justice.govt.nz/tribunals/international-education-appeal-authority

INSURANCE AND LIABILITY

1. Christ's College 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. Christ's College 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. Christ's College reserves the right to decline any student enrolment to the school, at the discretion of the Executive Principal
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 Executive 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 Executive 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 Christ's College website, school newsletters, school magazine and as marketing material for the school.

Parent's Name: _____

Signed: _____

Date: DD / MM / YYYY

STUDENT ACKNOWLEDGEMENT

I _____ (student) have read and understood the conditions of being an International student at Christ's College and agree to abide by the rules of the school as set out in the following documents (available to view on our school website):

- Policy for the Enrolment and Attendance of International Students at Christ's College

I agree to abide by the boarding rules and to do my best to fit in with the lifestyle of my house. I accept that my the school are responsible for me and I agree to them enforcing these rules.

Signed: _____

Date: DD / MM / YYYY

PARENT ACKNOWLEDGEMENT

We (parents) accept authority of Christ's College and all the provisions as set out in the Policy for the Enrolment and Attendance of International Students at Christ's College and are aware that Christ's College will act according to the Code of Practice (<http://www.nzqa.govt.nz/providers-partners/education-code-of-practice/>).

I/WE agree that this information, and other information held by the College relating to my/our son's education, progress, health, welfare, or safety may be released to parties outside the College at the discretion of the Executive Principal

I/We consent to information relating to my/our son's education at College being released to the Christ's College Old Boys' Association for the legitimate purposes of that Association

Father's Name: _____

Signed: _____

Date: DD / MM / YYYY

Mother's Name: _____

Signed: _____

Date: DD / MM / YYYY

Note: Failure to disclose relevant information or the provision of false information may result in termination of enrolment. Ensure all details on these forms are completed and signatures from the correct people are included.

Christ's College has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students published by NZQA. Copies of the Code are available on request from this institution or from the New Zealand NZQA website at <http://www.nzqa.govt.nz/>

****CHRIST'S COLLEGE OFFICE USE ONLY****

STUDENT DETAILS

Last Name	First Name
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VISA DETAILS

Eligibility	<input type="radio"/> Fee Paying		
Client Number			
Serial Number			
Expires	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY

CYBER SAFETY

Student Number		Year Group	
Entered on Database	DD / MM / YYYY	Password	

INSURANCE

Insurer		Start Date	DD / MM / YYYY
Expires	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY

EMERGENCY CONTACT

Last Name	First Name
Relationship (e.g. friend, relative, neighbour)	Phone Number
Email Address	Mobile Phone