

INTERNATIONAL STUDENTS APPLICATION FOR TUITION

Horowhenua College
PO Box 544
Levin 5500
New Zealand



A.

Student Name: _____

Family Name _____ Given Names _____

English Name (*If you want it used*) _____ Male/Female _____

Nationality _____ Date of Birth _____

Country of Citizenship _____ First Language _____

Address:

Telephone: Day _____ Night _____ Fax _____

Email _____

Passport Country of Issue _____ Passport Number _____

B. Family Information – *the College must be informed of changes to contact details*

Student's Mother or Guardian's Name	Address	Phone Fax
Student's Father or Guardian's Name	Address	Phone Fax
Someone to contact in an Emergency – Name (at home)	Address	Phone: Day Night Fax
Someone to contact in an Emergency – Name (in NZ)	Address	Phone: Day Night Fax

Only complete this if working through an agent:

Agent's name : _____

Agent's Address: _____

Phone: Day _____ Night _____

C. Student Health:

Do you have any medical problems? Yes/No (If Yes -Write details in a letter including name of family Doctor in home country)

The following conditions may be outside the school's facilities to provide adequate safety and care e.g. eating disorders, addictions, (including gambling) pregnancy, HIV Aids, significant mental health issues. In these situations the student's continuation at the school will be reviewed at the College's discretion. Further details will be provided in the Orientation Programme.

Insurance

It is compulsory for International Students at Horowhenua College to have adequate Health and Travel Insurance. This should be arranged before the student arrives in New Zealand.

I have already arranged insurance:

The number of the policy _____ with the _____
Insurance Company
OR

I authorise Horowhenua College to arrange Comprehensive Medical Insurance and other recommended cover and to invoice me for the same. Yes/No

D. Academic Programme: English Language Section

What English Language qualification do you hold?

Have you studied at an English speaking educational institution before? Yes/No

If Yes - Please state where and for how long? _____

How long have you learned English? _____

Students who arrive at Horowhenua College in Terms III or IV will enter a Foundation Course. This course prepares students to enter a full examination course in the following year. This programme is primarily to bring the level of English up to that required for study in the chosen level the following year. The programme consists of language development in commerce, mathematics and science as well as specific ESOL instruction.

Level of study: (*The level of study is subject to the outcome of on-shore testing.*)

1. I have completed Year ____ level of study in _____ and I would like to study at:

Pre-University Year 13 – Form 7	
Year 12 - Form 6	
Year 11 - Form 5	
Years 9 or 10 Forms 3 & 4	

(Please attach or forward by mail/fax, a notarised copy in English, of the last report from the previous educational institution you attended).

Preferred Subjects

1.	2.	3.
4.	5.	6.

Intended destination at the completion of this programme:

University _____ Specify if possible: _____	Other Tertiary _____ Specify if known: _____
Return to: _____	Other: _____ _____

Date intended to start at College _____

Date intended to finish at College _____

Period of Tuition applied for _____

Note: Subject selection is dependent on course numbers and availability of positions in the classes.

CONFIRMATION

I certify that the information given in this application is, to the best of my knowledge, correct. I understand that this may be verified.

I authorise Horowhenua College to make other enquiries as they see fit in relation to my application and consent to the disclosure of information on matters which may be pertinent to enrolment as a student at Horowhenua College.

Signed _____ (*Student*)

Date _____

ACCEPTANCE OF TERMS

Before your application can be considered please sign the following acknowledgements.

(This must be signed by parent or guardian of a student under 20 years –not agent or other relative)

I _____ (*Name*) am of the utmost integrity.

1. I agree to abide by the rules and policies of the College at all times.
2. I will be diligent in my studies in class and with homework.
3. I accept the right of the College to effect a change of course if this is considered to be in my best interests.
4. I will not own or drive a motor vehicle while a student at Horowhenua College.
5. Gambling, substance abuse, smoking while associated with the College and dishonesty with academic assessment are unacceptable.
6. I accept that as a student at Horowhenua College I may not own or rent a house which I would occupy myself or with other students.
7. I agree to being involved in an Orientation Programme on arrival that covers cultural, social and health issues pertinent to New Zealand.
8. I authorise the disclosure of details in this form to representatives of the school and also to Homestay parents. Any change of homestay placement must be made with the agreement of the school's Homestay Co-ordinator.
9. I have read, and understood and signed the attached Tuition Agreement which shall apply if my application is successful.

Failure to meet these terms will mean a review of your placement.

Signed _____ (*Student*) Date _____

Signed _____ (*Parent or Guardian*)

Date _____

Full Name _____

Relationship to Student _____

Offers of course placement will be based on an assessment by the school or its agent of the extent to which the abilities and aims of the student are matched by the educational opportunities offered by the school. Should your application be successful, you will receive a letter of offer (Offer of Place) and an invoice.

However, you will need to pay the year's fees before a visa will be granted. If you accept the Offer of Place then this Application for Tuition and the attached Tuition Agreement shall be the terms and conditions of agreement by which the tuition shall be provided to the student. The terms must be signed by the parent or guardian if the student is under 20 years of age. (Acceptance of students over the age of 20 years is not generally the school policy but may be considered in exceptional circumstances.) The parent or guardian shall be bound by these terms and conditions. (If the student is 20 years or over then the duties, obligations and authorisations of the parents of the student set out in these terms and conditions shall attach to the student, and all references to "Parents" shall be read accordingly.)

With this application please enclose:

- ? A certified copy in English of your most recent school report
- ? Results of any public examinations you have entered.
- ? Letter re medical conditions if necessary.
- ? Photo of Student

Post to:

Dean of International Students
Horowhenua College
P.O.Box 544
Levin 5500
New Zealand

Paste photo of student here

Fax 64 6 367 9210

email int.horo@xtra.co.nz

The above information may be submitted electronically.

By submitting electronically you are agreeing to the terms contained in the Application Form.

On receipt we will send a fax or mail for your signature and return.