



Please attach one recent passport sized photograph here

PERSONAL DETAILS

Student Number _____

YEAR OF PROPOSED ENTRY TO BARADENE COLLEGE _____

LEVEL: Year 7 (11yrs) Year 8 (12 yrs) Year 9 (13 yrs) Year 10 (14 yrs)
Year 11 (15 yrs) Year 12 (16-17 yrs) Year 13 (17-18 yrs) (Circle one)

1. **Date intended to commence study at Baradene College** _____
2. **Date you intend to complete study at Baradene College** _____
3. **Period of tuition being applied for** _____

Student's Surname(Family Name):

First Names:

English Name (if any) **Date of Birth:**

Nationality: **First Language:**

Passport No: **Country**

Passport Issued On: **Expires on:**

School Presently Attending **Year Level:**

Place in the Family: **Student Email:**

FAMILY INFORMATION

Father's Name **Occupation:**

Home Address
.....

Home Phone : **Business Phone:**

Email: **Fax No.**.....

Mother's Name **Occupation:**

Home Address
.....

Home Phone : **Business Phone:**

Email: **Fax No.**.....

AGENT DETAILS

Agent Name: **Name of Company**

Address (Postal and Physical)

.....

Phone: **MOB ILE**.....

Email

NEW ZEALAND GUARDIAN

International students may (optional) have a designated guardian/agent (permanent resident) in Auckland who has the overall responsibility of the student while attending the College.

- a) Name:
- Relationship to student:
- Address:
- Phone No..... MOB
- Email
- Occupation Work Ph.No.

ACCOMMODATION / HOMESTAY DETAILS

All accommodation for students under the age of 18 will be in Homestay, Designated Caregivers (permanent resident in NZ and over 25 years of age) or with parents and will be compliant with the Ministry of Education Code of Practice for the Pastoral Care of International Students

- 1. We require a **Baradene College Homestay** : YES / NO (Circle your requirement)
 - a) Does your daughter like children? YES / NO b) Does she like pets? YES / NO
 - c) What are her interests:
 - Cultural Sports Hobbies
 - d) Does she have any special health, medical or food needs?

2. Other Options:

- a) We will appoint a **Designated Caregiver**: YES / NO (Circle your requirement)
 - Name and Address of accommodation In New Zealand if known:
 - Name:
 - Relationship to student:
 - Address:
 - Phone No..... MOB
 - Email Work Ph No.....
- b) Our daughter will stay with **one or both of her parents**: YES / NO (Circle your requirement)
 - Name and Address of accommodation In New Zealand if known:
 - Name:
 - Address:
 - Phone No..... MOB
 - Email

INSURANCE – Medical / Travel

It is compulsory for Students to have a comprehensive Medical and Travel Insurance policy which must cover them for the duration of their planned period of study including travel at all times. Please refer to the International Student and Parent Information Booklet for full cover details.

- 1. Attached copy of her Medical and Travel Insurance Policy YES (please circle)
 - Insurance Company:
 - Policy No: Expiry date.....
- 2. My daughter **does not have** Medical and Travel Insurance at present, but we **agree to purchase** cover prior to acceptance at the College and will provide a copy of the Policy. YES (please circle)

STUDENT ACADEMIC PROFILE

How many years has your daughter studied English?

What is her Language level: Beginner / Elementary / Intermediate /High Intermediate / Advanced

Name of last School she attended:Yr Level:..... Country.....

What are the **subjects she has studied this year?**

a) b)

c) d)

e) f)

What are her **best subjects?**

a) b)

c) d)

What are her **preferred subjects?**

a) b)

c) d)

IMPORTANT: Please **enclose high school grades, a letter from School Principal or Teacher (in English)**

What are her plans for future study or career?

Special Character (Religion) of Baradene College of the Sacred Heart

Baradene College is a Catholic school . We welcome International students from all religious backgrounds who will participate in all areas of the special character of the College.

Your Daughter's Religion:

If your daughter is a Catholic, please provide a copy of her Baptismal certificate or a letter from your parish priest in your country of origin

DOCUMENTATION

Instructions for Correspondence, Reports and Accounts

Correspondence should be addressed to:

Name:

Postal Address:

.....

.....

Accounts should be addressed to:

Name

Postal Address:

.....

Reports should be sent to: Please circle:

Mother Father Guardian Agent Homestay

How did you hear about Baradene College of the Sacred Heart?

