

# Aparima College International Student Application Form



## Personal Details of Student

DATE OF APPLICATION: \_\_\_\_\_

<p><b>Name of Student</b> _____</p> <p><b>Preferred Name</b> _____</p> <p><b>Ethnicity</b> _____</p> <p><b>Male/Female</b> _____</p> <p><b>Country of Birth</b> _____</p> <p><b>Citizenship</b> _____</p> <p><b>Passport Number</b> _____</p> <p><b>First Language</b> _____</p> <p><b>From:</b> _____</p> <p><b>To:</b> _____</p> <p><b>Family Name</b> _____</p> <p><b>First Names</b> _____</p> <p><b>Date of Birth</b> _____</p> <p><b>(or permanent resident of)</b> _____</p> <p><b>Length of time International student wishes to enrol for:</b>          ____ / ____ / ____          ____ / ____ / ____</p>	<p><b>Administration Only</b></p>           <p><i>Passport, Student visa and student permit photocopied</i></p>
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## Family Details

<p>Mother's Name _____</p> <p>Mother's Home Address _____</p> <p>Telephone: Day _____</p> <p>Email _____</p>	<p>Occupation _____</p> <p>Mother's Business Address _____</p> <p>Night _____</p> <p>Fax _____</p>
<p>Father's Name _____</p> <p>Father's Home Address _____</p> <p>Telephone: Day _____</p> <p>Email _____</p>	<p>Occupation _____</p> <p>Father's Business Address _____</p> <p>Night _____</p> <p>Fax _____</p>
<p>Number of Brothers _____</p> <p>Number of Sisters _____</p>	

## Emergency Contact

In Home Country:

Name \_\_\_\_\_

In New Zealand (if known):

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: Day \_\_\_\_\_

Night \_\_\_\_\_

Phone: Day \_\_\_\_\_

Night \_\_\_\_\_

## Accommodation

**Aparima College will arrange accommodation for International students.**

This will be a warm, comfortable room of your own with a family who will provide all your meals and arrange personal needs such as laundry.

1. Any accommodation to be used by international students will have:
  - a. An on-site assessment to determine that living conditions are of an acceptable standard.
  - b. If a home-stay or designated caregiver, an assessment will be undertaken to determine that the accommodation type is not a boarding establishment.
  - c. An assessment of the residential carer's suitability and whether they will provide a safe physical and emotional environment.
2. Each student will be interviewed quarterly to ensure that their accommodation is suitable.
3. All accommodation residences will be visited at least twice yearly to ensure that they remain suitable.
4. Police vetting will be carried out on all adults aged 18 years and over living in a home-stay or designated caregiver accommodation used by the student.

### Cost:

NZ \$250.00 per week; or NZ \$13,000.00 per year (52 weeks), plus non-refundable placement fee NZ \$200.00 (including GST)

**Total Cost: NZ \$13,200.00 (max)**

Home-stay fees are to be paid in advance.

The first payment is due when an offer of place is received.

**Please circle which type of accommodation the student will be living in:**

**School approved Home-stay**

**Parent**

**Relative or family friend**

**If you require the school to arrange home-stay accommodation please complete and attach the Accommodation Information Form.**

## Academic Programme

**Aparima College** Expects to be able to meet the learning needs of children enrolled at the school. Does the International Student (named above) have any special learning or behavioural needs?

Please circle:                      Yes                      No

Details if applicable: \_\_\_\_\_

**Course placement at a particular level is conditional upon a given level of English language proficiency or prior learning being achieved through testing either in New Zealand or before arrival. We reserve the right to restrict entry into classes or courses when the required level of English is not achieved.**

Attached:

1. Copies of recent academic records.
2. Results of IELTS taken within the last six months.

Preferred level of study: (subject to language proficiency of student)

NCEA Level 3: Pre University Year 13                      \_\_\_\_\_

NCEA Level 2: Year 12                      \_\_\_\_\_

NCEA Level 1: Year 11                      \_\_\_\_\_

Preferred Subjects:

