

# Tauraroa Area School International Application and Tuition Agreement Form

Please attach  
passport photo  
here

---

## INTERNATIONAL STUDENT APPLICATION

### YEAR LEVEL: (Please tick the year level which applies)

Year 9  Year 10  Year 11  Year 12  Year 13

### START DATE:

Term 1  Term 2  Term 3  Term 4  Year: 20[ ] Length of course: [ ] Terms

---

### DETAILS OF STUDENT

Gender: Male  Female

Date of Birth: / /

Last Name (as on passport): \_\_\_\_\_

First Name (as on passport): \_\_\_\_\_

Known As: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

First Language: \_\_\_\_\_

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

Student Mobile Number: \_\_\_\_\_

---

### PASSPORT/VISA DETAILS

Passport Number: \_\_\_\_\_

Passport Expiry Date: \_\_\_\_\_

Date of Entry into NZ: \_\_\_\_\_

Student Visa/Permit Issue Date: \_\_\_\_\_

Student Visa/Permit Expiry Date: \_\_\_\_\_

---

### PARENTS DETAILS

Mother's Last Name: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_

Father's First Name: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Work Phone Number: ( ) \_\_\_\_\_

Work Phone Number: ( ) \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

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

# Tauraroa Area School International Application and Tuition Agreement Form

---

## AGENTS DETAILS

**(Only applicable if you are using an agent)**

Name of Agency: \_\_\_\_\_

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

\_\_\_\_\_

Contact Phone Number: ( ) \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email of Agent: \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

## NEW ZEALAND CONTACT

**(If applicable)**

Name of Contact Person: \_\_\_\_\_

Address (in NZ): \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

Relationship to you: Relative

Family Friend

Parent

---

## GENERAL DETAILS

Have you studied at a NZ school before? Yes  No

If yes, please state the school you last attended in NZ: \_\_\_\_\_

How many years have you studied English? \_\_\_\_\_ months \_\_\_\_\_ years

Do your parents speak or read English? Speak: Yes  No  Read: Yes  No

What is your planned future career?

\_\_\_\_\_

---

**ACCOMMODATION REQUIREMENTS?** Do you wish to have a homestay organized by Tauraroa Area School? Yes  No

I wish to organize my own accommodation (Designated Care Giver): Yes  No

Food Preferences (please state if any): \_\_\_\_\_

Interests: Outdoor Activities  Music  Movies / TV

Water Sports  Travel  Reading

Other  (Please state): \_\_\_\_\_

*Please provide a short letter to introduce yourself to your new host family*

---

## DESIGNATED CARE GIVER (DCG) DETAILS

**(If staying in accommodation NOT organized by Tauraroa Area School)**

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

Address (in NZ): \_\_\_\_\_

\_\_\_\_\_

# Tauraroa Area School International Application and Tuition Agreement Form

---

Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Relationship to you: Relative (please state: )  
Family  Friend

*Please note: A DCG must be a relative or close family friend of the family. This accommodation must be approved by **Tauraroa Area School** prior to the student's arrival. Please provide a copy of the passport (and visa if applicable).*

## INSURANCE DETAILS

You **must** have insurance before travelling to New Zealand. This is essential as your health care will be charged to you if needed.

If you already have insurance, record the details below.

Insurance Policy Provider (if not from NZ): \_\_\_\_\_ Copy: Yes/No  
Insurance Policy Number: Insurance Expiry Date: / /

## MEDICAL DETAILS

Any special medical or learning needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Please tick the following boxes if you suffer from any of the following medical conditions:  
Asthma  Back / Neck Problems  Glandular Fever  Allergy to Bee/Wasp Stings   
Migraines  Hepatitis A or B  Diabetes  Heart Conditions  Epilepsy   
Allergies including food allergies  (please state below)

\_\_\_\_\_  
\_\_\_\_\_  
Details of other medical conditions or medication:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Tauraroa Area School International Application and Tuition Agreement Form

*Please Note: If you suffer from any of the above conditions, it is advisable to bring your own medication to NZ. As part of signing this application I give permission for 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 i.e. Panadol etc.*

## SPORT / CULTURAL ACTIVITIES

Please tick the activities you would like to be involved in at **Tauraroa Area School**

Athletics		Touch	
Squash		Choir	
Debating		Kapa Haka (Maori group)	
Badminton		Volleyball –	
Surfing		Concert Band– All Levels	
Basketball		Hockey (field)	
Beach Volleyball		Theatre productions	
Table Tennis		Amnesty International	
Cross Country		Radio	
International Day		Netball	
Cricket		Waka ama	
Tennis		Shakespeare Day	
Rock Quest		Rugby	
		Soccer/Football	
		Dance	
		Other:	

Please indicate what level of any of the above sports or activities you have played in the past, i.e. 1st XI hockey/soccer or musical instrument/band for school, club and/or representative level:

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

*Please note that these are available at various times of the year*

## SUBJECT CHOICES

All subject information is in the Guidelines and Conditions document [TAS info here](#)

# Tauraroa Area School International Application and Tuition Agreement Form

---

Year 13 Students must do 5 subjects

## Subject Year Level 10,11,12,13

1. English / Eng. Intermediate / ESOL
- 2.
- 3.
- 4.
- 5.
- 6.

## Please include with this application form:

Passport copy  
School report (latest)  
Recommendation letter from Principal or Head Teacher

---

## USE OF INTERNET AND COMPUTERS

### Own Policies in here

#### Section for Parent/Legal Guardian

I have read the Student ICT Use Agreement and the Background Information. I have gone through the agreement in the Policies and Guidelines with my son/daughter and explained its importance and that there may be consequences for breaking the agreement. I understand that my son/daughter is responsible for their ICT use and that while the school will do its best to restrict student access to offensive/ dangerous or illegal material on the internet or through email it is the responsibility of my son/daughter to have no involvement with such material.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Section for Learner

I have read the Learner ICT Use Agreement in the Policies and Guidelines and understood my responsibilities and agree to abide by these. I know that if I breach this Use Agreement, there may be serious consequences which could include removal from any subject that requires computer use.

Learner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

## DECLARATION

# Tauraroa Area School International Application and Tuition Agreement Form

---

I \_\_\_\_\_ (student) have read and understood the conditions of being an international student at **Tauraroa Area School** and agree to abide by the rules of the school (refer to the Procedures and Guidelines Document and the Student Behavior sheet in the back of the school prospectus.)  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

We (parents) accept authority of **Tauraroa Area School** and all the provisions as set out in the Policies and Guidelines Document and are aware that **Tauraroa Area School** will act according to the code of practice ([www.minedu.govt.nz/goto/international](http://www.minedu.govt.nz/goto/international)).

**Father's Name:** \_\_\_\_\_  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If I am living in a homestay organized by **Tauraroa Area 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 Name:** \_\_\_\_\_  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Failure to disclose relevant information or the provision of false information may result in termination of enrolment.  
Make sure all details on these forms are completed and signatures from the correct people are included.*

Please write your letter to your homestay here:

Tauraroa Area School International  
Application and Tuition Agreement Form

---