- 1. Recommendation from Agent
- 2. By information on the Internet
- 3. Other e.g. friends, advertising material (Circle one)

ACCEPTANCE OF TERMS

Before your application can be considered please sign the following acknowledgements **(to be signed by a parent of a student under the age of 20 years)**:

1. **We agree to abide by the rules and policies** of Baradene College of the Sacred Heart at all times.
2. **We accept the right of the School to effect a change of course** if this is considered to be in the best interests of our daughter.
3. **We have read, understood and signed the attached Medical Form & Tuition Agreement** which shall apply if your application is successful.
4. **It is a condition of enrolment that your daughter has Medical and Travel Insurance.** Please indicate any learning, behavioral, medical problems, disabilities or special education needs which the school should be aware of

.....
I/We guarantee that the information above is accurate. I/We have read the "Student and Parent Handbook for International Students" material provided and accept the terms and conditions of enrolment as an International Student at Baradene College of the Sacred Heart. I/We are aware of the annual fees and of the fees refund policy (see Handbook).

Signed: _____ Date: _____
(Parent)

Full Name: _____

Address: _____

Phone: _____ Fax: _____

Signed: _____ Date: _____
(Student)

Please Note: "Failure to disclose relevant information or the provision of false information may result in termination of enrolment".

CHECK LIST

Please ensure you have attached the following documentation:

1. Copy of **Passport** details and any existing New Zealand visas that you hold.
2. Copy of most **recent school report** (in English) and any other teacher references, examination results
3. Copy of **Medical and Travel Insurance** policy if applicable
4. Designated Caregiver Indemnity if applicable
5. Attached **Medical Form**
6. Attached **Tuition Agreement**
7. **Completed ALL sections of the Application form**

INFORMATION PRIVACY

I agree to Baradene College of the Sacred Heart collecting personal information on

..... (full name of student)

I have been advised by Baradene College of the Sacred Heart that the information I provide will be used for:

- Student Records
- Accounting purposes of the Baradene College Board of Trustees and the
- Baradene College Trust Board (Proprietors)
- The Baradene College PTA Association and Alumnae Association
- Any promotional material used by the College

I accept the fact that this information may later be used for statistical and/or research purposes and agree to its use for that purpose, provided that if the information is published in any way it will not identify me or the student concerned. I understand that the information that I provide will be held at the offices of Baradene College whose address is 237 Victoria Ave, Remuera.

I am aware of the rights of access to, and correction of this information.

Signed _____ Date: _____

Individual / Parent / Designated Caregiver Please delete those not applicable.

TUITION AGREEMENT

This Agreement shall be signed on behalf of the Student by the parents of the Student where the Student is under 20 years of age.

School: **Baradene College of the Sacred Heart** (“the School”) **and**

Applicant (Parent/s) _____ (“the Applicant)

Applicant’s address _____

Parent’s or Caregiver’s signature: _____

WHEREAS

- A. The Applicant is the parent./caregiver of (“the Student”) _____ (name)
- B. The Applicant has made application for tuition of the Student in New Zealand and wishes the Student to attend the School.
- C. The School has agreed to enrol the Student upon and subject to the terms and conditions hereinafter set out.

NOW THIS AGREEMENT WITNESSES and it is hereby agreed and declared as follows

1. **School’s Obligations:**

The School shall:

- a) Provide tuition to the Student in accordance with the New Zealand Ministry of Education Code of Practice for the Pastoral Care of International Students” and the Education Amendment Act 1989.
- b) Comply with:
 - i) requirements of the New Zealand Immigration Service
 - ii) The Human Rights Act 1993 on matters of discrimination
 - iii) The Privacy Act 1993, The Fair Trading Act 1993 and the Consumer Guarantees Act 1993 designated.
- b) Use its best endeavours to ensure the safety, health and wellbeing of the Student but shall not be liable for:
 - i) any damage or harm caused to the Student or the Student’s property.
 - ii) any damage or harm caused to the Student or the Student’s property arising out of the Student’s homestay (whether or not such homestay was arranged by or through the school).
 - iii) Any damage or harm caused to the Student or the Student’s property outside of normal school hours. In the case of the Student’s property, shall not be responsible for any damage to such property that may occur outside the School’s premises.

2. **Applicant’s Obligations:**

The Applicant shall:

- a) Pay to the School the tuition fee in the manner provided in the *Schedule 3*.
- b) Provide the School with academic, medical or other information relating to the wellbeing of the Student as may be requested from time to time by the School.
- c) Provide proof of Medical and Travel Insurance as set out in *Schedule 4*.

