TE PUKE HIGH SCHOOL

Aim High Whaia Te Matauranga Tiketike

International Student Application Form

Please attach a recent passport size photograph here

PLEASE WRITE CLEARLY AND IN BLOCK CAPITALS

| Programme Information | | | | | | |
|--|--|------------------|-----------------|------------|--------------|------------------------|
| Year: | |] | | | | |
| Start Date: | ☐ Term 1 (Jan) | ☐ Term 2 (Ma | ay) | □Т | erm 3 (July) | ☐ Term 4 (Oct) |
| Duration: | □ 1 Term | □ 2 Terms | | □ 3 Terms | | ☐ 4 Terms |
| | ☐ Other - please specif | y dates: | | | | |
| Year Level: ☐ Year 10 ☐ Year 11 | | □ Ye | | ear 12 | ☐ Year 13 | |
| Are you sitting NCEA (N | National Certificate Qualit | fication)? | | | | ☐ Yes ☐ No |
| Internal Transfer Deta | ils (choose one option | below): | | | | |
| 1. A domestic flight fro | m Auckland to Tauranga | a airport - book | ed by Age | nt | | ☐ Yes ☐ No |
| 2. Please arrange a Sl | Please arrange a Shuttle Pickup from Auckland Airport to the homestay family? ☐ Yes ☐ No | | | ☐ Yes ☐ No | | |
| | | | | | | |
| Agency Informat | ion (If applicable | if you are | using a | an A | gent) | |
| Name of Agency: | | | Contact Person: | | | |
| Agent's Address: | | | | | | |
| | | | Postcode | e: | | |
| Agent's Phone Number: | | | | | gency No.: | |
| Agent's Email Address: | | | | | | |
| Agonto Entan Address. | | | | | | |
| Applicant | | | | | | |
| | e on passport). | | | | | |
| Student's Last Name (as on passport): | | | | | | |
| Student's First Name/s (as on passport): | | | | | | |
| Preferred to be known as: | | | | | | |
| Date of Birth: | | | Gender: | | ☐ Female | ☐ Male |
| Country of Birth: Nationality: | | | | | | |
| Student's Email: | | | | | | |
| Please provide us with a copy of your passport (personal details page) | | | | | | |
| Passport Number: | | | | | | |
| Passport Expiry Date: | | | Country | of Iss | ue: | B |
| | | | | | | Revised: November 2010 |

| Details of Parents | | | |
|--|--|--|--|
| MOTHERS DETAILS | FATHERS DETAILS | | |
| Last Name: | Last Name: | | |
| First Name: | First Name: | | |
| Address: | Address: | | |
| | | | |
| | | | |
| | | | |
| Occupation: | Occupation: | | |
| Home Phone Number: | Home Phone Number: | | |
| Mobile Number: | Mobile Number: | | |
| Work Phone Number: | Work Phone Number: | | |
| Mother's Email Address: | | | |
| Father's Email Address: | | | |
| Are you living with: ☐ Both parents ☐ Mother onl | y □ Father only: □ Other: | | |
| If you are NOT living with both parents, who is your legal guard | lian? | | |
| ☐ Father only ☐ Mother onl | y □ Other | | |
| What is your first language? | | | |
| Other languages spoken by you: | | | |
| Number of Years of studying English: | | | |
| Have you studied in a NZ before? If so, Where: | | | |
| Do your parents speak English? ☐ Both speak English | n □ Neither speaks English | | |
| ☐ Only mother speak | s English | | |
| | | | |
| Emergency Contact | | | |
| Please name a relative or friend of your family whom we can comergency situations. | ontact should we fail to contact your own family in | | |
| Emergency Contact's Name: | | | |
| Emergency Contact's Mobile Number: | | | |
| Emergency Contact's Email Address: | | | |
| | | | |
| B 4 11 | | | |
| Insurance Details Insurance is compulsory for International Students. If you wish | to purchase insurance through Te Puke High School we | | |
| highly recommend Southern Cross (www.southerncross.co.nz). If you purchase your own insurance in your home country we must have a copy of the policy in English. | | | |
| Do you wish to purchase insurance from Southern Cross through TPHS? | □ Yes □ No | | |
| Do you have any pre-existing conditions that need to be disclosed (list): | □ Yes □ No | | |
| If you are purchasing your own Insurance, please provide the following information (Note: A detailed copy of the Insurance Policy in English is required): | | | |
| Name of Insurance Provider: | | | |
| Insurance Policy Number | Insurance Expiry Date | | |

