



<p>MANIOTOTO AREA SCHOOL</p> <p>APPLICATION TO ENROL AS AN INTERNATIONAL STUDENT</p>	<p><u>Verification</u> (Office use only)</p>
--	--

<p>Name of Student: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> (Family Name) (First Name) </div> </p> <p>Date of Birth: _____</p> <p>Preferred Name: _____</p> <p>Ethnicity: _____</p> <p>Date of First Entry into New Zealand: __/__/__</p> <p>Name(s) of previous school(s) in New Zealand: _____ _____ _____</p> <p>Dates of Attendance at those schools: _____ _____</p> <p>Length of time International Student wishes to enrol for: from ____/____/____ to ____/____/____</p>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto; text-align: center; line-height: 100px;"> Passport Photo </div> <p>Passport, student visa and student permit photocopied</p>
--	---

<p>Contact details of parent/next of kin in home country:</p> <p>Address: _____ _____ _____</p> <p>Phone: _____ Mobile: _____</p> <p>Fax: _____ Email: _____</p>	
--	--

ADMISSION PROCEDURES

<p>If No – Either Details of the Designated Caregiver (<i>if applicable</i>) the International Student (named above) will reside with while attending</p> <p>Name of Caregiver/s: _____</p> <p>Address: _____ _____ _____</p> <p>Phone: (0_) _____ Mobile Phone: _____</p> <p>Or we request that the school find the International Student a Homestay Family. Yes/No</p>	Check the designated Caregivers status period of study
--	--

<p><u><i>Eligibility for Health Services:</i></u> Most international students are not entitled to publicly funded health services while in New Zealand. If you receive medical treatment during your visit, you may be liable for the full costs of that treatment. Full details on entitlements to publicly-funded health services are available through the Ministry of Health, and can be views on their website at http://www.moh.govt.nz</p> <p>International Students enrolled at Maniototo Area School must be in good health.</p> <ul style="list-style-type: none"> • Does the International Student (named above) have good health? <div style="text-align: center; margin-left: 40px;"> Yes No </div> • If No – please provide details of health concerns 	Medical Insurance Details Checked and photocopied
---	---

ADMISSION PROCEDURES

Medical and Travel Insurance:

International Students must have appropriate and current medical and travel insurance while studying in New Zealand.

- Does the student have a Medical and Travel insurance policy for the duration of his/her time of study in New Zealand?

Yes No

If Yes please provide
details:-----

If no please tick:

- I will take out medical and travel insurance and will send the provider a copy of the policy in English before I leave my home

Or

- I would like the school to arrange medical and travel insurance on my behalf and include this in my Fees Invoice.

Company: ----- Policy No: -----

Expiry date: -----

Maniototo Area School expects to be able to meet the learning needs of children enrolled at the school.

- Does the International Student (named above) have any special learning or behavioural needs?

Yes No

Details if applicable: -----

ADMISSION PROCEDURES

<p>I have been informed about and received a summary of the Code of Practice for International Students:</p> <p style="text-align: center;">Yes No</p>	Copy of Summary Code
<p>I have been informed about all costs involved with enrolment and the school's policy regarding fee protection and refunds:</p> <p style="text-align: center;">Yes No</p>	Refund & Fees Protection Policies
<p>I have received a copy of the school Prospectus and Policies relevant to International Students and have read and understood them</p> <p style="text-align: center;">Yes No</p>	Prospectus Insert International Student Policy Complaints Policy

<ul style="list-style-type: none"> I have read understood and accept the policies, rules and procedures regarding International Students at Maniototo Area School and agree to abide by them. I agree that all disputes will be dealt with in accordance with New Zealand law. I confirm all the information contained in this application is true and correct to the best of my knowledge and belief: I acknowledge that the provision of false information or the withholding of relevant information may result in termination of enrolment. I will inform the school if there are any changes to the details of this application. <p>Student's signature: _____</p> <p>Parent's Signature – if student is under 18 _____</p> <p>Parent's Name: _____</p> <p>Date: _____</p>	
--	--