



# APPLICATION FOR ADMISSION

Student Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Day / month / year

Contact Address (for person handling this application) _____	
_____	
Telephone: Day _____	Night _____
Email: _____	

## STUDENT INFORMATION

What language do you usually speak? \_\_\_\_\_

What year level are you currently studying? \_\_\_\_\_

How long have you been studying English? \_\_\_\_\_

What level of study are you applying for? \_\_\_\_\_

When do you wish to start? (month / year) \_\_\_\_\_

When do you wish to finish? (month / year ) \_\_\_\_\_

Which subjects do you wish to study? (Write them in the order you prefer)

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |          |

## HEALTH

Do you have any special needs that limit your ability to safeguard your personal welfare? No  Yes

Signature of Father/Mother: \_\_\_\_\_

Please attach here a recent photograph of yourself	Full name of parent signing this form: _____
	Home Address: _____ _____ _____
	Phone: _____
	Email: _____

I am also sending:

- a copy of my latest school reports and any examination results
- a testimonial relating to my character and suitability for study overseas
- verification of purchase of health insurance




## CONTRACT WITH WELLINGTON GIRLS' COLLEGE

1. The College observes the Code of Practice for the Pastoral Care of International Students ([www.minedu.govt.nz](http://www.minedu.govt.nz)). Its obligations are limited to those set out in the Code.
2. I understand that my daughter must have a valid student visa issued by the New Zealand Immigration Service for the duration of her study at the College if her course is longer than three months.
3. I have read and understand the International Student Discipline Policy. I undertake that my daughter will behave in a manner acceptable to the College and abide by the rules of the College. If she fails to do so, her enrolment at the College may be terminated.
4. My daughter will choose a course of study that is appropriate to her ability and English comprehension. The College may review and adjust my daughter's course of study if the College decides that is in her best interests.
5. I have disclosed any special needs that my daughter may have.
6. I have read and understand the College Fee Refunds Policy.
7. I understand that my daughter may not own or drive a motor vehicle while she is enrolled as a student at the College.
8. I will notify the College through my daughter of any change of my contact details.
9. This contract is governed by New Zealand law. Any disputes or disagreements will be resolved in New Zealand. I have the right to complain to the Board of Trustees, who govern the College. If I am not satisfied with their decision, I may complain to the International Education Appeal Authority ([www.minedu.govt.nz](http://www.minedu.govt.nz)). I agree that I will exercise these rights before taking any other proceedings. Any legal proceedings must be conducted in the New Zealand courts. Under no circumstances will any aggravated or exemplary damages be payable.

10. **EITHER** I have arranged for Medical Insurance for my daughter

**OR** I wish the College to arrange Medical Insurance for my daughter at a cost of \$600 per annum approximately

If you wish the College to arrange Medical Insurance, please answer the following questions.

- 1 Has your daughter been hospitalised in the last 6 months?  No  Yes
- 2 Does your daughter suffer from or has she ever suffered from a serious or life threatening medical condition?  No  Yes
- 3 During the 6 months prior to this application, has your daughter suffered sickness or injury for which medical treatment has been sought, given, recommended, or for which a reasonable person would have sought medical attention?  No  Yes



11. I do  I do not

give permission for publication of my daughter's photograph on the WGC web site, in school publications or on a WGC Facebook page.

**Living Arrangements - Choose one of these options and fill in the details clearly.**

**EITHER** I agree that my daughter will live with a close relative or friend approved by me who will act as guardian:

Name: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

And I will return the completed Designated Caregiver Indemnity document to the College. I understand that the College will visit the address of the designated caregiver and may terminate my daughter's enrolment at the College if the accommodation is considered unsuitable or unsafe.

**OR** I agree to place my daughter on Wellington Girls' College homestay programme

In return for the College finding a homestay for my daughter:

1. I confirm that I have read the College's accommodation policy for international students. I understand that the College approves homestay accommodation, arranges police vetting, and supports students and the homestay families, in accordance with the Code. The Director of International Students will meet my daughter at least every three months to ensure that she still finds the accommodation suitable. I understand that the College cannot eliminate all risk. It is my responsibility to tell the Director of International Students immediately if there are any problems with the homestay accommodation. If another homestay is required, the College will take steps to arrange it.
2. I understand that unacceptable behaviour on the part of my daughter in her homestay may lead to termination of my daughter's enrolment at Wellington Girls' College.
3. I agree to pay the homestay fees in advance as specified in the Application Form, which forms part of this contract.
4. I agree to settle all outstanding accounts such as telephone bills with the homestay family immediately they are due. I understand that failure to do so will be regarded as a breach of the homestay contract and my daughter may be asked to leave.
5. I undertake that my daughter will not leave the homestay for another permanent address without the knowledge and permission of the Director of International Students.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
**(Parents/Guardians)**



# HOMESTAY APPLICATION FORM

**A. NAME of STUDENT:**

Family Name: \_\_\_\_\_ Given Name \_\_\_\_\_

Home Country Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Nationality: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

**B.** I understand that the College will arrange for a comfortable single room with a family who will provide all meals and arrange for laundry to be done. All Homestays are checked and approved by the College and vetted by the New Zealand Police.

**C.**

<b>Cost 2016</b>	
46 weeks @ \$270 per week	NZ\$12,420
Homestay Support Fee*	800
<b>TOTAL</b>	<b>NZ\$13,220</b>

\*NZ\$300 of this amount is a non-refundable placement charge

I understand that this amount must be paid IN FULL in advance. The Homestay money is held in a trust account. If my daughter leaves the school for any reason during the year the College will refund the unused portion of the money deposited for Homestay less any unpaid expenses incurred by the student in the homestay.

**D.** The homestay arrangement covers the academic year (February, or when the student arrives during the year, until December, depending on the student's programme) and includes school holidays (two weeks each in April, July and September).

Any student requiring accommodation over the long summer vacation (December/January) may need to make a new arrangement, satisfactory to their parents and the College.

The weekly rate can be reduced by 50% if the student gives adequate notice that she will be away for 5 days or more.

**I understand the costs and conditions outlined on this form**

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

[Parent or Guardian]

For the Student	
<b>Please answer the following questions:</b>	
FOOD	1. Are you a vegetarian? YES / NO
	2. Is there any food you cannot eat? _____
	3. Do you require any special foods? _____
RELIGION	Do you have special needs associated with your religion? _____
HEALTH	Do you have any special needs associated with your health (eg. allergies)? _____
PERSONAL	Please write us a short letter in English, telling us about yourself, your family and your interests (eg. do you play sport? do you play a musical instrument? do you like pets?)