



**Excellere College**

Whaia te Maramatanga o Te Karaiti



**APPLICATION TO ENROL**  
as an  
**INTERNATIONAL STUDENT**

**Excellence in learning**

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**Christianity in living**

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# Student Information

## Name of Student:

\_\_\_\_\_

(Family Name)

(First Names)

Passport and visa/permit details checked. Copy attached.

Date of Birth: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Gender:  Male  Female

Date of First Entry into New Zealand: \_\_\_/\_\_\_/\_\_\_

Length of time International Student wishes to enrol for:

From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Name(s) of previous school(s) in New Zealand:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Attendance at those schools:

\_\_\_\_\_  
\_\_\_\_\_

Contact details of parent/next of kin in home country:

Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Emergency Contact Person \_\_\_\_\_

Emergency Contact Details

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Accommodation

(circle preferred type)

Designated Caregiver

Homestay

Designated Caregiver

Check the designated caregiver's status. Accommodation checked Approved. Passport/Visa checked for designated caregiver.

Details of the Designated Caregiver the International Student (named above) will reside with while attending Excellere College.

Name of Caregiver \_\_\_\_\_

Relationship to the applicant \_\_\_\_\_

Passport No \_\_\_\_\_

Visa Granted \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Homestay Application

(Please fill this out if the Education Provider will be arranging your Homestay)

Most New Zealand families have pet cats or dogs that live in their homes. Are you allergic to any pet animals? (If yes please state which).

Do you have a fear or phobia of any pet animals?

Do you mind sharing a room: (Please circle any that apply)

With another international student

With a child from your homestay family

Do you mind living in a house with smokers? Yes No

## Living Situation in your Home Country

What type of home do you live in? (Apartment, House, etc)

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Where is your home located? (City, Town, Countryside, etc)

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How do you get to school? (Walk, Bus, Train, etc)

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Names of people living in your home

Name	Age	Male/Female	Relationship <i>eg mother</i>

What are you most looking forward to about your homestay family?

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Is there any special request you would like to make of your homestay? (*Please state*)

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## Social Profile

Please circle

Leader	Loner	Likes small groups	Follower
Inward Looking	Talker	Outgoing	Good Mixer

## Other Information

Have you travelled to other countries before? *(Please state which ones)*

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Have you lived away from your family before?     Yes     No

Which church would you prefer to attend?

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Do you need to attend church or another place of worship on a regular basis?

Yes     No

If yes please state which church: \_\_\_\_\_

Do you plan to return home in the term holidays?     Yes     No

Is there a particular part of your culture that is very important to you that we should know about?

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Are there any special items you plan to bring with you?

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What is your favourite food?

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Is there any particular food that you cannot eat?

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Do you have any special dietary requirements *(e.g. vegetarian, don't eat chicken or pork, etc)*?

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Is there any particular New Zealand food that you are looking forward to eating?

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## Medical and Travel Insurance

International Students must have appropriate and current medical and travel insurance while studying in New Zealand. Most international students are not entitled to publicly funded health services while in New Zealand. If you receive medical treatment during your visit, you may be liable for the full costs of that treatment. Full details on entitlements to publicly-funded health services are available through the Ministry of Health, and can be viewed on their website at <http://www.moh.govt.nz>

Does the student have a Medical and Travel insurance policy for the duration of his/her time of study in New Zealand?

**Circle**      Yes    No

Medical Insurance Policy \_\_\_\_\_

Policy start date \_\_\_\_\_ Policy end date \_\_\_\_\_

Travel Insurance Policy \_\_\_\_\_

Policy start date \_\_\_\_\_ Policy end date \_\_\_\_\_

***Copies of both policies to be attached.***

**If No, Please tick**

I will take out medical and travel insurance and will send the provider a copy of the policy in English before I leave my home

NB: Please check the terms of Travel Insurance regarding inclusion/exclusion of some activities (eg bungee jumping), water activities – canoeing, yachting, snorkelling, camping, hiking, skiing, caving

I have read and understand the Travel Insurance coverage.

