

St Thomas's School



Allum Street, Kohimarama, Auckland 5. Telephone 528-3938 Fax 528-3944

INTERNATIONAL STUDENT ENROLMENT CONTRACT

Child's Full Name _____
(Family Name) (Given Names)

Date of Birth _____ Male Female
(please circle gender)

Ethnicity _____ First Language _____

Address in New Zealand _____

Phone Number _____ Fax Number _____ Mobile _____

Fees - \$12164.44 per year 2011(includes GST) – to be paid in advance upon acceptance
- \$3041.11 per term (includes GST) – to be paid in advance upon acceptance

These documents must be supplied on enrolment: Health & Travel Documents
Parent/s Passport Documents

Emergency Contact in New Zealand

Name: _____ Relationship to student: _____

Address: _____ Phone _____

I/we the undersigned have read, understood and accept the terms of enrolment for my/our child. We agree to abide by St Thomas's School Policies and Procedures and understand that by not doing so the St Thomas's Board of Trustees has the right to suspend my child under Section 14 of the Education Act 1989 or terminate my/our child's enrolment. False information or the failure to disclose relevant information could result in termination of the enrolment.

Signed _____ Parent / Caregiver

Date _____
(Please print name and initial of Parent/Caregiver)

St Thomas's School has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students published by the Minister of Education. Copies of the Code are available on request from the Office or from the New Zealand Ministry of Education website at www.minedu.govt.nz.

Office use only:

Client No. (Student Permit) _____

Ministry of Education advised

Amount Paid \$ _____ Receipt No. _____ Date _____