

# Lynfield College Application



Lynfield College has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students published by the Ministry of Education. Copies of the Code are available on request from Lynfield College or from the Ministry of Education web site at [www.minedu.govt.nz/goto/international](http://www.minedu.govt.nz/goto/international)

## Application Procedures

1. Complete ALL sections of the application.
2. Please write names, address and contact numbers clearly and in BLOCK letters.
3. Every page must be signed by a **Parent** NOT by an agent,/relative or any other person.
4. It is the responsibility of the **Parent** that he/she understands what is being signed.
5. If the application is accepted the Student will be given an "Offer of a Place".

## REFUNDS POLICY

If the Student withdraws before coming to New Zealand the full tuition fee is refunded, less a \$500 administration fee.

If the Student wishes to withdraw after arriving in New Zealand no refund will be made except in exceptional circumstances.

All requests for a refund must be in writing, setting out the special circumstances of the claim. If a refund is paid, under New Zealand law, the School must retain amounts to cover costs already incurred. The balance will be returned.

- No refunds will be made where a Student is asked to leave the College because of misbehaviour, poor attendance or violation of the school rules.
- No refunds will be made where a Student wishes to transfer to another school for whatever reason.
- No refunds will be made where a Student returns home for any reason other than the Student's serious illness or death, or serious illness or death of a close member of the family. Medical evidence must be provided
- No refunds will be made where students gain Permanent Residence or Parents obtain a Work/Residence/Long term business Permit after the Student's enrolment.

**Because all the conditions of enrolment will be strictly enforced, including the Refunds Policy, please do not accept an "Offer of a Place" at Lynfield College unless you have a clear understanding of these conditions**

APPLICATION FOR A PLACE AT LYNFIELD COLLEGE

STUDENT DETAILS:

Family Name: ..... Date of Birth: .....

Given Names: ..... Male Female

Nationality: ..... First Language: .....

Passport Number: .....

Who does the student live with? Father  Mother  Both

Street Address: .....

City ..... Postal Code .....

Province ..... Country .....

Phone (Home) ..... Email .....

Father's Details:

Mother's Details:

Family Name ..... Family Name.....

Given Name ..... Given Name.....

Occupation ..... Occupation .....

Phone(Work) ..... Phone(Work) .....

Fax ..... Fax .....

Email ..... Email .....

Speaks English: Yes No

Speaks English: Yes No

Emergency Contact in New Zealand (If there is no-one please put "nil"):

Name: ..... Relationship to student: AGENT.....

Address: ..... Study • Work • Travel • Visa.....

Phone Home: ..... Work: ..... Fax: ..... Email: .....



Study • Work • Travel • Visa

**HEALTH**

***Travel / Medical Insurance is compulsory. All policies must be approved and comply with the Code of Practice. A copy of the policy in English must be provided.***

Yes No

Do you wish Lynfield College to arrange insurance?

Does the Student have any medical problems?

If "Yes" please provide details

**ACADEMIC PROGRAMME (see Student Subject Guide for details)**

Date the Student wants to start at Lynfield College:.....

What subjects does the Student want to study?

.....

How long does the Student plan to study at Lynfield College?.....

What does the Student plan to do after leaving Lynfield College? .....

*(The school reserves the right to change a student's course of study if it is deemed in the best interest of the student or if the student does not meet the prerequisites for the course. If a student starts part way through the academic year some subjects may not be available.)*

**INTERESTS AND HOBBIES**

Please list any musical instruments that you play .....

Please list any sports that you play .....

Please list any clubs you belong to .....

Which activities would you like to be involved in at Lynfield College

.....

**ACCOMMODATION (Please X one)**

**1. I wish the Student to live in a homestay arranged by Lynfield College**

*(Go to 1. Page 4 and 5)*

**2. I wish the Student to live in accommodation nominated by me**

*(Go to 2. Page 6)*

**3. The Student will be living with me [Mother/Father]**

*(Go to 3. Page 7)*

**LIVING ARRANGEMENTS**

The Parent agrees that the Student must at all times live in accommodation approved of, and monitored by the **School**. The **Parent** agrees that, if an appointed representative of the **School** has reasonable grounds for believing that current living arrangements are adversely affecting the health, welfare or academic progress of the Student, the **School** is authorised to arrange alternative accommodation at the **Parent's** expense.

