

PRINCIPAL  
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**WAITAKERE COLLEGE**  
*Achievement for all*

Enrolment Application  
For International Students

*Waitakere College has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students published by the Minister of Education. Copies of the code are available on request from this institution or from the New Zealand Ministry of Education website at <http://www.minedu.govt.nz>*

**A Personal Details**

Family Name (in English) \_\_\_\_\_ (own language) \_\_\_\_\_

First Name (in English) \_\_\_\_\_ (own language) \_\_\_\_\_

Name student prefers: \_\_\_\_\_ English name (if used): \_\_\_\_\_

Male  Female  Religion( if any): \_\_\_\_\_

Parents' name and Home Country Address in English: \_\_\_\_\_  
Parents' name and Home Country Address in your own language: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents' Telephone (\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Country code Area code Number

Parents' Fax (\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Country code Area code Number

Parent's Mobile (\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Country code Area code Number

Email: \_\_\_\_\_

**Attach two  
Passport size  
PHOTOS**

***Students must advise the International Co-ordinator of any changes in their contact details and/or residential address.***

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Country of Citizenship: \_\_\_\_\_ Passport Number: \_\_\_\_\_

How did you find out about Waitakere College?

Agent  Relative/Friend  Fair  Internet  Other: \_\_\_\_\_

If through an agent please name: \_\_\_\_\_

How long will you be staying in New Zealand? \_\_\_\_\_

Date of Arrival (if known): \_\_\_\_\_

Name of School in Country of Origin \_\_\_\_\_

Years attended: \_\_\_\_\_

Names of School(s) you have attended in New Zealand (if any) \_\_\_\_\_

Have you at any time been refused entry to a New Zealand Secondary School?

Yes  No

If yes please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **B Study**

I would like to study the following subjects at Waitakere College (subject choice will be confirmed during interview at orientation). Refer to subject choices supplied.

1. English

2.

3.

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4.

5.

6.

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I would like to study the following course at University: \_\_\_\_\_

## **C Interests**

Please list your interests (sports, music, cultural, other)

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Note that most New Zealand families do not permit smoking inside the house and smoking to and from College and at College is strictly forbidden.

## **D Car Ownership**

**Only Year 13 International students** can own or drive a vehicle. They must have a New Zealand driving licence and follow all other legal and College requirements. No purchase of a vehicle may occur until the students has discussed this with the Deputy Principal and gained approval.

## **E Accommodation**

**ALL** students attending Waitakere College must stay in a Waitakere College Homestay or a College approved Designated Caregiver, unless staying with parents.

Are there any foods you cannot eat?

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Is a family with children acceptable? Yes  No

Is a family with pets acceptable? Yes  No

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11. If students go on holiday for one week or more, they will pay \$50.00 per week for every week that they are away for a maximum of six weeks.
12. All fees must be paid **directly** to the College.
13. All homestay fees for the school year must be **paid in full** before final acceptance.
14. I understand that my child's enrolment may be terminated if it is found that I have falsely declared or failed to declare any information which may affect my child's enrolment at Waitakere College.
15. **Use of Fingerprint Recognition in the Library:**

The Library system uses a fingerprint recognition process to speed up the registration and lending of school books. The finger scan is not stored as an image, cannot be reproduced and cannot be cloned. On signing the parental contract you are also agreeing to your child's finger scanning to be undertaken.

### **PARENTAL CONTRACT**

I have read and accepted the terms of enrolment for my son/daughter for Waitakere College Homestay. I guarantee the good behaviour of the student in New Zealand and agree that he/she will remain in the College homestay programme or with an approved Designated Caregiver while he/she is attending Waitakere College. I acknowledge that if the student does not abide by the homestay /designated caregiver requirements Waitakere College cannot accept responsibility and it will be a breach of this contract. If the contract is breached, the College reserves the right to ask the student to leave, and an airline ticket will be booked to the student's own country with the cost to be covered by the parents.

I agree to indemnify Waitakere College from any costs expenses or claims suffered as a result of any unacceptable behaviour by my son or daughter while in homestay. It is expected that the student will pay for any such damage.

Signature of father in English: \_\_\_\_\_ and own language \_\_\_\_\_

Signature of mother in English: \_\_\_\_\_ and own language \_\_\_\_\_

Signature of student in English: \_\_\_\_\_ and own language \_\_\_\_\_

Date : \_\_\_\_\_

### **G Contract – Student**

1. I will attend school every day that I am required to do so from 8:30am-3:05pm.
2. I will obey all rules set by the College, my homestay /designated caregiver.
3. I will complete all assignments and sit all school and national exams associated with my courses.

Signature of Student (in own language) \_\_\_\_\_ Date \_\_\_\_\_

Name in English: \_\_\_\_\_

## STUDENT HEALTH RECORD

Student Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Has he/she had the following vaccinations?

	Yes/No
Hepatitis B	
Measles, Mumps & Rubella (MMR)	
Poliomyelitis (oral)	
Rubella	
Tetanus	

GP: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Has this student ever suffered from:

		Severity	Medication	Action Plan
Asthma	Yes/No	Mild/mod /severe		
Allergy to Something? (Please state)	Yes/No			
ADHD/ADD	Yes/No			
Diabetes	Yes/No			
Epilepsy	Yes/No			
Hepatitis B	Yes/No			
Past Head injury	Yes/No			
Rheumatic Fever	Yes/No			
Hearing/Sight	Yes/No			
Any other medical condition	Details – Psych Report / Medical Report should be held by the College.			

**If YES** to any medical problems: Please contact the school nurse to formulate an action plan to discuss appropriate care. **IN CASE OF ILLNESS, ACCIDENT OR EMERGENCY**

1. I give permission for my child to receive appropriate treatment when necessary by the school nurse, and for the school nurse to administer non-prescription medicines (Panadol, Mylanta, Throat Lozenges) on the rare occasions deemed necessary.
2. If the College 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 or the doctor.
3. I give permission for the college to make arrangements as are deemed necessary for the treatment of my child in an emergency and agree to meet any costs incurred.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This information will be kept confidential and only used by the school nurse to help your child.***