

# INTERNATIONAL STUDENT APPLICATION & TUITION AGREEMENT – 2020/2021

PLEASE COMPLETE THE FOLLOWING IN ENGLISH AND IN CLEAR HANDWRITING OR TYPED

## STUDENT DETAILS

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

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

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

**Address (Home Country)**

Building/Flat: \_\_\_\_\_ Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: (+\_\_\_\_) \_\_\_\_\_ Student Mobile: (+\_\_\_\_) \_\_\_\_\_

Student's Email: \_\_\_\_\_ First Language: \_\_\_\_\_

## COURSE INFORMATION

Year level:       Year 9       Year 10       Year 11       Year 12       Year 13      Y12 and Y13 academic places are only considered if the student is currently studying NCEA.

Term:               Term 1       Term 2       Term 3      Term 2 & 3 applications are for Year 9 & 10 students only

Year:                 2020       2021

Intended length of study at EGGS: \_\_\_\_\_ Current school: \_\_\_\_\_

Current subjects: \_\_\_\_\_

Subjects you want to study at EGGS: \_\_\_\_\_

Years studying English: \_\_\_\_\_ Career goal: \_\_\_\_\_

### MOTHER'S DETAILS

### FATHER'S DETAILS

*Please include at least one email address and select one parent, or legal guardian, to be the main contact*

<p>Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>      <b>Main Contact?</b> <input type="checkbox"/></p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Address: _____</p> <p>(If different _____</p> <p>to student ) _____</p> <p>Home Phone: (+____) _____</p> <p>Mobile Phone: (+____) _____</p> <p>Work Phone: (+____) _____</p> <p>Occupation: _____</p> <p>Email: _____</p>	<p>Mr <input type="checkbox"/> Dr <input type="checkbox"/>      <b>Main Contact?</b> <input type="checkbox"/></p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Address: _____</p> <p>(If different _____</p> <p>to student ) _____</p> <p>Home Phone: (+____) _____</p> <p>Mobile Phone: (+____) _____</p> <p>Work Phone: (+____) _____</p> <p>Occupation: _____</p> <p>Email: _____</p>
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## AGENT

I nominate the following agency to represent me:

Company Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Email: \_\_\_\_\_

Parent or Legal Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

## INSURANCE

The Code of Practice and New Zealand Immigration Service require all International Students studying in New Zealand to have Full Travel and Medical Insurance while in New Zealand. The insurance policy must be compliant with the New Zealand Qualification Authority and the Code of Practice requirements.

For more information on the *Education (Pastoral Care of International Students) Code of Practice 2016* please see: <https://www.nzqa.govt.nz/providers-partners/education-code-of-practice/>

The School is able to purchase insurance on the Student's behalf. We offer 2 Provider choices:

Southern Cross - <https://www.scti.co.nz/our-policies/international-student/brochures/>

Student Safe - <https://www.insurancesafenz.com/studentsafe/student-safe-inbound-young-learners>

I would like Epsom Girls Grammar School to purchase my insurance:  Yes  No

If Yes, please choose one of the following:

Southern Cross

Student Safe

## ACCOMMODATION ARRANGEMENTS

Please choose from one of the following options and complete the relevant contract

### RESIDENTIAL CAREGIVER (Homestay)

I would like to apply for a place with a Residential Caregiver organised by the School.

Please complete

- INTERNATIONAL STUDENT ACCOMMODATION AGREEMENT LIVING WITH A RESIDENTIAL CAREGIVER OR DESIGNATED CAREGIVER 2020/2021

### DESIGNATED CAREGIVER

I will be living with my...  Close Relative (aunt/uncle/grandparent etc)  Close Family Friend

Please note a Designated Caregiver must be either a single female over the age of 24 or a family setting. Single men are not permitted to be a Designated Caregiver.

