



Otago Boys' High School

INTERNATIONAL STUDENT APPLICATION FORM

STUDENT DETAILS

FAMILY NAME (as on passport) _____

FIRST OR GIVEN NAMES (as on passport) _____

KNOWN OR PREFERRED NAME _____

DATE OF BIRTH _____

ADDRESS _____

COUNTRY OF BIRTH _____ RELIGION _____

FIRST LANGUAGE _____

STUDENT EMAIL _____

YEAR LEVEL (Please tick the Year Level which applies) Year 9 Year 10 Year 11 Year 12 Year 13

START DATE Term 1 Term 2 Term 3 Term 4. INTENDED FINISH DATE _____

PASSPORT NUMBER _____ PASSPORT EXPIRY DATE _____

GENERAL DETAILS

Have you studied at a New Zealand School before? Yes No

If YES please state the name of the school _____

Name of Your Current School Overseas _____ COUNTRY _____

Present Grade _____ Do you intend to sit NCEA Exams? Yes No

(NCEA = National Certificate Educational Achievement) Please include copies of any NCEA results already obtained. **PLEASE INCLUDE A TRANSCRIPT OF YOUR RECENT SCHOOL REPORTS**

INSURANCE DETAILS

International Students must have appropriate and current medical and travel insurance while studying in NZ. OBHS provide insurance through Unicare (www.uni-care.org)

Do you wish to purchase insurance through Otago Boys' High School? Yes No

If providing your own insurance, please forward a copy of the policy with this application form.

PLEASE NOTE: *If OBHS organises the insurance cover we will cover the student for 1 week prior to course commencement and 1 week after course completion unless other arrangements have been made with the school for a longer cover.*

PARENT DETAILS

MOTHER'S FAMILY NAME _____ **MOTHER'S** FIRST NAME _____

ADDRESS _____

HOME PHONE NUMBER _____ WORK TELEPHONE NUMBER _____

MOBILE NUMBER _____ OCCUPATION _____

EMAIL ADDRESS _____

FATHER'S FAMILY NAME _____ **FATHER'S** FIRST NAME _____

ADDRESS _____

HOME PHONE NUMBER _____ WORK TELEPHONE NUMBER _____

MOBILE NUMBER _____ OCCUPATION _____

EMAIL ADDRESS _____

AGENT DETAILS (if using)

NAME OF AGENCY _____

AGENT ADDRESS _____

PHONE NUMBER _____

NAME OF CONTACT PERSON _____

EMAIL ADDRESS _____

NEW ZEALAND CONTACT (if applicable)

NAME OF CONTACT PERSON _____

ADDRESS IN NEW ZEALAND _____

PHONE NUMBER _____ MOBILE NUMBER _____

EMAIL ADDRESS _____

ACCOMMODATION REQUIREMENTS

Do you prefer to stay: With a homestay family; **OR** in the Boarding Hostel

If homestay, do you wish the school to organise this? Yes No

I wish to organise my own accommodation (Designated Caregiver) Yes No

I will be living with my parents Yes No

(If living with parents please provide a full birth certificate stating parents' names and a copy of their passport and visa)

Food Preferences (please state if any) _____

Interests (e.g. music, sport, hobbies) _____

Do you smoke: Yes No

Do you plan to return home during the Christmas (Summer) holidays? Yes No

Please write a short letter to introduce yourself to your new host family, or the Boarding Hostel Manager, and attach it to this application.

DESIGNATED CAREGIVER DETAILS (if staying in accommodation NOT organised by OBHS)

FULL NAME OF CAREGIVERS: Mr/Mrs/Ms _____

ADDRESS (in NZ) _____

HOME PHONE NUMBER _____ MOBILE NUMBER _____

EMAIL ADDRESS _____

RELATIONSHIP TO YOU _____

Please note: A designated caregiver must be a relative of a close family friend of the family. This accommodation must be approved by OBHS prior to the student's arrival. Please provide a copy of the caregiver's passport (and visa if applicable).

By signing this application form, I/We as parents designate the caregiver above to provide accommodation for my/our son, while he attends OBHS as an International Student subject to the approval from the school.

MOTHER'S SIGNATURE _____ FATHER'S SIGNATURE _____

PARENT/GUARDIAN CONTRACT (to be signed by parent or guardian)

1. I guarantee good behaviour of my son in New Zealand and he will obey all laws of the land.
2. I support all school rules and discipline.
3. I accept that the school will arrange an academic course, which will be in the best interests of the student.
4. I guarantee regular payment of fees and allowances.
5. I guarantee that my son will have medical and travel insurance and that all pre-existing medical conditions are notified on enrolment.
6. I have read and understood the information relating to enrolment at Otago Boys' High School.
7. I have read and understand the Refunds and Fee Protection Policy for Otago Boys' High School.
8. I understand that my son may not own or drive a vehicle whilst a student at Otago Boys' High School.
9. I agree that my son can attend school related outdoor education activities, class trips and off-site activities.
10. I have read and understood the Code of Practice for the Pastoral Care of International Students.
11. I guarantee my son will obey the Tuition and Rules Agreement for International Students.

