



Application and Tuition Agreement

YEAR LEVEL: (Please tick the year level applying for)

Year 9		Year 10		Year 11		Year 12		Year 13	
13/14yrs		14/15yrs		15/16yrs		16/17yrs		17/18yrs	

DATES: (Please tick all terms applying for)

2014	Term 1		Term 2		Term 3		Term 4	
2015	Term 1		Term 2		Term 3		Term 4	
2016	Term 1		Term 2		Term 3		Term 4	

Please attach passport photo here or attach separate photo with application

DETAILS OF STUDENT Gender: Male Female Date of Birth: ____/____/____
Day/Month/Year

Last name (as on passport)			
First name (as on passport)			
Known as			
Country of birth		Religion	
First Language		Student mobile number	
Student email			
Passport number		Passport expiry date	

PARENTS DETAILS

Mother		Father	
Last name		Last name	
First name		First name	
Address		Address	
Occupation		Occupation	
Telephone number		Telephone number	
Work telephone number		Work telephone number	
Mobile number		Mobile number	
Fax number		Fax number	
Email Address		Email Address	

AGENT DETAILS**(only applicable if you are using an agent)****NEW ZEALAND CONTACT****.. (if applicable)**

Name of Agency		Name of contact	
Address		Address	
Phone number		Phone number	
Contact person		Mobile number	
Fax		Email	
Email		Relationship to you	Relative (please state):
			Or Family Friend

GENERAL DETAILS

Have you studied at a New Zealand school before?	Yes		No	
If yes, please state the school:	Year			
Have you had a brother or sister enrolled at Waiheke High before?	Yes		No	
Name:	Year attended			
How many years have you studied English?	Years		Months	
Do your parents speak or read English?	<u>Speak</u>	Yes		No
	<u>Read</u>	Yes		No
What is your planned future career or study plan? _____				

ACCOMMODATION REQUIREMENTS

I have my own accommodation (Designated Care-Giver)	Yes		No	
I will be living with my parents: <i>Please provide copy of your full birth certificate stating your parents' names and copy of their passport and visa.</i>	Yes		No	
I wish to have a homestay organised by Waiheke High School <i>If yes please answer the questions below:</i>	Yes		No	
1. Do you smoke?	Yes		No	
2. Are you a vegetarian?	Yes		No	

DESIGNATED CARE-GIVER (DCG) DETAILS

(If applying to stay in accommodation NOT organised by Waiheke High School)

Please note: A DCG must be a relative or close family friend. This accommodation must be approved by Waiheke High School prior to the student's arrival. Please provide a copy of the DCG's passport (and visa if applicable).

Name of Caregiver			
Address in NZ	_____ _____		
Telephone Number		Mobile Number	
Email			
Relationship to you	Relative (please state)		
	Family		Friend

INSURANCE DETAILS

You **must** have health and travel insurance before travelling to New Zealand. This is essential and we must receive a copy of the policy and coverage details (in English) prior to arrival. We can arrange insurance for you. Our preferred supplier is Uni-Care - www.uni-care.co.nz.

Do you wish Waiheke High School to arrange insurance on your behalf	Yes		No	
If you already have insurance: Insurance Provider				
Policy number		Expiry date		

MEDICAL DETAILS

Do you have any special medical or learning needs? _____ _____				
Name of Family Doctor				
Phone number		Fax Number		
Please tick the following boxes if you suffer from any of the following medical conditions:				
<i>Asthma</i>	<input type="checkbox"/>	<i>Back/Neck problems</i>	<input type="checkbox"/>	<i>Heart Conditions</i>
<i>Allergy to Bee/Wasp stings</i>	<input type="checkbox"/>	<i>Diabetes</i>	<input type="checkbox"/>	<i>Hepatitis A or B</i>
<i>Allergies including food</i>	<input type="checkbox"/>	<i>Epilepsy</i>	<input type="checkbox"/>	<i>Migraines</i>
	<input type="checkbox"/>	<i>Glandular Fever</i>	<input type="checkbox"/>	
Details of other medical conditions or medication: _____ _____ _____				
<i>Please note: as part of signing this application I give permission for Waiheke High School to contact my doctor if further information is required, or in the case of any emergency. This includes calling an ambulance in an emergency situation and being prescribed over the counter medications (which are suitable) by the certified school nurse when needed i.e. Paracetamol</i>				

SPORT AND CULTURAL ACTIVITES

Please tick the activities you would like to be involved in at Waiheke High School or Waiheke Island Clubs:

Athletics		Frisbee Golf		Rugby League		Volleyball	
Badminton		Golf		Touch Rugby		Waka ama	
Baseball		Netball		Soccer/Football		Choir	
Basketball		Rugby		Table Tennis		Jazz Band	
Cross Country		TAG Rugby		Tennis		Kapa Haka	

(Please note that these are available at different times of the year according to our seasons, for example, athletics is in term 1 only)

Please indicate what level of any of the above sports or activities you have played in the past.

1.
2.
3.
4.

SUBJECT CHOICES

All subject information is in the Waiheke High School Senior Study Guide and Junior Option Booklets available on our website: www.waihekehigh.school.nz.

Year 10 Students must choose 2 subjects as well as the core subjects

Year 11 to 13 students must choose 5 subjects.

I would like to enrol in Sea Sports	Yes	No
<i>Sea Sports is only available to Year 11, 12 and 13 Students, is subject to availability of places and carries an extra cost as per our Fee Schedule. Students must be confident in the water and able to swim at least 100 metres</i>		
Please give an indication of what you think you would like to study. This selection will be discussed with the Dean of International on arrival.		
1. English/ESOL		
2.		
3.		
4.		
5.		
6.		

DECLARATION AND TUITION AGREEMENT

I _____ (student's name) have read and understood the Rules and Guidelines Document and agree to abide by the conditions therein (including the rules for Internet access and Cyber safety)

If I am living in a homestay organized by Waiheke High I agree to abide by the Accommodation Guidelines and to do my best to fit in with the lifestyle of my homestay family.

Signature: _____ Date: _____

We (Parents) have read and understood the Rules and Guidelines Document and the Code of Practice document and are aware that Waiheke High School will act accordingly to the Code of Practice (www.minedu.govt.nz/goto/international). We accept the authority of Waiheke High School and all the provisions as set out.

Father's name: _____

Signature: _____ Date: _____

Mother's name: _____

Signature: _____ Date: _____

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

Please include with your Application and Tuition Agreement the following:

1. Copy of the photo page of your passport.
2. Latest school report (this is not necessary to translate).
3. Letter of recommendation from your School Principal or Teacher.
4. If choosing the homestay option, include a letter addressed: Dear Homestay Family - with information on yourself, your family, your interests, sports and hobbies (please include photos).