Please complete:

- INTERNATIONAL STUDENT ACCOMMODATION AGREEMENT LIVING WITH A RESIDENTIAL CAREGIVER OR DESIGNATED CAREGIVER 2020/2021  
and
- DESIGNATED CAREGIVER AGREEMENT – 2020/2021

### PARENTS OR LEGAL GUARDIANS

I will be living with  Mother  Father  Both Parents/Legal Guardians

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_

Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

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

Please complete

- INTERNATIONAL STUDENT ACCOMMODATION AGREEMENT LIVING WITH A PARENT – 2020/2021

### EPSOM HOUSE (Boarding Facility)

Please complete

- INTERNATIONAL STUDENT ACCOMMODATION AGREEMENT LIVING WITH A RESIDENTIAL CAREGIVER OR DESIGNATED CAREGIVER 2020/2021

## STUDENT HEALTH RECORD

The information collected on this form is to assist in the case of accident or emergency, or to assess any special needs the student may have. Please complete it in full. This information will be stored securely and access is limited to the school Health Professional or, on request to the student herself.

If considered necessary, for safety reasons, a limited version may be distributed to staff members immediately responsible for the student e.g. Physical Education or Food Technology staff.

If you consider any of the information to be confidential please enclose this form in an envelope marked "Confidential Medical Information" or you can provide additional information by emailing or you can phone the Health Centre on +64-9-970-6739 and talk to a nurse.

### STUDENT DETAILS

Entry Year Level: \_\_\_\_\_

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

OFFICE USE ONLY Address in NZ : \_\_\_\_\_

### PARENT/CAREGIVER DETAILS NZ: OFFICE USE ONLY

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

EMERGENCY CONTACT: International Department Phone: 970 6757 Mobile: 027 226 8568 (emergency)

### HAS THE STUDENT EVER SUFFERED FROM:

Condition	Yes	No		Details, treatment & medication
Allergy				
Anxiety/Depression/other				
Asthma				
Diabetes				
Epilepsy				
Glandular Fever				
Head Injury				
Heart Condition				
Migraines				
Rheumatic Fever				
Are there any other medical issues that could impact her while in New Zealand?				

### DOES SHE HAVE ANY DIFFICULTY WITH HER:

	Yes	No		Yes	No		Yes	No
<b>Sight</b>							<b>Speech</b>	
Does she wear glasses? Or contacts?								

Details: \_\_\_\_\_

**PRESCRIPTION MEDICINE**

Bringing prescribed medicine to school is discouraged. If your daughter needs to take medication during school hours please inform the school nurse (in writing by email) and make arrangements for medication to be kept in the Health Centre

**CONSENT FOR MEDICATION**

Your consent is required for the administration of Non Prescription medication by the Epsom Girls Grammar School Registered Nurses. These include those to relieve cough and cold symptoms, pain, elevated temperature, inflammation, allergies and sports injuries. Most commonly used medications:

**Category A:** *Paracetamol/Nurofen/Ibuprofen* for pain, *Strepsils* for sore throats, *Propolis lozenges* for coughs, and *Mylanta liquid/tablets* for indigestion/acid reflux.

Please delete any of the above medications if they are not suitable for your daughter.

**I consent to the above medications.** Yes  No

**Category B:** *Antihistamines e.g. Loratabs* (These medications would only be administered if the student usually takes this medication or in the event of an allergic reaction.)

Please delete any of the above medications if they are not suitable for your daughter.

**I consent to the above medications.** Yes  No

**IMMUNISATION DETAILS**

Has your daughter had the following immunisations?

	Yes	No		Yes	No
Diphtheria			M.M.R. (Measles, Mumps, Rubella)		
Hepatitis B			Pertussis (Whooping Cough)		
HIB (haemophilus influenza type B)			Polio		
HPV			Tetanus		
Meningococcal B			Tuberculosis		

**IN CASE OF ACCIDENT OR EMERGENCY**

If an accident or emergency occurs and the school is unable to contact you the school nurse may decide to take your daughter to A & E or a Medical Centre doctor or phone for an ambulance.

I/We give permission for the school nurse to treat or refer my daughter and agree to meet any cost incurred.