Parent Signature: ..... Mother  Father

Print name: ..... Date: .....

**1. WHERE THE STUDENT WILL LIVE IN A LYNFIELD COLLEGE HOMESTAY**

- a. The **Parent** guarantees the good behaviour of the Student. Unacceptable behaviour in homestay by the Student may lead to termination of the Student's place at the **School**.
- b. The **Parent** undertakes to ensure sufficient funds, as detailed in the **School's** official invoice, are paid as homestay fees in advance. The **School** will make payments to the homestay host.
- c. If the Student does not come to New Zealand the **School** undertakes to refund the full amount of Board paid in advance although if less than one week's notice is given the **School** will deduct a sum to compensate the homestay host for the inconvenience experienced or expenses incurred in anticipation of the student's arrival.
- d. The **Parent** undertakes that the Student will not leave the homestay except to stay in accommodation approved by the **School**.
- e. The **Parent** undertakes that the Student will give the **School** at least two weeks notice before leaving the homestay. The Student will pay two weeks board from the date of giving notice to the **School** whether or not the Student remains in the homestay for that period.
- f. The **Parent** understands that the Student may not make national or international telephone calls on the homestay's phone unless the charges are reversed. The **Parent** guarantees to reimburse the homestay host if any such calls are made.
- g. The **Parents** understand that homestay arrangements do not include use of the host's computer or internet connection. If the Student requires an internet connection he/she will be required to pay all costs.
- h. The **Parent** understands that the **School** will continue to supervise the Student during school holiday periods if the Student does not return home. If the Student undertakes holiday travel without the knowledge and permission of the Director of International Education the **Parent** acknowledges that the **School** has no liability or responsibility for any consequences.
- i. The **Parent** agrees that if it becomes impossible to place the Student in an appropriate homestay the School will notify the **Parent** and arrange for the Student's return home at the **Parent's** expense.

Parent Signature: ..... Mother  or Father

Print name: ..... Date: .....

**STUDENT HOMESTAY INFORMATION**

Family Name.....Nationality.....

Given Name.....Date of Birth.....

Email.....Male / Female (please circle)

Home Phone.....Mobile Phone.....

**Who do you live with?**

	Age	Name
Father		
Mother		
Other		
Brother [s]		
Sister [s]		

*To help us find a suitable homestay please provide the following information:*

- Do you smoke? yes / no
- Can you live with a person who smokes? yes / no
- Are you a vegetarian? yes / no
- Is there any food you cannot eat? yes / no  
.....
- Can you live with pets? yes / no
- Do you have any pets at home? yes / no  
.....
- Do you go to church or place of worship regularly? yes / no
- Do you drink alcohol in your home? yes / no
- Do you have any medical conditions? yes / no  
.....
- Do you take medicine on a regular basis? yes / no  
.....
- Do you use a musical instrument? yes / no
- Would you live with: yes / no  

children (under 6 years old)
yes / no

Another student
yes / no
- Will you bring a computer yes / no  
*(It is usually possible to arrange an Internet connection/telephone line at an additional cost – approximately \$100)*

List your interest and hobbies.....

**3. WHERE THE STUDENT WILL LIVE IN ACCOMMODATION NOMINATED BY THE PARENT:**

The College may consider, in exceptional circumstances only, placing a student with a Designated Caregiver at the Parents' request. PLEASE PROVIDE THE DETAILS BELOW.

**Indemnity Document for Students living with a Designated Caregiver**

I/We designate \_\_\_\_\_ (Insert Name of Designated Caregiver) to provide accommodation for my/our son/daughter \_\_\_\_\_, to attend Lynfield College as an international student subject to the approval of the School prior to enrolment.

Relationship to Student ..... Years known to student.....  
(Uncle/Aunt/Grandparent/close family friend known to student)

Address: .....

.....