Please list the subjects you would like to study at Aparima College (*in order of preference*):

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

How long do you wish to study at Aparima College? \_\_\_\_\_

Do you wish to study further at a Polytechnic or University? Yes \_\_\_\_\_ No \_\_\_\_\_

## Health

All International Students enrolled at **Aparima College** must be in good health and have Medical and Travel insurance. ***Please complete the Medical Authorisation form after the Enrolment form.***

### Medical and Travel Insurance

International students must have appropriate and current medical and travel insurance while studying in New Zealand. Aparima College provides insurance at competitive rates through Unicare: [www.uni-care.org](http://www.uni-care.org)

### Eligibility for Health Services

Most International Students are not entitled to publicly funded health services while in New Zealand. If you receive medical treatment during your visit, you may be liable to pay the full cost of treatment. Full details on entitlements to health services are available through the Ministry of Health on their website at [www.moh.govt.nz](http://www.moh.govt.nz)

### Accident Insurance

The Accident Compensation Corporation provides accident insurance for all New Zealand citizens, residents and temporary visitors, but you will still be liable for other medical and related costs. Further information can be viewed on the ACC website at [www.acc.co.nz](http://www.acc.co.nz)

## School Guarantee

<p><b>Aparima College</b> agrees to provide tuition and pastoral care support (in accordance with the <b>Code of Practice for the Pastoral Care of International Students</b>) for:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Name of International Student</i></p> <p>For the period of: _____ Commencing ____ / ____ / ____</p> <p>Principal's Signature: _____ Date: ____ / ____ / ____ on behalf of the <b>Aparima College</b> Board of Trustees.</p> <p>Stamp:</p>	<p><b>Application Approved</b></p>
<p>Documents required to complete this application process:</p> <ul style="list-style-type: none"> <li>• Signed 'Application to Enrol as an International Student' form</li> <li>• Completed 'Accommodation Information' form (<i>if student requires homestay accommodation</i>)</li> <li>• Signed 'Contractual Agreement'</li> <li>• Signed Indemnity Form (<i>If parents designate a relative or family friend to accommodate their son or daughter</i>)</li> </ul>	<p><i>Copy of Signed Contract to Applicant</i></p>

<p><b>Please return this form as soon as possible to either your local agent or to:</b></p> <p>The Principal Aparima College 33 Leader Street Riverton 9822 New Zealand</p> <p>Telephone ( + 64) 3 234 8900 Fax ( + 64) 3 234 8272 Email office@aparima.school.nz with:</p> <ol style="list-style-type: none"> <li>1. Medical certificate and Medical Authorisation Form</li> <li>2. Copies of Academic Record and IELTS results</li> <li>3. Accommodation Information Form</li> </ol>	<p><i>Paid in Full</i></p> <p><i>Registered</i></p>
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# Medical Authorisation Form

**You must complete this form in ENGLISH. Please print carefully.**

I/We, the parents of \_\_\_\_\_ authorise accredited staff at Aparima College to obtain information from Hospitals or Medical Practitioners regarding the medical condition of our child.

We expect that in the event of some serious condition or accident we will be advised immediately so that we can give permission for treatment and/or surgery.

If, in the event of an emergency or accident we cannot be contacted, we give permission to Hospitals or Doctors to take whatever action they find appropriate after consultation with the school staff concerned.

Name (Student): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Doctor: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please state any ongoing medical problems i.e. Asthma, Diabetes, Epilepsy, Hepatitis, etc.

\_\_\_\_\_

\_\_\_\_\_

What is your past medical history (including operations): \_\_\_\_\_

\_\_\_\_\_

Family history: i.e. Asthma, Diabetes, Hypertension, Cancer. Please state: \_\_\_\_\_

\_\_\_\_\_

Are you currently on any medications? Please state: \_\_\_\_\_

\_\_\_\_\_

Do you have any allergies? i.e. to medications, insect stings, foods, etc. If so, please state:

\_\_\_\_\_

Immunisations:      TETANUS      YES/NO      When? \_\_\_\_\_

POLIO      YES/NO      DIPHTHERIA      YES/NO

PERTUSSIS      YES/NO      MEASLES      YES/NO

RUBELLA      YES/NO      HEPATITIS B      YES/NO

If you have an ongoing medical condition that may need attention please bring the necessary medical records with you.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

# Aparima College Tuition Agreement



This agreement shall be signed on behalf of the Student by the parents of the Student.