Parent or Legal Guardian Signature: \_\_\_\_\_

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

Please have your doctor complete the following form if you have an allergy.



australian society of clinical immunology and allergy  
[www.allergy.org.au](http://www.allergy.org.au)

# ACTION PLAN FOR Allergic Reactions

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

Date of birth: \_\_\_\_\_

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by medical or  
nurse practitioner:

I hereby authorise medications specified on this  
plan to be administered according to the plan

Signed:

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

Action Plan due for review: \_\_\_\_\_

Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens

For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline (epinephrine) autoinjector instructions

Instructions are also on the device label

Note: All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

### SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

### ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Give other medications (if prescribed).....
- Phone family/emergency contact

**Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis**

### WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- |                                |  |
|--------------------------------|--|
| • Difficult/noisy breathing    | • Difficulty talking and/or hoarse voice |
| • Swelling of tongue           | • Persistent dizziness or collapse       |
| • Swelling/tightness in throat | • Pale and floppy (young children)       |
| • Wheeze or persistent cough   |  |

### ACTION FOR ANAPHYLAXIS

#### 1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position

- If breathing is difficult allow them to sit



#### 2 Give adrenaline (epinephrine) autoinjector if available

#### 3 Phone ambulance - 000 (AU) or 111 (NZ)

#### 4 Phone family/emergency contact

#### 5 Transfer person to hospital for at least 4 hours of observation

#### If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

**ALWAYS give adrenaline autoinjector FIRST if available, and then asthma reliever puffer** if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed:  Y  N

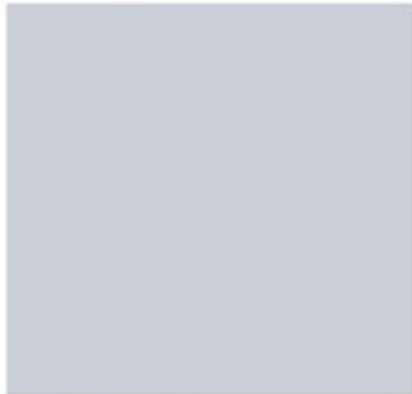


# ACTION PLAN FOR Anaphylaxis



Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

**For EpiPen® adrenaline (epinephrine) autoinjectors**



Confirmed allergens:

Family/emergency contact name(s):  
\_\_\_\_\_  
\_\_\_\_\_

Work Ph: \_\_\_\_\_  
Home Ph: \_\_\_\_\_  
Mobile Ph: \_\_\_\_\_

Plan prepared by medical or nurse practitioner:  
\_\_\_\_\_

I hereby authorise medications specified on this plan to be administered according to the plan

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_  
Action Plan due for review: \_\_\_\_\_

## SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

## ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

**Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis**

## WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

## ACTION FOR ANAPHYLAXIS

### 1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



### 2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

### 3 Phone ambulance - 000 (AU) or 111 (NZ)

### 4 Phone family/emergency contact

### 5 Further adrenaline doses may be given if no response after 5 minutes

### 6 Transfer person to hospital for at least 4 hours of observation

### If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

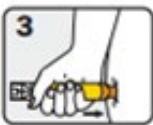
## How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds

REMOVE EpiPen® and gently massage injection site for 10 seconds

Instructions are also on the device label

## ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed:  Y  N

## **EPSOM GIRLS GRAMMAR SCHOOL CODE OF CONDUCT**

At Epsom Girls Grammar School it is important that all members of the School community are engaged in respectful learning relationships that support differing points of view or perspectives. Students, staff, parents and volunteers are integral parts of the School community. It is important to demonstrate respectful behaviours towards each other at all times, so that the individual and collective mana of all members of the School community is upheld in all circumstances.