Phone.....Mobile .....

I/we understand that Lynfield College will:

- Visit the home of the designated caregiver prior to enrolment to determine that the living conditions are of an acceptable standard, that the accommodation is not a boarding establishment and that it is an acceptable distance from the school.
- Request to see, and make a copy of, the designated caregiver's passport to confirm his/her immigration status in New Zealand.
- Expect the designated caregiver to comply with the requirements set out by Lynfield College.
- Assess whether the designated caregiver will provide a safe physical and emotional environment for the student
- Meet with the designated caregiver/s and establish communication with the caregiver
- Meet the student at least quarterly to ensure the accommodation is suitable
- Require a Police check of all adult members of the household to be undertaken

Should this arrangement change I/we undertake to inform Lynfield College immediately.

I/we understand that Lynfield College will make every endeavour to ensure the safety and welfare of my/our child while studying in their school.

Should there be a concern about the welfare of the student, the school will consult the pastoral care staff within the school and will discuss the concern with the designated caregivers and parents of the student. Further, I/we understand that should Lynfield College have any concerns regarding the welfare of my/our child, the school may relocate the student in an approved School Homestay. If necessary, the school will also refer the matter to the relevant welfare authorities or any other appropriate outside agencies.

**DECLARATION:**

I/we confirm that the person/s nominated as the designated caregiver/s is/are a relative or close family friend. (Proof of this relationship may be required)

Parent Signature: ..... Mother  Father

Print name: ..... Date: .....

**(Must be signed by student's Father, or Mother only)**

**3. WHERE THE STUDENT WILL LIVE WITH A PARENT:**

- a. The **Parent** undertakes to ensure that the **School** is notified immediately of any change of address.
- b. The **Parent** agrees that he/she will not leave New Zealand without giving the **School** adequate notice of the arrangements made for the Student's care.
- c. The **Parent** agrees that if these provisions do not meet with the **School's** approval the **School** may make the appropriate arrangement for the Student and the **Parent** will meet the cost of these arrangements. **The Parent** also undertakes to provide the **School** with means of contact [telephone number etc] in the event of an emergency.

Parent Signature: ..... Mother                      Father  
 Print name: ..... Date: .....

**ACCEPTANCE OF TERMS**

Before the Application can be considered the following acknowledgements must be signed by a **Parent** of a Student under the age of 20 years. If the Student is aged 20 years or over then these Terms and Conditions shall attach to the Student, and all references to "**Parents**" shall be read accordingly.

- 1. I guarantee the good behaviour of the Student in New Zealand.
- 2. I accept the right of the School to effect a change of course if this is seen to be in the best interests of the Student.
- 3. I have read, understood and signed the attached Tuition and Pastoral Care Agreement, including the Refunds Policy, Code of Conduct and Application for homestay which shall apply if the application is successful.
- 4. I understand the Student may not own or drive a vehicle while a Student at Lynfield College.
- 5. I understand the Student must live in accommodation approved of and monitored by the College.

Parent Signature: ..... Mother            Father        
 Print name: ..... Date: .....

**Should the application be successful, you will receive an "Offer of a Place".**

**If you accept the Offer then the Application/Tuition/Pastoral Care Agreement shall be the Terms and Conditions of Agreement by which a place at Lynfield College shall be provided to the Student.**

PLEASE SEND THE COMPLETED APPLICATION BY POST OR COURIER TO:

LYNFIELD COLLEGE  
INTERNATIONAL DEPARTMENT  
WHITE SWAN ROAD  
MT ROSKILL  
AUCKLAND 1041  
NEW ZEALAND

ENCLOSED WITH THIS APPLICATION:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. A certified copy in English of the student's most recent school report.                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Results of any public examinations the student has entered.                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Details of proposed insurance if the student does not wish Lynfield College to arrange it. | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE CONTACT THE INTERNATIONAL OFFICE FOR FURTHER INFORMATION:

Phone: 64 – 9 – 627 0604  
Fax : 64 – 9 – 627 0173  
Email : [international@lynfield.school.nz](mailto:international@lynfield.school.nz)