### Health Information

Vaccinations - Please circle the ones the student has been vaccinated against:

Whooping Cough	Diphtheria	Tuberculosis	Meningitis
Tetanus	Measles	Mumps	Other
Rubella (German Measles)	Polio	Hepatitis B	

***Immunisation Certificate shown***

## Allergies

e.g. **food allergies** like peanuts or wheat, or **medical allergies** like penicillin or bee stings):

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Medication student carries for this allergy:

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## Illnesses

Has the student had any of the following illnesses? (Please circle)

Measles	Rubella	Chickenpox	Mumps
Tuberculosis	Rheumatic fever	Meningitis	Hepatitis
Polio	Malaria	HIV	Diphtheria

Does the student have any of the following? (Please circle)

Seizures	Asthma	Visual impairment	Travel sickness
Epilepsy	Physical disabilities	Heart condition	Colour blindness

Does the student have any other any special health or medical needs?

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## Medication

Please give details of any medications currently being taken including Asthma Treatment

Name of Medication \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Will the school be provided with the medication? Please circle Yes No

I also agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this, I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult, complete with the required authorization form including instructions for administration.

I will inform the school as soon as possible of any changes in medical condition

I agree to my child receiving Panadol or antihistamine tablets by the designated first aid person. This will be logged and homestay parents/caregivers advised that day

Other Treatment (if required) \_\_\_\_\_



## Study Information

Does the student have any specific learning or behavioural needs that could affect their progress?

Yes

No

Details if applicable

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Students level of English? (*Please circle*)

Beginner

Elementary

Pre-Intermediate

Intermediate

Upper Intermediate

Name of preferred tests: Oxford placement test Grammar/Listening TOEIC

Granting of credit for prior learning and class level placement in all subject areas will be based on results/evidence supplied by student.

**Please supply 2 recent school reports and photo.**

Student to complete

What are your favourite subjects at school? \_\_\_\_\_

What do you find the most challenging about school? \_\_\_\_\_

What do you enjoy most about school? \_\_\_\_\_

What are your dreams and ambitions? \_\_\_\_\_

What do you hoping for or looking forward to in your New Zealand school?

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What worries you about living and studying in New Zealand?

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# Blanket Consent Form

This EOTC form is to cover events which occur during the course of a school day and conclude prior to approximately 6.00pm.

Where an event involves risk exposure greater than what would typically be the case at school, such as adventurous activities or hazardous environments or the event continues overnight, specific consent will be required. At the time of our seeking any further consents you will also be asked to update the health and contact information held by school.

It is important that this form is completed at the start of the year for all students who will be participating in EOTC events (as described above). Details on this form will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events. It is crucial that you provide us with up to date information, that is accurate and complete, to allow us to plan appropriately for EOTC events.

Please note that is very important that student details such as health information and emergency contacts are kept up to date with the Excellere school office during the year.

Please ensure that all sections of this form are completed and it is returned to the Excellere school office

## *Privacy Statement:*

*Please note: the personal information being collected on this form is for the purpose of running EOTC events. It won't be used or disclosed for any other purpose except in accordance with the Privacy Act 1993. You have the right under that Act to access and seek correction of the information from the school.*

## Swimming Consent

For activities where being able to swim is essential. Consent does not remove the need for group leaders to ascertain for themselves the level of the student's swimming ability.

### Swimming ability

Is your child able to swim 50 metres?	Yes	No	Don't know
Is your child water confident in a pool?	Yes	No	Don't know
Is your child confident in deep water?	Yes	No	Don't know
Is your child able to tread water?	Yes	No	Don't know
Is your child able to survival float?	Yes	No	Don't know
Is your child confident in the sea or in open inland water?	Yes	No	Don't know
Is your child safety conscious in and around water?	Yes	No	Don't know

## Medical Consent

- In an emergency school may act on my behalf
- School may administer pain relief
- I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.

- I will inform Excellere College as soon as possible of any changes in the medical or other circumstances.
- I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered by the medical authorities present.
- Any medical costs not covered by ACC or a community service card will be paid by me.
- If my child involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will be sent home at my expense.

## Student Contract

To be read and signed by all participating students.

- I understand that any EOTC event is an opportunity for me to learn, practise skills and gain attitudes and values in an environment outside the classroom.
- I realise that this requires me to take on genuine responsibility for my own learning and the safety and that of myself and others.
- I agree to do the following to make this happen:

Show courtesy and consideration for others; Follow the rules and instructions of staff and other supervisors at any event; Take part in all activities within challenge-by-choice options; Look after myself and my personal belongings; Declare medical conditions that could affect participation in the event; Accept the rules set by the school for any event, even if they are different from what is accepted at home.

- I understand that my parent/caregivers will be contacted and I may be sent home at their expense if:
  - My actions are considered unacceptable by staff
  - I break the school drugs and alcohol policy;
  - My actions put me or others in any danger.

