

St. Thomas's

APPLICATION TO ENROL AS AN INTERNATIONAL STUDENT



Verification
(Office use
only)

Name of Student: _____ Date of Birth: _____
(Family Name) (First Name)

Preferred Name: _____ Male/Female Ethnicity _____

Length of time International Student wishes to enrol for:

from ____/____/____ to ____/____/____

Year Level: _____

Level of English (*please circle*) Beginner Intermediate Advanced

Passport,
student visa
and student
permit
photocopied

Expiry Date

Will the student (named above) be living with a **parent** or **legal guardian** or **designated caregiver** or **homestay**? (*Please circle*)

Details: i.e.
Passport
verified and
photocopied

Details of the **Parent/ Legal Guardian**: the International Student (named above) will reside with while attending St. Thomas's School.

Name of Parent/Legal Guardian: _____
(Please Print Full Name)

New Zealand Address: _____

Phone: (0_) _____ Mobile Phone: _____

Passport
Copied

Expiry Date

Proof of
Residential
Details

Name(s) and Contact details of **Parent(s) in home country** :

Name/s: _____

Address: _____

Phone: _____ Mobile Phone: _____

Details of the **Designated Caregiver** family (*if applicable*) the International Student (named above) will reside with while attending St. Thomas's School.

Name of Caregiver/s: _____

Address: _____

Phone: (0_) _____ Mobile Phone: _____

<p>All International Students enrolled at St. Thomas's must be in good health and have Medical and Travel Insurance.</p> <ul style="list-style-type: none"> Does the International Student (named above) have good health? Yes No - Details if applicable : _____ _____ What type of Medical and Travel insurance does the student have for the duration of his/her time of study in New Zealand? Type _____ Policy No: _____ Expiry Date: _____ <i>(All non-New Zealand policies must be submitted in English prior to enrolment).</i> 	<p>Medical Insurance Details Checked and Photocopied <input type="checkbox"/></p>
<p>St. Thomas's School expects to be able to meet the learning needs of children enrolled at the school.</p> <ul style="list-style-type: none"> Does the International Student (named above) have any special learning or behavioural needs? Yes No Details if applicable: _____ 	
<p>I have been informed about and received a summary of the Code of Practice for International Students: Yes No</p>	<p>Copy of Summary Code <input type="checkbox"/></p>
<p>I have been informed of all costs involved with enrolment, the school's policies regarding fee protection and refunds, and the grievance procedures: Yes No</p>	<p>Refund & Fees Protection Policies <input type="checkbox"/></p>
<p>I have received a copy of the school Prospectus and Policies relevant to International Students and have read and understood them: Yes No</p>	<p>Prospectus Insert International Student Policy Complaints Policy <input type="checkbox"/></p>
<ul style="list-style-type: none"> I have read, understood and accept the policies, rules and procedures regarding International Students at St. Thomas's School and agree to abide by them. I agree that all disputes will be dealt with in accordance with New Zealand law. I confirm all the information contained in this application is true and correct to the best of my knowledge and belief. I will inform the school if there are any changes to the details of this application. I understand that the withholding of relevant information or the giving of false information may result in termination of enrolment. <p>Parent / Legal Guardian's Signature: _____</p>	

Tuition Fee:

To be paid in advance upon acceptance - \$11,587.50 per year – 2009 (including GST) or \$2,896.88 per term (including GST).

St. Thomas's School agrees to provide tuition and pastoral care support (in accordance with the **Code of Practice for the Pastoral Care of International students**) for:

Name of International Student

For the period of: _____ commencing ___/___/___

Principal's Signature: _____ Date: ___/___/___
on behalf of St. Thomas's School Board of Trustees.

Stamp:

Application approved

Copy of Signed Contract to Applicant