*Signed: _____ Date _____

*Full Name: _____

*Relationship to student: Mother Father Other

*** All fields marked with * must be completed**

Signed (Principal) _____ Date _____

TUITION AND RULES AGREEMENT FOR INTERNATIONAL STUDENTS

I, _____, agree, that while enrolled at Otago Boys' High School I will

ADMINISTRATIVE

1. Recognise the authority and requirements of the School administration.

RULES AND ATTENDANCE

2. Obey the School Rules, and in particular:
 - (a) Wear the appropriate school uniform and ensure personal presentation, e.g. hair is compliant with school rules
 - (b) Obey all school rules. Good behaviour is expected at all times, in and out of school, in a manner that will not bring Otago Boys' High School into disrepute.
 - (c) Attend all classes as scheduled in my Otago Boys' High School timetable.
 - (d) Ask my host parents to notify the school of absence through illness.
 - (e) Arrange leave for any other absence with the Director of International Students in advance.
 - (f) Provide all learning materials and equipment as requested by staff for use in both class and other activities.
 - (g) Participate fully in the extra-curricular activities I have undertaken.
 - (h) Do not leave Dunedin (other than with your homestay family) without permission from the Director of International Students.
 - (i) Obey the Information Computer Technology values.

ACADEMIC

3. Establish clear academic goals.
4. Work with classroom teachers and tutors towards set academic goals.
5. Maintain a co-operative attitude to staff and students in general.
6. Meet regularly with the ESOL Teacher/Academic Advisor and/or Director of International Students.

PERSONAL

7. Obey the laws of New Zealand, including not using illegal substances.
8. Follow the school rules of not driving or owning a vehicle.
9. Have a valid and current International Student visa.
10. Obey the terms of the Contract signed by my parents/guardians.

HOMESTAY

11. Obey the household rules and become part of my homestay family
12. Meet all homestay requirements.
13. Let my homestay parents know where I am at all times.

GENERAL

14. Comply with the terms and conditions in the application for enrolment.
15. Notify the school immediately, should my parents contact details change.

I understand that if I fail to meet the terms of this Contract the Board of Trustees may choose to terminate my placement at Otago Boys' High School and my student visa may be revoked. In this case I will have to return home immediately and my tuition fees will not be refunded.

SIGNED (Student) _____ DATE _____

SIGNED (Principal) _____ DATE _____

MEDICAL AUTHORISATION FORM – You must complete this form in ENGLISH. Please print carefully.

I/We, the parents of _____ authorise accredited staff at Otago Boys' High School to obtain information from Hospitals or Medical Practitioners regarding the medical condition of our child. We expect that in the event of some serious condition or accident we will be advised immediately so that we can give permission for treatment and/or surgery. If, in the event of an emergency or accident we cannot be contacted, we give permission to Hospitals or Doctors to take whatever action they find appropriate after consultation with the school staff concerned.

NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE _____

YOUR DOCTOR'S NAME _____

DOCTOR'S ADDRESS _____ PHONE _____

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS

Have you any on-going medical problems i.e. Asthma, Diabetes, Rheumatic Fever, Hepatitis, etc. If so, please state:

What is your past medical history, physical and mental (including operations):

Family history: i.e. Asthma, Diabetes, Hypertension, Cancer. If so, please state:

Are you currently on any medications? If so, please name:

Do you have any allergies to medications, insect stings, foods, etc? If so, please state:

Do you smoke? _____

IMMUNISATIONS: When was your last Tetanus booster? _____

Have you been immunised against the following:

TETANUS YES NO Date _____ POLIO YES NO Date _____

DIPHTHERIA YES NO Date _____ RUBELLA YES NO Date _____

MEASLES YES NO Date _____ WHOOPING COUGH YES NO Date _____

HEPATITIS B YES NO Date _____

IF YOU HAVE ANY ON-GOING MEDICAL CONDITIONS THAT MAY NEED ATTENTION PLEASE BRING THE NECESSARY MEDICAL RECORDS WITH YOU.

ALL PRE-EXISTING MEDICAL CONDITIONS MUST BE DISCLOSED AND MAY NOT BE COVERED BY INSURANCE.

(Note: Non-disclosure may preclude insurance cover for students)

PARENT'S SIGNATURE _____ DATE _____

PARENT'S NAME _____