School: **Aparima College** (“the school”)  
Student: \_\_\_\_\_ (“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 an annual fee.
2. The student shall comply with the rules and policies of the School and with the reasonable instructions of school staff.
3. The parents or guardians of the Student (“the Parents”) authorise staff of the School to:
  - a. Receive information from any person, authority or corporate body concerning the Student including, but not limited to, medical, educational and welfare information;
  - b. Receive financial information relating to the Student including bank account details, debt and/or income of the Student;
  - c. Provide consents in respect of any activity carried out and authorised by the School;
  - d. Provide necessary consents on the Student’s behalf in the event of a medical emergency where it is not reasonably practicable to contact the Parents.
4. The Parents irrevocably authorise the Principal of the School to advise the Student’s homestay hosts of all matters and information required to be provided to parents of any student under the laws of New Zealand. The Parents irrevocably authorise the School to obtain information regarding the Student from the homestay hosts. The Parents agree to appoint the homestay hosts as their agents in New Zealand to receive such information in substitution for the Parents.
5. The Parents 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.
6. The School shall use its best endeavours to ensure the safety, health and wellbeing of the Student but shall not be liable for any damage or harm caused to the Student or the Student’s property.
7. In any event, the School’s liability in relation to the supply of tuition services to the Student is limited to the amount of fees paid by the Student for the provision of the services in respect of which liability arises.
8. Nothing in this agreement limits any rights the Parents and/or Student may have under the Consumer Guarantees Act 1993.
9. Either party may terminate this agreement at any time upon two week’s 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.
10. It is acknowledged that all relevant provisions of the Education Act 1989 shall apply to the Student in New Zealand. Any decision under these provisions to expel or suspend the Student 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.

11. Neither party is liable to the other for failing to meet the obligations under this agreement to the extent that the failure was caused by an Act of God or other circumstances beyond its reasonable control.
12. 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.
13. This agreement contains all of the terms, representations and warranties made between the parties and supersedes all prior discussions and agreements covering the subject matter of this agreement.
14. 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.
15. The Parents and Student acknowledge that:
  - a. Personal information of the Parents and/or Student collected or held by the School is provided and may be held, used and disclosed to enable the School to process the application for tuition, provide tuition and homestay services to the Student, provide to the Student and/or Parents advice or information concerning products and services the School believes may be of interest to the Student and/or Parents and to enable the School to communicate with the Student and/or Parents for any purpose;
  - b. All personal information provided to the School is collected and will be held by the School at 33 Leader Street, Riverton 9822; Telephone (03) 234 8900; Fax (03) 234 8272;
  - c. If the Student/Parents fail to provide any information requested in the application for tuition, the School may be unable to process the application;
  - d. 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.
16. The Student's level of English (assessed on arrival in New Zealand) and academic record will be taken into account when determining acceptance and course placement. The Parents accept the right of the School to effect a change of course if this is seen to be in the best interests of the Student.
17. It is understood that the Student will attend regularly. The Parents and designated caregiver guarantee the good behaviour and regular attendance of the Student. Aparima College reserves the right to terminate this agreement and inform the New Zealand Immigration Service if the Student fails to comply with Ministry of Education attendance requirements.
18. It is understood that this contract is current until the end of the school year in which the Student enrolls and may be renewed yearly subject to the satisfactory performance and attendance of the Student.
19. The Student and Parents will accept and abide by the School's decision regarding accommodation suitability, and rules regarding accommodation.
20. In the event that the student's behaviour in the homestay is considered unacceptable by the host family and the school, and if another suitable homestay cannot be found, the school reserves the right to terminate this agreement.
21. Students aged 17 years and under are not permitted to travel independently and unsupervised outside the Southland area while holding a Student Permit/Visa for Aparima College. Students 18 years and over who wish to travel

independently must consult with, and obtain permission from the Director of International Students or the Principal at least one month prior to travel.