3. **Authorisations:**

The Applicant hereby irrevocably appoints and authorises the Principal of the School (or such other person as may be appointed by the Board of Trustees of the School) to:

- a) Receive information from any person, authority or corporate body concerning the Student including, but not limited to, medical, educational or welfare information.
- b) Receive financial information relating to the Student including bank account details, debt and/or income details of the Student while in New Zealand.
- c) Provide consents in respect of any activity carried out and authorised by the School.
- d) Provide necessary consents on the Student’s behalf in the event of a medical emergency where it is not reasonably practicable to contact the Applicant.
- e) Advise the Student’s New Zealand Guardian of all matters and information required to be provided to parents of any student and agree to appoint the guardian/caregiver as their agents in New Zealand to receive such information in substitution for the Applicant.
- f) To take whatever steps are necessary to ensure the Student complies with the School rules and policies as set down by the School including the School Rules for International Students set out in *Schedule 2*.
- g) To obtain at any time from any person or entity any information required to process and/or accept the application for tuition or to perform or complete the School’s various obligations under this agreement.

4. **Limitation of Liability**

In no event shall the School's liability exceed an amount equal to the amount of tuition fees paid by the Applicant.

5. **Termination**

- a) Either party may terminate this agreement at any time upon one month's written notice being given to the other party.
- b) If the agreement is terminated the Refunds Policy for International students shall apply as set out in *Schedule 1*.

6. **Miscellaneous**

- a) Neither party is liable to the other for failing to meet its obligations under this agreement to the extent that the failure was caused by an act of God or other circumstances beyond its reasonable control.
- b) This agreement shall be construed and take effect as a contract made in New Zealand and will be governed by New Zealand law, and the Student and Parents submit to the exclusive jurisdiction of the New Zealand courts.
- c) Notices given under this agreement must be in writing and given to the addresses set out in the application form. Those sent to post shall be deemed to have been received 5 working days after posting.
- d) The Applicant and the Student agree that the Student shall remain in homestay accommodation that is organised and/or approved by the School for the term of this agreement.
- e) This agreement contains all of the terms, representations and warranties made between the parties and supersedes all prior discussions and agreements covering the subject of this agreement.
- f) This agreement shall consist of:
 - i) the International Student Enrolment form in New Zealand
 - ii) The Tuition Agreement including any Schedules annexed thereto.
 - iii) Student Medical form

EXECUTION

I have read and understood the terms set out in this agreement including the attached schedule and agree to them.

Signed: _____ Date: _____
(Applicant/Parent)

Full Name: _____

Signed: _____ Date: _____
(Principal)

Signed: _____ Date: _____
(Student)

Please also initial the attached schedule.

THE PRIVACY ACT

The Applicant and the Student acknowledge that:

Personal information of the Applicant and/or Student collected or held by the School is provided and may be held, used and disclosed to enable the School to:

- a) process the enrolment application
- b) provide tuition and homestay services to the Student
- c) provide the Student and/or Applicant advice or information concerning products and services the School believes may be of interest to the Student and/or Applicant.
- d) enable the School to communicate with the Student and/or Applicant for any purpose.
- e) All personal information provided to the School is collected and will be held by the School at 237 Victoria Ave, Private Bag 28906, Remuera, Auckland Ph.09 524 6019, Fax 09 522 4077
- f) If the Student/Applicant fail to provide any information requested in the application for tuition, the School may be unable to process the application.
- g) The Student/Applicant have the right under the Privacy Act 1993 to obtain access to and request corrections of any personal information held by the School concerning them.

