

Passport size
Photograph

Glendowie College

Pre-Enrolment Application

Please print



SECTION A Student's details

MALE / FEMALE

Family Name		First Names	
Known As		Date of Birth	
Home Address in Country of Origin		Home Phone	
		Home fax	
Passport No	Country of Issue	Expiry Date	Ethnic Origin

Parent Email Address: (for electronic communication from school eg,reports)

SECTION B: Parents' details

Father's Full Name		Mother's Full Name	
Workplace		Workplace	
Occupation:		Occupation	
Father's home address if different from student		Mother's home address if different from student	
Work Phone		Work Phone	
Work Fax		Work Fax	
Work Email		Work Email	

SECTION C: Agent contact in home country or in New Zealand

Agent Contact Person		Home Phone
Agent Address		Work Phone

Email Address

SECTION D:

Homestay details in New Zealand (if known)

Designated Caregiver in New Zealand (if known)
Please circle to indicate relationship - Uncle - Aunt - Grandparent(s) - Brother - Sister - Cousin

Name	Name
Address	Address
Phone	Phone
Mobile	Mobile
Email	Email

SECTION E: Schools attended over the last two years (present school first)

1	Name of School	Class or Grade
	Address	
2	Name of School	Class or Grade
	Address	

Please indicate (✓) level of study being applied for at Glendowie College

<i>Pre University</i>	Year 13	17/18 years old	_____
	Year 12	16/17 years old	_____
	Year 11	15/16 years old	_____
	Year 10	15/14 years old	_____
<i>1st year at High School</i>	Year 9	14/13 years old	_____

SECTION F: FEES / INSURANCE / HOMESTAY ACCOMMODATION**Part 1: Tuition Fees and Insurance**

Fees (NZ\$) payable to ASB Bank St Heliers branch Auckland New Zealand
Account Number: 123027 0364377 00 - Swift Code ASBBNZ2A

Tuition Fee for 1 year 2016	\$16,500.00
This fee includes basic school uniform for one year	
Insurance Fee for 1 year (NZ Student Plan)	\$ 577.00
Travel, medical, personal & fees protection	
	<u>\$17,077.00</u>

Please note:

1. The Premier Partnership cover with Uni-Care Insurance is for a 12 month period and must be renewed at the end of this period.
2. It is a condition of the Code of Practice for International Students that every student has current insurance cover (travel, medical, personal & fees protection).
3. Internal and external examination fees are not included in the tuition fee.

Part 2: Homestay Accommodation & Extra-Caregiver fees

Placement Fee	\$ 400.00
<i>(Please Note: A change of homestay requested by a student may incur a further \$200 placement fee)</i>	
2015 – Accommodation Fee (48 weeks in advance @\$270* per week)	\$12,960.00
<i>* A surcharge will apply to the accommodation fee for a student under the age of 14 years old.</i>	
Extra-Caregiver (48 weeks in advance @ \$70 per week)	\$ 3,360.00

Please indicate by circling YES or NO

Are you requesting Kiwi Homestay Accommodation ?	YES / NO
Are you requiring an extra-caregiver ?	YES / NO
Do you require to be met and transported to and from the Airport ?	YES / NO

Please Note:

1. Designated caregiver/extra-caregiver is a condition of enrolment
2. Homestay/accommodation arrangements not made by the school must meet code requirements and approval of the school.
3. The cost of Airport pickup is \$90 each way and will be charged on your invoice.

I declare that the information given on this form is true and correct.

(Parent/Guardian) _____ (Date) _____

Glendowie College

Acceptance of Terms & Conditions



Part A: Parent

I have read and understood the terms and conditions set out in the Tuition Agreement/Contract including the attached schedules (refund policy, standards of behaviour, insurance requirements, homestay terms and conditions), and agree to these and all enrolment terms and conditions.

The terms of the agreement/contract may be changed by the school in writing to the parents and shall continue in force while the student is enrolled with the college.

Signed: _____ (parent) Date: _____

Full Name: _____ (print)

Part B: Agent:

I have read and understood the terms and conditions set out in the Tuition Agreement/Contract including the attached schedules (refund policy, standards of behaviour, insurance requirements, homestay terms and conditions), and agree to these and all enrolment terms and conditions.

The terms of the agreement/contract may be changed by the school in writing to the parents and shall continue in force while the student is enrolled with the college.

I confirm that the parents and the student enrolling fully understand the terms and conditions as set out.

Signed: _____ (agent) Date: _____

Agent name & address: _____



_____ (print)

Part C: Student:

I have read and understood the terms and conditions set out in the Tuition Agreement/Contract including the attached schedules (refund policy, standards of behaviour, insurance requirements, homestay terms and conditions), and agree to these and all enrolment terms and conditions

The terms of the agreement/contract may be changed by the school in writing to my parents and shall continue in force while the student is enrolled with the college.