22. I understand that my son/daughter may not own or drive a vehicle whilst a student at Aparima College *unless*: he/she obtains written permission from their natural parents requesting to own or drive a car; writes to the Principal outlining intentions/reasons for wanting to own or drive a car; permission has been granted by the Principal; have had lessons from a registered driving school; be 16 ½ years old or over; hold a current New Zealand Driver’s License and undertake a Defensive Driving Course.
23. We agree that we have disclosed to the college all special educational and health needs of the student prior to the signing of this agreement. We give the college permission to make a decision on the advice of a medical practitioner, in a medical emergency.

Please outline any further relevant information that we should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. We acknowledge that this agreement may be terminated by the School if the enrolment of the Student is based upon any false declaration or information provided by the Student or their caregivers. We have read and understood the terms set out in this agreement including the attached schedules and agree to them.

**Execution and Acceptance of Terms**

**Parent**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent)

**Full Name:** \_\_\_\_\_

**Designated Caregiver**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Caregiver)

**Full Name:** \_\_\_\_\_

Aparima College has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students published by the Ministry of Education. Copies of the Code are available on request from Director of International Students, Aparima College *or* from the New Zealand Ministry of Education Website at [www.minedu.govt.nz](http://www.minedu.govt.nz)

If there are concerns about a student’s treatment then, under the terms of the Code of Practice, the Director of International Students should be contacted in the first instance so that the school’s internal grievance procedures can be implemented.

The above information has been requested in order to ensure the school has sufficient information to enable proper contact with parents is made, and to enable the school to comply with such legitimate requests for statistical information as may be required.

This information will not be used for any purposes other than those required by the school. It will not be handed on to any other agency except as may be required by law. The information will be stored appropriately.

Parents are advised of their right to see this information at any time. They are encouraged to use their legal right to request that it be updated and corrected should circumstances change. Such changes will be made upon receipt of the new information in writing from a parent.



## Aparima College Refunds Policy for International Students



1. Aparima College has fee protection insurance to safeguard international students' fees in the unlikely event of the school being unable to deliver the programme due to insolvency.
2. If the Student needs to withdraw prior to coming to New Zealand the fees paid will be refunded in full minus the \$500 administration fee. If the Student wishes to withdraw after arriving in New Zealand and commencing the subject, course or programme, no refund will be made except where the Student returns home due to serious illness or the Student or because of death or serious illness of a close family member or if a parent gains Permanent Residence and the College is notified before the end of Term 2. In that event the refund will be calculated in accordance with paragraphs 3 and 4.
3. In order to be eligible for any refund the parent or designated caregiver must apply in writing to the Board of Trustees setting out the special circumstances of the claim. Any refund will be based on the date that the letter of application for a refund is received.
4. Where the student withdraws from a subject, course or any programme at the School and is eligible to receive a refund, the Board of Trustees may refund to the person who paid the fees in respect of the subject, course or programme, any amount of the fees it thinks appropriate but any such amount will not exceed 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 in the subject, course or programme of the School's capital facilities;
  - c. The appropriate proportion of the amounts paid by the Board in respect of fee paying students; and
  - d. All other fees prescribed by the Board.

**NB:** No refunds will be made:

- Where students are asked to leave the School because of misbehaviour, poor attendance or violation of the rules regarding motor vehicles;
- Where students wish to transfer to another school for whatever reason;
- Where students return home for any reason other than the student's serious illness or death or serious illness of a close family member;
- Where student's parents acquire Permanent Residence, Work Permits or Long Term Business Visas after the first day of Term 3;
- Where fees have been paid for less than one whole year.

I have read and understood the Refunds Policy.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Full Name (please print): \_\_\_\_\_