SCHEDULE 1 – Baradene College Refund of Fees Policy

1. Refunds may be granted at the discretion of the Board of Trustees in exceptional circumstances.
2. A minimum of one term's notice must be given in writing to the Principal to withdraw a student from the school.
3. Applications for refunds of fees must be made in writing by the parent or designated guardian to the Board of Trustees explaining why the student has withdrawn from the course and the reasons for seeking a refund.
4. If an application for a refund of fees is made before the start of the school year (ie 31st December) fees will be refunded in full less a cancellation fee of NZ\$500.00 to cover costs incurred by the school.
5. If an application for a refund of fees is made after the start of the school year (ie after 31st December) the Board may refund to the person who paid the fees in respect of the course the amount it thinks appropriate less:
 - a) the cost to the Board of administrative and general expenses.
 - b) costs to the school already incurred for tuition.
 - c) components of the fee already committed for the duration of the course, including appropriate proportions of salaries of teachers and support staff (if applicable).
 - d) costs to the school already incurred for the use of facilities and resources.
 - e) any other costs (including the Government Levy).
6. No refund will be made:
 - a) where a student is excluded/expelled from the school by the Board of Trustees.
 - b) where a student has breached the terms of their contract with the school.
 - c) where a student becomes a permanent resident during their course of study. Any student becoming a permanent resident will be required to re-enrol as a domestic student at the start of the next school year after becoming a resident. No guarantee can be given that a place will be available. Preference students will be given priority.
 - d) If the student wishes to transfer to another school in New Zealand.
7. If a student VISA is not granted, fees will be refunded and applied under the same conditions as aforementioned in Item 5 – Student applying for a refund of fees after the start of the school year.
8. In the unlikely event of the signatory (Baradene College) ceasing to provide course instruction as contracted with a student, or ceases to be a signatory or provider for any reason, fees will be refunded under the same conditions as aforementioned in Item 5 – Student applying for a refund of fees after the start of the school year.

SCHEDULE 2 – Rules for International Students

1. All International Students must be accommodated in a homestay that is approved by the School, students must be living under adequate adult supervision and if the School is not satisfied with a particular arrangement then it has the right to organise an alternative homestay for that Student.
2. International Students must comply with the School rules and policies that cover all students as set down by the School including the School Rules for International Students
3. International students must attend the School on all days that it is open for tuition and participate in the general school programme that gives Baradene College its special character.

SCHEDULE 3 – Tuition Fees

1. The Board of Trustees will set the tuition fee annually.
2. Fees must be paid in advance for the full year unless otherwise agreed with the school. All students will be liable for any increase in fees annually.

SCHEDULE 4 – Insurance - It is compulsory for all International Students to carry **comprehensive medical insurance in accordance with the Code of Practice for International student** and while enrolled at Baradene College. A copy of the Insurance Policy must be given to the College on commencement of studies.

Confidential Health Profile of:

Applicant's Name (International student)

It is important that you complete **ALL SECTIONS** of this form.

Does your daughter have any medical conditions or allergies? YES NO

If YES, please **specify** giving details of treatment required:

Will she be taking any medication while away? YES / NO If YES, please specify medication and condition:

Please tick any of the following that your daughter is allergic to. Please supply details:

Prescription Medication	<input type="checkbox"/>	
Food/dietary requirements	<input type="checkbox"/>	
Insect bites/Stings	<input type="checkbox"/>	
Other Allergies	<input type="checkbox"/>	
What treatment is required?	<input type="checkbox"/>	

Does your daughter **have, or ever suffered from, any of the following conditions:** (Please circle)

- | | | | |
|---------------|------------------------------|----------------------|--------------------------|
| Phobias? | Heart Condition of any kind? | Diabetes? | Migraine headaches? |
| Epilepsy? | Sight/Hearing disorders? | Bleeding disorder? | Psychological condition? |
| Asthma? | Rheumatic Fever? | Hepatitis A, B or C? | Glandular Fever? |
| Tuberculosis? | HIV or AIDS? | ADD, ADHD? | |
| Other? | Give Details: _____ | | |

Does your daughter have any past or present mental health concerns YES NO (Please circle)

Has she ever been under the care of a psychologist or psychiatrist? YES NO (Please circle)

If YES, pls give details: _____

When was your daughter's last tetanus injection? _____

Vaccinations - Please indicate (tick) which vaccinations your daughter has received:

	Tetanus/Diphtheria/Pertussis (Whooping Cough)
	Measles/Mumps/Rubella
	Chicken Pox

Does your daughter sleepwalk? YES - NO

Has your daughter had **any major health condition in the last six months** that may limit full participation in any activities?

YES / NO If YES, please state the injury/illness/condition:

Please **underline** any of the following that your daughter **may not** be given for minor pain, cold or flu symptoms or minor stomach upsets. Paracetamol Antihistamines Codeine Decongestants Antacids Non steroidal anti-inflammatories Cough mixtures which may contain alcohol

- **Failure to disclose any existing medical or mental health conditions will result in your daughter's continued participation at the College being cancelled forthwith.**

Parent/Guardian Name: _____ Signed Parent/Guardian: _____