



INTERNATIONAL ENROLMENT APPLICATION

Applicants Name: _____ Application Date: _____

Applicants are required to provide the supporting documentation listed below.					
About the applicant:	Check (✓)	For school use	For the parent:	Check (✓)	For School Use
Birth Certificate or passport (Copy of visa if applicable)			School Tuition Agreement (signed)		
The most recent school report			Designated Caregiver Indemnity Form (if appropriate)		
Testimonials			Guardianship agreement form (if appropriate)		

APPLICANTS DETAILS	
Application is made for student to enter: <i>(Based on academic record and age)</i>	
Year 7 (11-12 years) <input type="checkbox"/>	Year 11 (15-16 years) <input type="checkbox"/>
Year 8 (12-13 years) <input type="checkbox"/>	Year 12 (16-17 years) <input type="checkbox"/>
Year 9 (13-14 years) <input type="checkbox"/>	Year 13 (17-19 years) <input type="checkbox"/>
Year 10 (14-15 years) <input type="checkbox"/>	
Expected Start Date:	Expected Finish Date:
Family Name:	Given Name:
Preferred name:	Gender: Male / Female
Date of Birth:	Country:
Language Spoken at home:	Current School Year:
Current School:	
Subjects you wish to study:	
Aims for your career:	
Personal interests / hobbies:	
Siblings who have / or may attend Marcellin College:	
Student email:	
Student mobile number:	

AGENT DETAILS (if applicable)

Name: _____

Contact details: _____

HEALTH DETAILS

Medical conditions: Please ✓ all that apply:

Asthma	<input type="checkbox"/>	Allergy	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>
Past Head injury	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Emotional problems	<input type="checkbox"/>
Hearing Problems	<input type="checkbox"/>	Vision problems	<input type="checkbox"/>	Behavioural Problems	<input type="checkbox"/>

Has this student been vaccinated against common childhood complaints e.g. Measles? Y / N

What date was the last Tetanus injection?

Please give details of any medical or behavioural conditions:

FAILURE TO DISCLOSE MEDICAL OR MENTAL HEALTH CONDITIONS MAY AFFECT ENROLMENT (Students may be sent home without refund).

All international students must have medical and travel insurance. This can be obtained from the school or purchased privately. All insurance must be approved by the school.

DESIGNATED CAREGIVER / PARENT REPRESENTATIVE IN NEW ZEALANDI wish my child to live (*choose one*):

- In a school arranged homestay (*fill in the Homestay form attached*)
- With a designated caregiver (*see below, and fill in Designated Caregiver form*)

If the student plans to live with a relative or close family friend, please give details below.

All caregivers will be visited by the school and Police checks carried out.

Name of caregiver: _____ Relationship: _____

Address: _____

Phones: _____ Email: _____

Emergency contact name (if different from above): _____

Contact address: _____

Phone: _____ Relationship: _____

STUDENTS ARE NOT PERMITTED TO LIVE IN A 'FLATTING' SITUATION WHILE STUDYING AT MARCELLIN COLLEGE

PARENTS DETAILS																									
<p>Mother</p> <p>Surname: _____</p> <p>Given name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Home phone: _____</p> <p>Work phone: _____</p> <p>Mobile: _____</p> <p>Email: _____</p>	<p>Father</p> <p>Surname: _____</p> <p>Given name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Home phone: _____</p> <p>Work phone: _____</p> <p>Mobile: _____</p> <p>Email: _____</p>																								
<p>Why did you choose Marcellin College:</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Family ties</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Agent referral</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Friend referral</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">location</td> <td style="border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Website</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Facebook</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Value</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Tour</td> <td style="border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Other</td> <td style="border: none;"><input type="checkbox"/></td> <td colspan="6" style="border: none;">Please explain: _____</td> </tr> </table>		Family ties	<input type="checkbox"/>	Agent referral	<input type="checkbox"/>	Friend referral	<input type="checkbox"/>	location	<input type="checkbox"/>	Website	<input type="checkbox"/>	Facebook	<input type="checkbox"/>	Value	<input type="checkbox"/>	Tour	<input type="checkbox"/>	Other	<input type="checkbox"/>	Please explain: _____					
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<p>Declaration by parents:</p> <ol style="list-style-type: none"> 1. I guarantee the good behaviour of my child while in New Zealand. 2. I accept the right of the school to change courses if this is seen to be in the best interests of my child. 3. I have read and understood the Tuition Agreement, and the refund and fee protection policies which shall apply if the application is successful. 4. I understand my child must live either in accommodation approved of and monitored by Marcellin College, or with his / her parent. 5. I consent for my child to receive health care at the school or to be taken to the doctor or Medical Centre if the school decides it is necessary. 6. I give permission for the school to make a decision on the advice of a medical practitioner in a medical emergency. 7. I have read and understand the circumstances under which any contract with Marcellin College may be terminated. 8. I undertake to inform the school within two weeks of any change of the applicant's home address. <p>Signed: _____ (Mother or Father)</p> <p>Full name: _____ Date: _____</p> <p>DECLARATION MUST BE SIGNED BY A PARENT, NOT AN AGENT OR GUARDIAN. STUDENTS MUST BE ACCOMPANIED BY AN ADULT WHEN THEY FIRST VISIT THE SCHOOL.</p>																									

PERMISSIONS, AGREEMENTS and GURANTEES

'On Foot' Excursions

Parent or Guardian: I give permission for the student to take part in trips 'on foot' (for example: *cross country runs*) under the supervision of staff. Trips needing transport will be individually authorised by the student's caregiver.

Publication and Display of the Applicant's work and Photographic image

I give permission for the school to display the student's work (including newsletters, prospectus, year book, open day displays, website etc.) and to use the students' image, individually or as part of a group, in the same school publications.

Student: My signature below indicates that I give permission as described above.

Parent or Guardian: My signature below indicates that I give my permission as described above.

Cybersafety

Parent or Guardian: I give permission for the applicant to use the internet and other information and communication technologies, under the rules of the school. I understand the school will not be responsible for retrieval or replacement if the applicant loses or has stolen any electronic communication device that they have brought to school.

Student: I agree to read and abide by the conditions set out in the 'Student Cybersafety Use Agreement'.

School Rules and Uniform Requirements

1. Students must wear correct school uniform at all times. Non regulation items will be confiscated. (students can only wear one pair of ear studs and a watch for jewellery, no makeup. Skirts can be knee length, boys are to be clean shave, knee shocks are to be pulled up, and students are to be neat and tidy).
2. Students are required to be punctual to all classes and must not leave the school during the day. Attendance is compulsory unless a student is sick. Leave is granted for doctor/dentist visits and absences must be explained in writing from the caregiver.
3. International students must not change accommodation without school permission.
4. Mobile phones and i-pods are not allowed during school hours.
5. Cigarettes, matches, lighters, alcohol, drugs or weapons are not part of our school culture.
6. We are a peaceful school and physical violence, verbal aggression, theft and any form of bullying or harassment is not acceptable.

Student: I have read the items listed above, I agree to abide by school rules and uniform requirements. I will attend school regularly, respect the right of others to learn, and do my best to bring credit to the school, my family and my country.

Parent or Guardian: I have read the items listed above, and I have also read and understood the refund policy and the tuition contract. My signature shows that I agree to all commitments and conditions listed above and also in the refund policy and tuition contract.

Signature of Student: _____ **Date:** _____

Signature of Parent: _____ **Date:** _____