

Have you previously attended school in New Zealand Yes No
 If yes, what was the name of the school?

Level of Study: year 9 <input type="checkbox"/> year 10 <input type="checkbox"/> year 11 <input type="checkbox"/> year 12 <input type="checkbox"/> year 13 <input type="checkbox"/>	Expected start date:
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Is there anything further that the school needs to be aware of that may impact the student's enrolment?
 Yes No
 If 'Yes', please provide details

Subject choices

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Medical Information
 Name of doctor (in home country):
 Phone number of doctor:
 Does the student have any history of previous illness that may affect their enrolment, including mental illness?
 Yes No
 If 'yes', please provide details:

Please tick the appropriate box if you suffer from or have suffered from any of the following medical conditions:	<input type="checkbox"/> HIV or Aids	<input type="checkbox"/> Depression/Anxiety	<input type="checkbox"/> Epilepsy
	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Glandular Fever	<input type="checkbox"/> Food Allergies
	<input type="checkbox"/> Asthma	<input type="checkbox"/> Hepatitis A, B or C	<input type="checkbox"/> Migraines
	<input type="checkbox"/> Back/Neck problems	<input type="checkbox"/> Allergies	<input type="checkbox"/> Heart condition
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Allergies (to wasp or bee stings)	<input type="checkbox"/> Eating disorder
	<input type="checkbox"/> ADD or ADHD		

Does the student have any medical implants (such as metal implants) that may affect receiving medical treatment while in New Zealand?
 Yes No
 If 'Yes', please provide details

Is the student currently on any medication?
 Yes No
 If 'Yes', please provide details

****Please note: If she suffers from conditions requiring medication, it is advisable to bring your own medication to NZ. You will be required to notify the school regarding any medications that you bring with you.**

KELSTON GIRL'S COLLEGE

REFUND & CANCELLATION POLICY

1. The student's parent must apply in writing to the International Administrator for a refund of fees.
2. The letter will explain the special reasons why a refund of fees is requested by the parents of the student.
3. If the application is cancelled before payment of fees, there is no cancellation charge.
4. If an application is cancelled after payment of fees and before enrolment there is a \$250.00 administration fee charged. The balance is refundable.
5. If a student wishes to return home before the end of his course, there will be no refund. Students must therefore ensure that their insurance policy cover such an event.
6. If a student wishes to change schools, and is approved in writing by Kelston Girls' College, a refund will be provided, less a minimum 10 weeks tuition fee and any other relevant non-refundable fees; e.g. MOE levy, and Agent Commission. An administration fee of \$250.00 will also be deducted. Approval will only be granted if the school is satisfied that there are good educational grounds for the change.
7. If a student changes school without the prior written approval of Kelston Girls' College International Administrator, there will be no refund.
8. If the behaviour, attendance or work of a student is not at the level required by the school, the student will be given a written warning, which will be sent to the parents, and agent. After receiving a written warning, if the student does not improve, her permission to study at Kelston Girls' College will be withdrawn and there will be no refund.
9. Any money refunded to a student will only be credited to the bank account designated in writing by her parents. No money will be paid directly to the student.
10. This policy covers fees payable for courses at Kelston Girls' College. Any homestay payments and arrangements are separate and are not under the control of Kelston Girls' College.

International Fee Protection Policy

Kelston Girls' College will ensure that funds from international students paid in advance are accounted for in such a way that individual student balances are clearly identified and monitored.

AGREEMENT

1. The School shall provide education to the Student over an agreed period stated in the Offer of Place. This education will be provided in accordance with the policies of the School, the Education Code of Practice 2016 (the Code), the Education Act 1989 (the Act) and any other applicable laws of New Zealand.
2. The Parents and the Student will comply at all times with the School policies, the Code and the Act and the Parents will work with the school to ensure such compliance.
3. The Student agrees to comply with School policies; rules and expectations while placed with a host family or other approved accommodation.
4. The Parents and the Student agree that this Agreement is conditional at all times on the Student having accommodation in New Zealand, which complies with the Code. If this condition is unable to remain fulfilled, then this agreement will be at an end.
5. The School in accordance with the provisions of the Education Act 1989 may terminate this Agreement.
6. Photographs and video of the student may be used for the student's records and in any publicity material for the School.
7. The student may **NOT** own or drive a motor vehicle while enrolled at Kelston Girls' College. Flaunting of this ruling may result in expulsion.
8. The Parents and the Student, who have signed this Agreement, irrevocably appoint and authorise the Principal of the School (or such other person as may be appointed by the School) to provide consents that may be necessary to be given on the Student's behalf in the event of a medical emergency where it is not reasonably practicable to contact the Parents.
9. In the event this Agreement is terminated, the School's refund policy will apply

EXECUTION

Parents

By signing below, parents confirm that to the best of their knowledge, all information provided in the application including information provided in supporting documents, is true and correct and that they have read the agreement and cancellation policy and agree to be bound by them in all respects;

Name(s): _____

Signature (s): _____

Date: _____

Student

By signing below, the Student confirms she has read and understood the agreement and agrees to abide by it in all respects:

Name: _____ Signature: _____

Date: _____

School

By signing below, the authorised signatory of the School confirms that they are authorised to sign on behalf of the School and confirms that the School will be bound by the Agreement in all respects.

Name: _____ Signature: _____

Date: _____