Respectful behaviours can include the following:

- Adhering to the standards and protocols the School has established to ensure individual and collective mana is maintained.
- Listening attentively and carefully to others with an open mind.
- Asking questions in order to clarify and better understand other perspectives.
- Suspending judgement and providing the other party the chance to explain.
- Working towards resolution in a mutually co-operative manner.
- Using a neutral tone of voice when communicating with the other party.
- Demonstrating respectful and appropriate body language and being aware of the impact of your own and the other party's body language.
- Maintaining personal space.
- Being aware of how we talk about and with others within the School community.
- Acknowledging the cultural perspective of all involved.
- Being open and honest about any concerns or issues.
- Respecting and following the protocols of the School facilities.
- Respecting diversity within the School community.

### **PRIVACY OF INFORMATION**

1. The School follows the Information Privacy Principles in the Privacy Act 1993 relating to the collection, storage, use and disclosure of personal information.

2. Information held at the offices in Silver Road and will be used for the following purposes:

- To facilitate the operation and administration of the School.
- To maintain contact with parents.
- To provide information to the School Development Office, the School Foundation, the School Old Girls Association, Ministry of Education (including the ENROL national database), NZ Qualifications Authority, Special Education Services and to other agencies pursuant to any statutory requirements (e.g. Children and Young Persons and their Families Act, contact details of school leavers to the Ministry of Social Development).
- In an emergency, information from the file may be given to an agency such as the Police or Doctor.

3. Access to this information will be granted in accordance with the Privacy Act and Official information Act provided reasonable notice is given and that you may request the correction of any inaccurate information.

## INTERNATIONAL STUDENT CONTRACT – 2020/2021

1. I agree to uphold the values of the School and abide by all School rules.
2. I agree to attend all classes, including tutor time. I agree to be punctual to all classes.
3. I agree to stay within the School grounds unless I have a leave pass or have signed out (Year 13 privilege). I understand I need to follow the School attendance procedures in order to obtain a leave pass.
4. I agree to participate in class, including class discussions. I agree to complete all class work and homework on time and to attend any extra tuition lessons when required.
5. I agree to wear correct uniform at all times. If there is an unavoidable problem, I agree to follow the correct uniform procedures.
6. I agree to follow all instructions from staff.
7. I agree to follow the cyber safety and Bring Your Own Device (BYOD) requirements.
8. I agree to respect other people and their property and that stealing is not allowed.
9. I agree to follow instructions about appropriate cell phone use.
10. I understand that bullying, including physical, mental, online and emotional, is not allowed.
11. I understand that the possession and consumption of drugs, alcohol, cigarettes or any legal intoxicant before, during or after school time and while attending school events or trips is not allowed.
12. I understand that continual misbehaviour, including in my accommodation, can lead to termination of my enrolment.
13. I understand I am not to travel outside the local area of the School, (Auckland) without prior written permission of my Parents or Legal Guardian and approval by the School.
14. I agree not to drive nor own a motor vehicle while I am a student at the School unless I have been granted written permission by my Parents or Legal Guardian and the School. I understand that this cannot be in my first year of enrolment.
15. I understand I must complete the End of Enrolment procedures when I finish my enrolment.
16. I understand that requests for late arrivals, early departures and holiday will not be approved and will be entered as UNJUSTIFIED or TRUANT on the attendance record. Failure to attend school during the prescribed school days may jeopardise my future visa applications and enrolment at the School. I understand that I must attend class at all times as far as reasonably possible.

### EXECUTION: International Student Contract 2020/2021

#### Parents/Legal Guardians

By signing below, the Parents or Legal Guardians (as applicable) confirm that they have read the Agreement and agree to be bound by it in all respects:

Name(s): \_\_\_\_\_  
(Mother) (Father)

Signature(s): \_\_\_\_\_

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

#### Student

By signing below, the Student confirms she has read and understood the Agreement and agrees to abide by the Code, School Policies and (to the extent applicable) the Agreement:

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: \_\_\_\_\_



## **EPSOM GIRLS GRAMMAR SCHOOL BOARD OF TRUSTEES**

### **REFUND AGREEMENT FOR INTERNATIONAL STUDENTS 2020/2021**

#### **Purpose**

To provide clear guidelines for refund of prepaid fees for International Students, in accordance with the Education (Pastoral Care of International Students) Code of Practice 2016, The Education Act

