



SELWYN HOUSE SCHOOL

Independent girls' day school Years 1-8
Boarding Years 5-8
Co-educational Preschool

INTERNATIONAL APPLICATION FOR ENROLMENT

(NOTE: All * fields MUST be completed)

STUDENT INFORMATION

* Surname _____ * First Names _____
* Date of Birth _____ * Preferred Name _____
* Entry year level (eg Year 1) _____ * Term _____ * Year of entry (eg 2017) _____ Day Girl Boarder
* Current School _____ * Previous schools (if any)? _____
* Date your daughter started at first school ____ / ____ / ____
* Has your daughter attended Kindergarten/Crèche/Preschool? No Yes (name) _____
* Country of Citizenship _____ * Country of Birth _____ * Ethnic Group _____
* Language (if first language is not English) _____

PARENT DETAILS (both)

* 1. Mr/Mrs/Ms/Dr _____	* 2. Mr/Mrs/Ms/Dr _____
_____	_____
* Address _____	_____
_____ * Postcode _____	_____ * Postcode _____
* Phone (Home) _____ * (Work) _____	* (Home) _____ * (Work) _____
* Mobile _____	* Mobile _____
* Email _____	* Email _____
* Profession /Occupation _____	* Profession /Occupation _____
Any other areas of expertise _____	Any other areas of expertise _____
_____	_____

EMERGENCY CONTACT PERSON

* Name _____
* Address _____
* Phone _____ * Mobile _____ * Email _____
* Relationship to Student (eg. Grandparent, Agent) _____

*** CUSTODIAL STATEMENT** (If applicable)

Are there any custodial arrangements concerning your child?

Please give details of any arrangements or court orders (a copy of the court order is required).

Under the custodial arrangement who CAN pick up your child:

I. Mr/Mrs/Ms/Dr _____

I. Mr/Mrs/Ms/Dr _____

Address _____

Address _____

Postcode _____

Postcode _____

Phone (Home) _____ (Work) _____

(Home) _____ (Work) _____

Mobile _____

Mobile _____

Under the custodial arrangement who CAN NOT pick up your child:

Name _____

Name _____

*** FAMILY CONNECTION(S) TO SELWYN HOUSE SCHOOL**

Do you have other girls who previously attended Selwyn House? Name/s, date/s, and House (if known) _____

Do you have other girls expecting to attend Selwyn House? Names/date of birth and the year you anticipate they will start at Selwyn House. _____

Are the mother or grandmothers alumni (if yes, include maiden name)? _____

How/where did you hear about Selwyn House School? _____

*** FEE-PAYER INFORMATION** (If other than parent or guardian)

Mr/Mrs/Ms/Dr _____

Address _____

Phone _____

Mobile _____

Occupation _____

Email _____

Relationship to Student _____

We acknowledge that we are jointly and severally liable for the payment of school accounts. Please advise us of any change of address or contact details.

*** TRAVEL PERMISSION**

I/we give permission for my daughter/s to travel in another adult's vehicle if necessary (your daughter will have her own seat belt and the car will be registered and warranted).

*** MODEL RELEASE**

I/we give our permission to have our daughter/s work and or photograph published on the school website

Be included in photographs or video selected by us for use in publicity and promotional material

Be selected by the media as part of items shown either in print/radio or electronic media

*** MEDICAL**

Doctor's Name _____

Phone _____

Clinic Name and Address _____

Medical history, illnesses or conditions (if any not listed below) _____

Please indicate if your daughter has any of the following:

Diabetes Migraine Epilepsy Fits of any type Colour blindness

Asthma Nose bleeds Travel sickness Dizzy spells Heart condition

Anxiety Depression Phobia _____

Is your daughter taking any medication? No If YES, please specify _____

Has your daughter had any major injuries or illnesses No If YES, please specify _____

Is your daughter allergic to any of the following?

Insect bites/stings Prescription medicine Foods (dairy/nuts/gluten)

Has your daughter suffered from any of the following?

German Measles Scarlet Fever Chicken Pox Mumps Whooping Cough

Asthma Hepatitis Pneumonia Bronchitis Glandular Fever

Has your daughter had any of the following immunisation

MMR (Measles, Mumps, Rubella) DTP (Diphtheria, Tetanus, Whooping Cough) Polio
 Hepatitis B. Meningococcal B HIP (flu vaccination)

Date of last tetanus injection _____

Outline any dietary requirements _____

Please indicate any pain relief/flu medication your daughter may be given by Selwyn House School staff.

