



INTERNATIONAL STUDENT ENROLMENT CONTRACT INDEMNITY FORM

STUDENT INFORMATION:

Family Name: _____ Date of Birth: _____
First Names: _____ Address: _____
Also known as: _____
Phone No: _____ Gender: M F
Mobile No: _____ Fax No: _____

Nationality: _____ **First Language:** _____
Date of Entry to New Zealand: _____ **Student Permit Details:** _____

Level of English: Beginner Intermediate Advanced
Sporting/cultural/musical interests: _____

Family Doctor: _____
Phone No: _____ Address: _____

PARENTS' INFORMATION:

Father's Name: _____ **Mother's Name:** _____
Address: (if different from above) _____ Address: (if different from above) _____

Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Email Address: _____ Email Address: _____
Fax No: _____ Fax No: _____
Mobile No: _____ Mobile No: _____
Occupation: _____ Occupation: _____

*** If any of these details change please inform the school office immediately.**

EMERGENCY CONTACTS:

1. Name: _____	2. Name: _____
Relationship to student: _____	Relationship to student: _____
Address: _____	Address: _____
Home phone: _____	Home phone: _____
Mobile No: _____	Mobile No: _____

Three Kings School expects to be able to meet the learning needs of children enrolled at the school.

Does the International Student enrolling have any special learning, behavioral or physical needs?

YES NO

Details if applicable: _____



CHECKLIST

The following documents are required before the application can be processed and must accompany this application.

<input type="checkbox"/>	Passport
<input type="checkbox"/>	Student visa/permit
<input type="checkbox"/>	Copies of recent school report, with verified English translation if required
<input type="checkbox"/>	Health insurance documentation (including dental cover) for the family
<input type="checkbox"/>	Health/immunization check list
<input type="checkbox"/>	Completed Designated Caregivers Indemnity For, if required
<input type="checkbox"/>	Medical information
<input type="checkbox"/>	Additional information offered by parents
<input type="checkbox"/>	Administration Fee: \$250 (non-refundable)
<input type="checkbox"/>	Student Fee: \$12,000 inc. GST per annum

Should arrangements change I will undertake to inform Three Kings School immediately. I understand that should Three Kings School have any concerns regarding the welfare of my child they may refer for action or refer the matter to relevant child welfare authorities, or any other appropriate agency in New Zealand.

I understand that Three Kings School is not responsible for my child outside of normal school hours and activities. However, I do understand that Three Kings School will make every endeavour to provide for the care and welfare of my child at all times while studying at their school.

Three Kings School has agreed to observe and be bound by the Code of Practice of Pastoral Care of International Students published by the Ministry of Education. Copies of the summary of the Code are available on request from Three Kings School, or full copies are available from the New Zealand website at <http://www.education.govt.nz>

Signed: _____

Parent: (1) _____

(2) _____

Date: _____

AGENTS DETAILS:

Company Name:

Contact Person:

Phone No.:

Mobile No.:

Address:



MEDICAL INFORMATION

_____ has had the following immunizations:

Hepatitis B Polio Tetanus Pertussis HIB Mumps
Rubella Other _____

My child has / has not been in hospital.

If yes, please give details, including ongoing treatment

My child has / has no physical disabilities.

If yes, please give details, including any special equipment or assistance required:

If the international student requires any outside agency support for physical disabilities. I agree to cover all costs.

My child has / has no infectious disease.

If yes, please give details:

Any other information that will assist Three Kings School to ensure a safe school environment for your child:

If the international student requires any outside agency support for learning behaviour I agree to cover all costs.

I declare the above information to be accurate.

Signed: _____ (parent/ legal guardian)

Date: _____

Office Use Only

Certification of immunization records seen and verified.

Details of health and dental insurance for family (copy attached)

What type of medical and travel insurance does the student have for the duration of his/her time of study in New Zealand.

Insurance Company: _____ Policy No. _____



STATUTORY DECLARATION FOR INTERNATIONAL STUDENTS

_____ (parent)
_____ (address)
_____ (student's name)

1. Give authority to the Principal to act on my behalf in any medical emergency.
2. Give permission for my child to attend all approved educational visits and trips.
3. Agree to abide by all Board of Trustees Policies.
4. Have read, understood and agree to the conditions of enrolment as stated in the prospectus, and acknowledge that I have received a copy of the conditions of enrolment.
5. I acknowledge and authorize Three Kings School to collect, use and disclose the information provided on this form for the purpose of enrolment, general administration of the school and general welfare of my child during the term of enrolment at Three Kings School, and I agree to update the information as necessary.
6. I certify that all information provided in the application is correct and complete, including medical information.
7. I agree to pay all tuition fees, in advance, as stated in the prospectus, understand and accept the refund policy of Three Kings School.
8. I understand that the completion of this application form does not guarantee a place for my child.
9. I understand that Three Kings School is a signatory of the Code. I have read, understood and accept it.
10. I understand that should Three Kings School have any concerns regarding the welfare of my child they may refer for action or refer the matter to relevant child welfare authorities, or any other appropriate agency in New Zealand.

Signed:

Witness:

Date:

Date:

(The witness is any office authorized to take a statutory declaration, Justice of the Peace, Solicitor of the High Court of New Zealand, Court Registrar).