| New Zealand Co | ontact (if applica | ble) | | | | |
|---|---|---------------|--------------------------|---------|------------|-----------|
| Name of Contact Person: | | | | | | |
| Address (in New Zeala | ınd): | | | | | |
| Telephone Number: | | | Fax Number: | | | |
| Email Address: | | | Mobile Number: | | | |
| Relationship to the stud | dent: □ Parent □ Far | mily Friend | ☐ Relative (please state | e): | | |
| | | | | | | |
| Medical Details | | | | | | |
| Please answer the following questions so that we have a record of any health concerns. If you suffer from a medical condition, it is advisable to bring your own medication to New Zealand. As part of signing this application I give permission for Te Puke High School to contact my doctor if further information is required, or in the case of an emergency. Please note this includes calling an ambulance in an emergency situation and being prescribed over the counter medications (which are suitable) by the certified school nurses when needed ie paracetamol, etc. Moreover, if you have a medical condition we will supply this information to local doctors. Relevant health information is given to the homestay parents. Omitting medical information is a breach of the Contract and can result in your programme participation being jeopardised. Please attach any relevant medical notes. | | | | | | |
| Immunisation : Please | provide a copy of your W | /HO immuniz | zation record. | ☐ Attac | hed to app | olication |
| Immunisations / Vaccir | nations (tick immunisation | ns received): | | | | |
| ☐ Diptheria | ☐ Measles | ☐ Pertusis | | llosis | □ HIB | |
| ☐ Hepatitis | ☐ Mumps | ☐ Polio | ☐ Rubella | | ☐ Tetanı | us |
| ☐ Other: Do you smoke? | □ Yes | □ No | | | | |
| | | | stian baing takan | | | |
| Detail any medical proi | blems, allergies, conditio | ns or medica | ation being taken: | | | |
| | | | | | | |
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| Detail any special med | lical or learning needs: | | | | | |
| | | | | | | |
| | | | | | | |
| Name of Family Doctor | r· | | | | | |
| | | | Face Niconski and | | | |
| Telephone Number: Fax Number: | | | | | | |
| Email Address: | | | | | | |
| Accommodation | n Requirements | | | | | |
| I will be living with my | <u>-</u> | | | □ Ye | 00 | □ No |
| I wish to organise my o | own accommodation, If Y | | | | 35 | LI INO |
| | DESIGNATED CARE GIV e High School to arrange | | | □ Ye | es | □ No |
| Please complete the "I | HOMESTAY FAMILY PL | ACEMENT F | PROFILE" Section below | □ Ye | es | □ No |
| | | | | | | |
| Designated Care Giver (if applicable) | | | | | | |
| Name of Contact Person | | | | | | |
| Address (in New Zealand): | | | | | | |
| Telephone Number: | · | | | | | |
| Email Address: | | | Mobile Number: | | | |

Relationship to the student:

☐ Family Friend

☐ Relative (please state):

HOMESTAY FAMILY PLACEMENT PROFILE: TE PUKE HIGH SCHOOL

Homestay Information and Student Information

Each of our students is placed with a local family and becomes a family member for the duration of their stay. This gives the security of a family for support, and greater exposure to cultures and customs in New Zealand. We visit and assess homestays as being suitable for students. To help us select a suitable homestay for you, please supply us with the following details. Please note that we cannot guarantee to meet all your requirements.

