

APPLICATION FOR A PLACE

Email: ifp@whs.school.nz

I would like to study at Wellington High School in New Zealand from January/April/July/October 20_____.
Please circle correct month. No senior students are accepted in October.

MYSELF

Family Name

First Names

Date of Birth

 (Enter as Day/ Month/ Year)

Sex

Male Female

Address

Telephone

Student's Email

Nationality

Passport Number
and Expiry Date

Country of Issue

Are you already at
School in New
Zealand? If so, where?

MY PARENTS

Father's Name

Father's Occupation

Father's Address

Father's Telephone

Father's Email

Father's Cellphone

Mother's Name

Mother's Occupation

Mother's Address
(if different from father's)

Mother's Telephone

Mother's Cellphone

Mother's Email

MORE ABOUT MYSELF

Present School and
Year Level

Previous school
attended

Number of years
studying English

My spoken English is: not very good good excellent

Subjects being studied this year: (indicate those which are taught in English)

I would like to study the following at your school:

When I leave school I intend to study further for:

State qualifications aimed at (e.g. university, a polytechnic, teacher's college) or I intend to work or get an apprenticeship

MEDICAL INSURANCE:

- I will arrange suitable medical insurance before arrival
The school will require a copy of the insurance policy translated into English
- I would like the school to arrange medical insurance

I FOUND OUT ABOUT THE SCHOOL FROM: (circle one)

An education agency

A New Zealand Embassy or High Commission

A friend or relative

Internet contact or website

other _____

ACCOMMODATION ARRANGEMENT:

I would like the school to arrange me a home stay Yes (complete homestay section)/No

I have made arrangements for accommodation with: (name and address) _____

HOMESTAY ACCOMMODATION

If you want the school to arrange a host family, please complete this section.

Please understand that nearly all New Zealand homes have a cat.
The school cannot guarantee accommodation in a house with no pets.

My Brothers and Sisters.

Name	_____	Age	_____	Sex	_____	Occupation	_____
Name	_____	Age	_____	Sex	_____	Occupation	_____
Name	_____	Age	_____	Sex	_____	Occupation	_____

Food

I really like _____

I really can't eat _____

Do you have an allergy to pets? Yes/No Do you like pets? Yes/No/Don't mind

Do you smoke? Yes/No Do you drink alcohol? Yes/No

Do you have a religion? If yes, please specify.

My Personal Interests (Hobbies, Sports, Music)

Do you do household chores at home? If so, what chores?

Why do you want to come to New Zealand?

How would you describe your personality?

What time are you expected to be home during the week or on weekends in your country?



What are your expectations of living with a New Zealand family?

You may like to attach a letter about yourself that you would write to your future homestay family. Please note that it will take time to adjust to a new home and a new culture and an open mind will make your visit more successful.

MY HEALTH

Do you have or have you had any of the following health problems – please tick the boxes

	Yes	No		Yes	No
Depression			Migraine		
Anxiety/Stress			Severe Allergy		
Anorexia or Bulimia			Learning Problems		
Epilepsy			Hearing Problems		
Diabetes			Eyesight Problems		
Asthma			Menstrual Problems		
Other – please state					

If Yes, please add further information _____

Please clearly state any allergies which you suffer from eg hayfever, pollen, food, insect stings, antibiotics

TUITION CONTRACT WITH WELLINGTON HIGH SCHOOL

Acceptance of a formal offer from Wellington High School by the payment of tuitions fees implies that you accept the conditions of this contract.

I accept the right of Wellington High School to decline this enrolment at the discretion of the International Student Director.

The enrolment will be revoked if the student is deemed to have special needs that the school is unable to meet.

I undertake that my son/daughter will behave in a manner acceptable to Wellington High School and abide by the rules of the school. I understand that unsatisfactory behaviour and attendance will result in stand down, suspension and exclusion, expulsion procedures being followed, which could result in the cancellation of the student's right to study at Wellington High School and their removal from homestay accommodation.

I accept that Wellington High School has the right to review and adjust my son's/daughter's course of study if this is deemed by the school to be in his/her best interests.

I have read and understood the Wellington High School Fees Refund Policy. See <http://www.wellingtonhigh.com/wp-content/uploads/Fees-Refund-Policy.pdf>

This agreement is subject to the student being placed in accommodation that is provided by the school. The school will make every reasonable attempt to provide approved accommodation for the student and the student agrees to comply with all expectations and conditions for living in school approved accommodation.

I understand that my son/daughter may not own or drive a motor vehicle while he/she is a student at Wellington High School.

I will notify the school of any change of my contact details.

I will notify the school via email of my son/daughter's future plans when they have finished at Wellington High School.

I understand that the school will act as a guardian in relation to my son/daughter unless I nominate another person resident in New Zealand and acceptable to the school.

DISPUTES

In the event of any disputes, New Zealand law and the jurisdiction of New Zealand courts will apply. The parties agree that all relevant provisions of the Education Act 1989 shall apply to the students in New Zealand. Any decision under these provisions, to expel or exclude the student will follow the Ministry of Education's guidance for schools on stand downs, suspensions, exclusions and expulsions and shall terminate this agreement.

I have read and understood the above information and agree to abide by the school rules.

Term of Tuition Contract _____

For subsequent Offers of Place, the term of the tuition contract will be as outlined on the student's Offer of Place for that year.

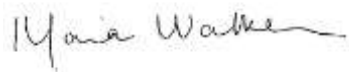
Applicant's signature _____ Date _____

Applicant's name _____

Parent's signature _____ Date _____

Parent's name _____

Name of the person who has completed this form _____



Maria Walker
International Student Director

Date _____