#### **Objectives**

1. The provisions of the Consumer Guarantees Act, The Fair Trading Act and the Education Act will be adhered to with regard to any consideration of fee refunds.
2. Refund of fees will be considered within twelve months after the final enrolment date of the student and only after:
  - a signed written request from a Parent or Legal guardian has been received by the Board of Trustees
  - special circumstances leading to the refund have been clearly stated and relevant supporting documents provided
  - the signature of the letter has been verified against an ID document, e.g. passport
  - and bank account details from which the fees originated has been provided.
3. No refunds will be deposited into:
  - a recruitment agent's account
  - a New Zealand account
  - or the students' account in New Zealand

The Parents or Legal Guardian of the student can request that the refund be deposited into the account of a relative or DCG in New Zealand; however this must be clearly stated in the written request.

#### **REFUND OF TUITION FEES**

Request for refund for failure to obtain a study visa.

If an international student fails to obtain an appropriate study visa, a full refund less the administration fee of NZ\$ 1,500 will be granted.

Request for refund for voluntary withdrawal

If an international student voluntarily withdraws **prior to** the start date of their enrolment, a full refund less the administration fee of NZ\$ 1,500 will be granted.

If an international student voluntarily withdraws **after** the start date of their enrolment, no refund will be granted except in exceptional circumstances. These may include the student returning home due to a serious medical condition, or the death or serious illness of a close family member. Proof of the death or illness may be requested.

- a. The Board of Trustees may refund tuition fees to the person who paid the fees less the following amounts:
  1. Administration fees of NZ\$ 1,500
  2. Costs to the School already incurred for tuition.
  3. Components of the fee committed for the duration of the course, including appropriate proportions of salaries of teachers and support staff.
  4. Costs already incurred for the use of facilities and resources.
  5. The proportion of the Government levy the School is required to pay.
  6. Any other costs already incurred.

Administration, insurance and homestay placement fees are non-refundable after the student has started their course.

The School, may in its sole discretion, request further information or evidence in support of a refund request.

#### **CIRCUMSTANCES WHERE NO REFUND WILL BE MADE**

No refund of international student tuition fees will be made where:

- A student's enrolment is brought to an end by the School, or
- Where a student changes to domestic student status during the period of enrolment, or
- Where a student voluntarily requests to transfer to another signatory.
- Requests made after the second half of the course has commenced will not receive a refund

Epsom House Fees:

1. Where students move out of Epsom House before the end of their contract, no refund of fees will be granted

#### **REQUESTS FOR A REFUND FOR FAILURE TO PROVIDE A COURSE, CESSATION AS A SIGNATORY OR CESSATION TO BE A PROVIDER:**

If the School fails to provide the agreed course of education or is no longer a signatory to the Code or no longer operates as an international education provider, the School will negotiate with the student or their family to either:

- Refund the unused portion of international student tuition fees or other fees paid for services not delivered or
- Transfer the amount of any eligible refund to another provider

## **REFUND OF OTHER FEES**

### REQUESTS FOR A REFUND OF HOMESTAY FEES

If for any reason, an international student withdraws **after** the start date of their enrolment, any unused homestay fees will be refunded, less the School's notice-period fee of two weeks.

If the homestay contract is cancelled prior to the student moving into the homestay, homestay fees will be refunded in full.

Where a student moves from a school homestay and requests a refund of any unused homestay fees, these will be refunded less the School's notice-period fee.

### REQUESTS FOR A REFUND OF FEES UNUSED AT THE END OF ENROLMENT

The School refunds unused homestay funds. Should confirmation of refund details not be received by the School from the Parents or Legal Guardian after a period of 36 months has passed from the second attempt of the School to obtain said refund details, the School will reserve the right to retain the funds.

### OUTSTANDING ACTIVITY FEES OR OTHER FEES

Any activity or other fees incurred by a student during enrolment and unpaid at the time of withdrawal, will be deducted from any eligible refund.