Paracetamol Pamol None

I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medicine is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration and complete the necessary form online.

I will inform Selwyn House School staff of any changes in medical or other circumstances as soon as possible.

I agree to my daughter receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Any medical costs, not covered by ACC or a community service card, will be paid by me.

To the best of your knowledge, has your daughter been in contact with any contagious, or infectious diseases, in the last four weeks? No If YES, please advise: _____

Is there any information the staff should know to ensure the physical and emotional safety of your daughter? eg cultural practices; disability; anxiety about heights, darkness, small spaces and behavioural or emotional problems.

No If YES, please advise: _____

* ACKNOWLEDGEMENT OF RISK

The school will communicate to parents all education outside the classroom (EOTC) events in which your daughter is involved.

I/We understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated.

I/We understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate or minimise those hazards. I understand my daughter will be involved in the discussion of safety procedures

I/We know that I am able to ask any questions of the school about the activities I/my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such activities is voluntary and not mandatory through a 'challenge by choice'* procedure. My child and I both understand that they may withdraw from an activity if they feel at risk. This will be done in consultation with the person in charge.

I/We understand that the school does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.

* means the participant chooses their own level of challenge in a supportive peer environment

APPLICATION CHECKLIST

International Students

Please ensure that you have included the following with this completed application form

- | | |
|---|--|
| <input type="checkbox"/> Copy of Student Passport | <input type="checkbox"/> Copy of Student Permit (if issued) |
| <input type="checkbox"/> Copy of last overseas school report (translated into English) | <input type="checkbox"/> Copy of latest NZ School Report and/or Language School Report |
| <input type="checkbox"/> Cultural and/or sporting achievements | <input type="checkbox"/> Contact details of NZ Guardian |
| <input type="checkbox"/> Non-refundable application fee as per the current Business Practices | |

Please ensure you have read a copy of our "Information for International Students and their Families" booklet (available from our website or school office).

CONDITIONS OF ENROLMENT

Start date of enrolment Date ____/____/____

End date of enrolment Date ____/____/____

We, the undersigned,

1. Acknowledge as having read the school's Business Practices and Fees and agree to abide by the rules as set out..
2. Agree to give a term's notice in writing to the Principal prior to the withdrawal of a student. A full term's fees in lieu of notice will be charged if a full term's notice in writing is not received. A month's notice is required for transferring from Boarder to Day Student.
3. Believe that this information is correct as at the date of this application. I will advise Selwyn House School of any updates to contact details or medical information.
4. Have provided the school with all relevant information and reporting regarding any learning difficulties.
5. Understand that tuition may be terminated if the student fails to comply with the school rules and breaches the conditions of their visa or laws of New Zealand.
6. Understand that the laws of New Zealand will apply for the protection of international students, and in the case of a dispute.
7. Agree to abide by the conditions of the student or visitor's visa. if a student breaks the terms of the visa the school will report the fact to the New Zealand Immigration Service, which may result in the student having to leave New Zealand.
8. Will ensure the student has sufficient travel and medical insurance for travel to and from New Zealand.
9. Will arrange a suitable Designated Caregiver in Christchurch, where the student is living in the Schools' Boarding House, for the duration of the student's time in New Zealand.

Note: If a student's progress and performance are such that, in the opinion of the Principal, the student is not benefiting from the academic courses provided by the school, the student may be advised to leave the school. The school reserves the right to dismiss any child from the school on grounds of unsatisfactory conduct or performance, or failure to obey the rules of the school, or for any other reason. In such matters, the Principal's decision is final.

AGENT CONTACT DETAILS (Where applicable)

Agent's Name _____ Company Name _____

Address _____

Email _____ Phone _____

DESIGNATED CAREGIVER DETAILS

Name _____

Address _____

Email _____ Phone _____

PARENT DECLARATION

I/We declare that all the above information is true and correct to the best of our knowledge. Signatures of both parents or guardians required.

Parent 1 Signature _____

Parent 2 Signature _____

Print Name _____

Print Name _____

Date ____/____/____

Date ____/____/____