| This information will be passed on to your nomestay famili | y- | | |
|--|---|--|--|
| Last Name: | | | |
| First Name/s: | | | |
| Preferred to be known as: | | | |
| Home Address: | | | |
| | | | |
| Date of Birth: | Gender: □ Female □ Male | | |
| Country of Birth: | Nationality: | | |
| Religion: | Height: Weight: | | |
| Home Phone Number: | 1st Language: | | |
| Email: | 2 nd Language: | | |
| Are you living with: ☐ Both parents ☐ Mother onl | y □ Father only □ Other: | | |
| Do you have siblings? ☐ No ☐ | ☐ Yes - please list them | | |
| Name: | Age: ☐ Brother ☐ Sister | | |
| Name: | Age: ☐ Brother ☐ Sister | | |
| Name: | Age: ☐ Brother ☐ Sister | | |
| Which other family members live with you in the same home? | ☐ Grandparents ☐ Other: | | |
| Are there any requirements of your religion that we should be r | made aware of? | | |
| | | | |
| Do you have any medical problems/allergies that we should be | e made aware of? | | |
| | | | |
| Are you a vegetarian? ☐ No ☐ Yes ☐ Other: | | | |
| Are there any foods you cannot eat? ☐ No ☐ Yes, please specify | | | |
| Is there anything else we should know about your eating habits – please state if any: | | | |
| | | | |
| Do you like pets? ☐ No ☐ Yes, please specify | | | |
| Do you have any homestay preferences? (you may tick more than one box) | | | |
| □ No, I have no preferences and do not mind where I am placed □ live on a farm / orchard / lifestyle block | | | |
| \square sporty family \square live in town \square live by the | beach ☐ prefer <u>no</u> siblings ☐ prefer siblings | | |
| □ prefer a family □ Close to Shops □ busy/active | | | |
| What are your preferences for a homestay family? Please describe your ideal homestay family and what are some of the qualities that you value most in family life? | | | |
| | | | |
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| | | | |

| List your Interests / Hobbies: |
|---|
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| |
| |
| List your Sports: |
| |
| |
| PLEASE WRITE A LETTER TO YOUR HOMESTAY FAMILY – we pass this on to your homestay family and it is a way of introduction, so anything you can write about yourself is very helpful (continue on separate sheet, or attach a separate letter if you prefer) |
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INTERNATIONAL STUDENT TPHS ENROLMENT PROFILE

| This questionnaire must be completed by the student enrolling at Te Puke High School. Write as much as you can in the spaces below. |
|---|
| STUDENT NAME: |
| Why do you think Te Puke High School will be a good place for you to study? |
| |
| |
| |
| |
| What special skills and strengths could you contribute to our High School? |
| |
| |
| |
| |
| How do you think school life in New Zealand will compare with your home country? |
| |
| |
| |
| |
| What are your favourite subjects at school and why do you enjoy them? |
| |
| |
| |
| What subjects do you need to take while at Te Puke High School? |
| What subjects do you need to take while at Te T dike High School: |
| |
| |
| |
| What subjects would you like to take while at Te Puke High School? |
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| |
| |
| What are some of the things you like to do when you are not studying? |
| |
| |
| |
| |

| Tell me something that you think you do really well. | | | |
|--|---|--|--|
| | | | |
| | | | |
| | | | |
| Tell me which clubs or community groups you are curr | onthy involved in? eq. karate, hand, equite? | | |
| Tell file willer claus or community groups you are carr | erilly involved in reg. Karate, Danu, Scouts: | | |
| | | | |
| | | | |
| | | | |
| What kind of job would you like to have when you leave | e school in the future? | | |
| | | | |
| | | | |
| | | | |
| What places would you like to visit whilst you are study | ving in New Zealand? | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Extreme Activity Declaration | | | |
| Permission is given for the following Extreme | Activities to be undertaken while your son/daughter is ive permission for your child to participate in: | | |
| In New Zealand. Tick only the activities you g | | | |
| | ☐ Kayaking | | |
| ☐ Black Water Rafting | ☐ Luging | | |
| □ Blokarting | ☐ Mountain Biking | | |
| ☐ Bungy Jumping | ☐ Hunting | | |
| ☐ Clay Bird Shooting | ☐ Possum Hunting | | |
| □ Laser Tag & Paintball | □ Scooter | | |
| ☐ Horse Riding & Trekking | ☐ Sailing | | |
| □ Surfing | ☐ Speed Boat | | |
| ☐ Tandem Skydiving | ☐ Water-skiing | | |
| ☐ Wind and/or Kite Surfing | ☐ White Water Rafting | | |
| ☐ Low/High Ropes Course | ☐ Zip Lining | | |
| T. T. D. L. 1991. Oak and Outstand Education Action | (255) | | |
| ☐ Te Puke High School Outdoor Education Activ Note: This is an option for a school subject ar | ities (OED) nd an additional Detailed OED Consent Booklet will be | | |
| required to be completed and signed on accep | | | |
| ☐ Any other extreme activities I permit by son/da | aughter to be involved in during their time in NZ – detail | | |
| these: | - | | |
| | | | |
| | | | |
| How Did you Hear About Te Puke High | n School (TPHS)? | | |
| How did you first hear about Te Puke High School (ple | aco tick) | | |
| | lucation Agency | | |
| ☐ Internet ☐ Promotion in home country | , | | |