## Parental Consent

- I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.
- I understand that there are risks associated with involvement in Excellere College's EOTC events and that these risks cannot be completely eliminated.
- I understand Excellere College will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.
- I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures.
- I acknowledge that in order to gain a better understanding of the risks involved I am able to ask any questions of Excellere College about the activities in which my child will be involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.
- I understand that Excellere College does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.

## Photo Release

### Pictures Taken by Non-school Agencies:

While the school limits access to school buildings by outside photographers. It has no control over news media or other entities that may publish a picture of a named or unnamed student. Without parent/caregiver consent, school staff members will not identify a student for an outside photographer.

### Pictures of Unnamed Students

The school may use these pictures, without identifying the student, in any publication, including but not limited to the school yearbook, school newsletter and school website. No consent or notice is needed or will be given before the school uses pictures of unnamed students taken while they are at school or a school related activity.

### Pictures of Named Students

Many times, however, the school will want to identify a student in a school picture to acknowledge those students who participate in school activities or deserve special recognition

In order for the school to publish a picture with a student identified by name, one of the student's parents or caregiver must sign a consent form. Please complete and sign this form to allow the school to publish and otherwise use photographs and videotapes, with your child or ward identified.

- I GRANT consent to Excellere College to identify a picture of my child or ward by full name and/or the school he or she attends, in any school sponsored material, publications, video or website. This consent is valid for the whole period my child attends the college and I may revoke this consent at any time by notifying the Principal
  
- I **DO NOT** GRANT consent to Excellere College to identify a picture of my child or ward by full name and/or the school he or she attends, in any school sponsored material, publications, video or website. This consent is valid for the whole period my child attends the college and I may revoke this consent at any time by notifying the Principal

# Computing Acceptable Use Policy for Students

## Purpose of Computers at Excellere College

The school network and associated devices like computers, chrome books, photocopiers, etc are for the purpose of school based education and have been made available to students for the purpose of assisting directly with their studies.

**Misuse** of these resources, or failure to abide by this acceptable use policy, could result in the following consequences:

- Being required to pay the costs for replacement or repair of damage to the equipment or the system (including the cost of the technician's work).
- Detentions or banning (banning initially for one week, subsequently for a term).
- In cases of serious breaches of this agreement, the Board of Trustees may be consulted to take the matter further.

**If banning adversely impinges on a student's learning, then this is the fault of the student and not the school.**

## Passwords

***Under no circumstances may you use another person's password or give your password to another person.***

The use of passwords enables the school to keep track of who is responsible for unacceptable use. It is important that you help us maintain this by making sure that no one else uses your password.

***You may be held responsible for any unacceptable usage or damage occurring from the use of your login account.***

If you suspect your password has been used by anyone else, you should immediately report your suspicions to the school office and request a password change.

## What To Do If You Have A Problem Or Request

### Google Apps for Education (GAPE)

Google provides schools with a large number of very useful tools that support learning and doing in and outside the classroom. These tools use a google account which is created for each student and enables both student and teachers work with ease on most internet connected devices.

Classroom, another web based Google tool, allows us to set lesson content, assignments with due dates and monitor student progress. Classroom can also send you progress updates if required.

Personal devices brought into the school will need to be connected to a school account.

## Email

1. A school email account is provided to all students for use as part of their studies. The account is not intended to be for personal and recreational use.
2. Students may not access their personal web based email accounts at school.

3. The sending of unsolicited email to multiple email addresses is forbidden (this is known as “Spamming”). Language used in email must not be offensive, abusive, dangerous, inappropriate or illegal.

## Printers

1. To save money, students should use the “Print Preview” button to check what their printout will look like before proceeding.
2. Students should only print to the nearest printer and may be charged a nominal rate for printing.

## Personal Devices at School

1. Students must first apply for permission from the school office before using a personal device at school. This is a privilege that may be discontinued at any time should the school see fit.
2. Student using their own devices must conform to this policy while at school. For instance, this means that the device must **NOT** contain on its hard drive objectionable material.
3. The student may not play games on their devices while at school.
4. Students and parents should note that accessing the school network gives the school permission to examine the device from time to time to ensure that the device is compliant with this policy.

## Changes to this Policy

Due to the rapidly changing nature of information and communication technology, the school reserves the right to change this policy at any time. Should this be necessary an updated policy will be issued to all students.

If you are having trouble with your device there are a number of people in the school who may be able to assist you. First ask a friend if they can help you but if that does not work come to the school office and they will redirect you to someone that can help you.