Signed: _____ (student) Date: _____

Full Name: _____ (print)

(See contract)

HOMESTAY REGISTRATION FORM

Please complete each section fully

Family Name			
First Name			
English Name (if applicable)		Nationality:	
Date of Birth		Gender :	Male / Female
School Attending	GLENDOWIE COLLEGE		
Homestay Placement <i>We will try to meet your requirements but this is not always possible.</i>	I would prefer to stay with a family: A. With young children B. With older children C. Young with no children D. Older, children left home		
How long will the student require homestay accommodation:	Start date: _____ End Date: _____		
Many New Zealand families have pets (cats or dogs). Do you like animals? YES / NO	Do you have any health problems/allergies that we should know about? Please specify		
Is there any food you cannot eat? YES / NO <i>If yes, give details:</i>	What are your hobbies / interests?		
Do you require any religious observances YES / NO <i>If yes, give details:</i>	Do you smoke cigarettes? YES / NO <i>Please be truthful</i>		
Would you live with a family who smoke? YES / NO	Do you suffer any medical conditions? YES / NO <i>If yes, give details:</i>		
Please list any specific homestay requirements.			
On Shore Extra Caregiver Details. (Name, address & telephone number)			
Extra Caregiver's relationship to student (eg Aunt/Uncle)			
Family Details			
Father's Name:			
Mother's Name:			
Address:			
Email:			
Telephone number			
Business telephone number			

Please note that parents are welcome to visit their child's homestay. However they may not stay at the homestay overnight.

MEDICAL INFORMATION

If your son/daughter suffers any medical problems, please contact school nurse, email: jan.davison@glendowie-college.school.nz to discuss appropriate care and to formulate an action plan

STUDENT NAME

All students should have completed their Childhood Immunisation Programme before commencing secondary school. Has your child had the following vaccinations? Please tick the box if YES

- M.M.R. (Measles, Mumps, Rubella)
- Polio (oral)
- Tetanus
- Hepatitis B
- Whooping Cough
- HIB (Haemophilus Influenzae Type B)

Has/does the student suffer from	Severity	Medication
Asthma Yes / No		
Diabetes Yes / No		
Allergy Yes / No		
If the answer is yes, what allergies does the student suffer from (eg hay fever, food allergies, pet allergies, other?)		
Migraine Yes / No		
Epilepsy Yes / No		
Any condition that we should know about? Yes / No		
If the answer is yes, please explain, eg dietary, physical or emotional condition		

In case of illness, accident or emergency

- I give permission for my child to receive appropriate treatment when necessary by the nurse and for the school nurse to administer non-prescription medicines, ie Paracetamol, Ibuprofen, throat lozenges, on the occasions deemed necessary.
- If the school is unable to contact you, or if the accident is serious, I give permission for the nurse or delegate to take my child to Accident and Emergency, the doctor or physiotherapist.
- I give permission for the school to make such arrangements as are necessary for the treatment of my son/daughter in an emergency and agree to meet any costs incurred.
- I accept that while my child is a student at Glendowie College it is my responsibility to inform the school of any important medical condition acquired by my child.

Signed

Date

(Parent/Caregiver)

GLENDOWIE COLLEGE CYBERSAFETY USE AGREEMENT FORM FOR SECONDARY STUDENTS

NB: Separate contract enclosed for you to read and keep

To the Student, and the parent/legal guardian/caregiver

1. Please read this page carefully, to check you understand your responsibilities under this agreement
2. Sign the appropriate section on this form
3. Return this form with your application for enrolment
4. Keep the document "Computer & Internet Use Agreement for Secondary Students", as well as a copy of this signed page which the school will provide.

We understand that Glendowie College will:

- Do its best to keep the school cybersafe by maintaining an effective cybersafety programme. This includes working to restrict access to inappropriate, harmful or illegal material on the internet or school ICT equipment/devices at school or at school-related activities, and enforcing the cybersafety rules and requirements detailed in use agreements.
- Keep a copy of this signed use agreement form on file
- Respond appropriately to any breaches of the use agreements
- Welcome enquiries from students or parents about cybersafety issues.

Section for Student

My Responsibilities include:

- I will read this cybersafety use agreement carefully
- I will follow the cybersafety rules and instructions whenever I use the school's ICT
- I will also follow the cybersafety rules whenever I use privately-owned ICT on the school site or at any school related activity, regardless of its location
- I will avoid any involvement with material or activities which could put at risk my own safety, or the privacy safety or security of the school or other members of the school community
- I will take proper care of school ICT. I know that if I have been involved in the damage, loss or theft of ICT equipment/devices, my family may have responsibility for the cost of repairs or replacement
- I will keep this document somewhere safe so I can refer to it in the future
- I will ask Ms Mercer, ICT Manager, if I am not sure about anything to do with this agreement.

I have read and understood my responsibilities and agree to abide by this cybersafety use agreement. I know that if I breach this use agreement there may be serious consequences.

Name of student:

Signature:
.....

Date:

Section for parent/legal guardian/caregiver

My responsibilities include:

- I will read the cybersafety use agreement carefully and discuss it with my child so we both have a clear understanding of their role in the school's work to maintain a cybersafe environment
- I will ensure this use agreement is signed by my child and by me, and returned to the school
- I will encourage my child to follow the cybersafety rules and instructions
- I will contact the school if there is any aspect of the use agreement I would like to discuss.

I have read this cybersafety use agreement document and am aware of the school's initiatives to maintain a cybersafe learning environment, including my child's responsibilities.

Name of parent:

Signature:
.....

Date:

Please note: This agreement for your child will remain in force as long as he/she is enrolled at this school. If it becomes necessary to add/amend any information or rule, parents will be advised in writing.