Application Checklist

It is very important your Application is completed fully and signatures from the correct people are included. Failure to disclose relevant information or the provision of false information may result in termination of enrolment.

Please use the checklist below to ensure you have included everything.

CHECK LIST:

| | Read and fully understand the "Te Puke High School International Information and Contracts" Document |
|-----|--|
| □ F | Fully Completed & Fully Signed "International Student Application Form" |
| | Copy of Applicants Passport |
| | A Letter from the Parents/Legal Guardian supporting the Application |
| | Copy of Applicants Latest School Report for all subjects in the original language with a certified English translation |
| | Two character references: - one from your school Principal and/or class teacher, and - one from a family friend and/or relative. These should be in the original language together with a certified English translation. |
| | One recent passport-sized photograph |
| | A selection of other photographs from your everyday life with your family, friends, sports, hobbies, etc |
| | Post or Email to: Caroline Stevenson Director of International Students Te Puke High School PO Box 344 Te Puke 3153 New Zealand Email: international.students@tepuke.school.nz |

Privacy Act

The information contained in this application is being collected for the purpose of assessing this application for admission to Te Puke High School. If the application is successful, the administration of the Te Puke High School will retain this information as part of the student's personal file during his time of education at the Te Puke High School. If the application is not successful the information will not be retained.

The Te Puke High School may be required from time to time to provide information to Education Authorities under the Education Act 1989. This is in accordance with Section 7 (4) of the Privacy Act 1993. The information may be given to another Education Institution if transferring to that school.

EXECUTION AND SIGNATURES

Student Declaration

Signed:

I have read and fully understood the terms set out in the "**Te Puke High School International Information and Contracts**" Document and I understand the conditions of being an International Student at Te Puke High School and agree to abide by the conditions set out in this Document. I understand that should there be a breach of this agreement that this contract may be terminated.

If I am living in a homestay organised by Te Puke High School, I agree to abide by the homestay rules and guidelines and to do my best to fit in with the lifestyle of my homestay family.

| Student's Full Name: | |
|---|---|
| Signed: | Date: |
| | |
| Parent/Guardian Declaration | |
| Puke High School International Informat School will act according to the Education (www.minedu.govt.nz/goto/international). I | ool and have read and fully understood the terms set out in the " Te tion and Contracts" Document and are aware that Te Puke High (Pastoral Care of International Students) Code of Practice 2016 /We understand that should there be a breach of this agreement Ve give permission for our child to participate in the " Extreme |
| Father's Name: | |
| Signed: | Date: |
| Mother's Name: | |
| | |

| Te Puke High School Representative | | | |
|------------------------------------|-------|--|--|
| Name: | | | |
| Position: | | | |
| Signed: | Date: | | |
| Contract Start Date: | | | |
| Contract End Date: | | | |

Date:

IMMIGRATION: Full details of visa and permit requirements, advice on rights to employment in New Zealand while studying and reporting requirements are available through the New Zealand Immigration Service and can be viewed on their website at: http://www.immigration.govt.nz



NOTE: A SIGNED AND STAMPED COPY OF THIS DOCUMENT WILL BE RETURNED TO YOU.
A COPY OF THIS DOCUMENT MUST BE KEPT BY THE LEGAL PARENT/CAREGIVER OF THE STUDENT