## School Computers

1. Students should be aware that their use of school computers and associated resources is logged. The logs are checked regularly for inappropriate use.
2. You must not interfere with other people’s use of the computer systems or prevent them from having access to computer resources.
3. It is unethical and illegal to copy pirated software to or from the computer network.
4. You may access no other software than that provided for on your desktop or by menu. In particular, you may not use a V.P.N, games or the command prompt.
5. It is not acceptable for students to make file names longer than 20 characters and nested folders deeper than 4 levels. File names must be in English. In general, any silliness with file management and naming is not acceptable.
6. To prevent damage caused by computer viruses it is **not acceptable** for students to copy software or any kind of data from any sort of electronic media onto school computers or the network system.
7. It is expected that all users will behave in a responsible and considerate manner in the use of the computer resources;
  - Don’t waste resources.
  - Share equipment with others.
  - Avoid disruption of the running of any device or network system.
  - Inform a staff member of virus or security problems.

- Inform a staff member of any inappropriate material found on the network.
8. No video or music downloads are permitted without written approval from the Principal.

## General Internet Use

1. Any reasonable use of the Internet as a **direct** part of your studies is acceptable.
2. Recreational use of the Internet is unacceptable and will result in the loss of Internet access. If in doubt of the wisdom of accessing particular material check with a teacher first.
3. The use of instant messaging type services to communicate with others, other than email is not allowed.
4. You are not permitted to access material or sites which are of a dubious or inappropriate nature, eg Facebook, nor sites that are offensive (e.g. pornographic), dangerous, or illegal.
5. Do not give out information about yourself (eg phone, address, credit card details), or anyone else, to people on the Internet.
6. A teacher must be present in the room whenever a student is accessing the internet.

**It is expected that this policy will be reviewed on an annual basis, or whenever necessary.**

## Penalties

For users engaging in unacceptable use of the computer system, punishments may include instant removal of privileges, detentions, being banned from using computer resources for a period of time, being charged for repair of damage to resources and/or for the technician time taken to repair the damage.

In cases of serious breaches of this agreement, the Board of Trustees may be consulted.

## Computing Acceptable Use Policy Student Agreement

- I have read the acceptable use policy and understand my responsibilities.
- I understand that there will be consequences for breaking the agreement.
- I understand that, while the school will do its best to restrict access to offensive, dangerous, inappropriate material it is the responsibility of individual students to have no involvement in such material.

## Computing Acceptable Use Policy Parent Agreement

- I agree that I will follow the statements in this policy and have advised my child of their responsibilities
- I am giving permission for my child to use the internet and/or email while at school and accept the conditions of this contract.

# Contract

- a I agree to pay all fees and extra costs as outlined in the Homestay / Fees documents.
- b I have read and understood the Excellere College Refund Policy for International Students.
- c I accept the right of Excellere College to change the student's course of study if this is seen to be in the best interests of the student.
- d I give permission for my child to undergo any emergency dental or medical procedures.
- e I understand that the student may not own or drive a vehicle while he is a student at Excellere College.
- f I understand that the Tuition Agreement may be terminated by Excellere College if this Student breaches any of the rules or requirements of enrolment at Excellere College or is excluded from the College by the Board of Trustees.
- g I understand that where Tuition Agreement is terminated and / or a student is excluded from Excellere College, the costs associated with the return journey home will be the responsibility of the parent or guardian, not Excellere College.
- h I accept the right of Excellere College to make a change to the student's homestay if this is seen to be in the best interests of the student.
- i I have read understood and accept the policies, rules and procedures regarding International Students at Excellere College and agree to abide by them.
- j I agree that all disputes will be dealt with in accordance with New Zealand law.
- k I confirm all the information contained in this application is true and correct to the best of my knowledge and belief:
- l I acknowledge that the provision of false information or the withholding of relevant information may result in termination of enrolment.
- m I will inform the school if there are any changes to the details of this application.

I have been informed about and received a summary of the Code of Practice for International Students: (available on NZQA website in 5 languages)

Yes       No

I have been informed about all costs involved with enrolment and the school's policy regarding fee protection and refunds:

Yes       No

I have received a copy of the school Prospectus and Policies relevant to International Students and have read and understood them

Yes       No

Student's signature: \_\_\_\_\_

Parent's Signature – if student is under 18

\_\_\_\_\_

Parent's Name: \_\_\_\_\_

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