### **EXECUTION: Refund Agreement 2020/2021**

#### **Parents/Legal Guardians**

By signing below, the Parents or Legal Guardians (as applicable) confirm that they have read the Agreement and agree to be bound by it in all respects:

Name(s): \_\_\_\_\_ (Mother) \_\_\_\_\_ (Father)

Signature(s): \_\_\_\_\_

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

#### **Student**

By signing below, the Student confirms she has read and understood the Agreement and agrees to abide by the Code, School Policies and (to the extent applicable) the Agreement:

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: \_\_\_\_\_

## PARENTAL AGREEMENT – 2020/2021

The Parents or Legal Guardian of the Student agree to adhere to the following terms and conditions while the student is enrolled at the School

1. Confirm that the details provided in this enrolment application and accompanying documentation are correct and complete and that the Parents or Legal Guardian agree to all conditions contained therein.
2. The Parent or Legal Guardian and Student acknowledge that the School may obtain at any time from any person or entity any information it requires to process and/or accept the Student for admission to the School or to perform or complete any of the other purposes under this Agreement. The Parents or Legal Guardians and the Student authorise any such person to release to the School any personal information that person holds concerning the Student and/or Parents or Legal Guardians.
3. Have read and understood all signed contracts within this application, have had the opportunity to seek independent legal advice in respect of its content and effect, and have received sufficient information as to make an informed decision about enrolment at the School.
4. Understand that the Offer of Place will be valid for the max duration of 4 terms unless otherwise stated. The conditions in this Agreement apply for the whole time the Student is enrolled at the School during a Period of Study. Renewal of this Agreement is at the sole and absolute discretion of the School and is subject to:
  - a) satisfactory academic performance, attendance and behaviour (both in and out of school) of the Student; and
  - b) the issue of an Offer of Place for a further Period of Study; and
  - c) the payment of Fees.
5. Understand the requirement for International Students to have maximum insurance cover for medical needs and personal loss – including fee protection.
6. Understand that all pre-existing health (including mental health) conditions must be disclosed and that non-disclosure could lead to the termination of enrolment of the Student.
7. Have read and understood the School's Policies and procedures relating to the Privacy Act 1993 and the release of information and give my consent for the School to gather and use information as outlined.
8. Understand that the Student requires a new visa for each academic year prior to being enrolled on the first day of the school year.
9. Understand that requests for late arrivals, early departures and holiday will not be approved and will be entered as UNJUSTIFIED or TRUANT on the attendance record. Failure to attend school during the prescribed school days may jeopardise my/our daughter's future visa applications and enrolment at the School. I understand that my daughter must attend class at all times in accordance to the Education Act, Immigration New Zealand, Laws of New Zealand and School Policies.
10. Understand that the School has an obligation to report any breaches of the immigration requirements to Immigration New Zealand.
11. Agree that this Agreement is subject to an Accommodation Agreement being entered into by all relevant parties.

### Conduct, Discipline and Termination

12. Agree that the Student will comply at all times with School Policies, Immigration New Zealand the Code and the Education Act and the parents shall work with the School to ensure such compliance. This includes, without limitation, compliance with the Code of Student Conduct, including any amendments made by the School during the Period of Enrolment.

In the event of any breach of this agreement by the Student or the Parents, the School may take any disciplinary step it considers appropriate, including terminating this Agreement, and/or suspending, excluding or expelling the Student and (if applicable) notify Immigration New Zealand of its decision to terminate the Agreement or to exclude or expel the Student.

Without limitation, the following actions shall be deemed to be breaches of this Agreement which may warrant disciplinary action:

- Refusal by the Student to obey any reasonable instruction given by any employee or officer of the School during the Period of Enrolment;
- Any breach of the Code of Student Conduct by the Student;
- Any breach of the Accommodation Agreement or Designated Caregiver Agreement by the Student or Parent;
- Any act by the Student during the Period of Enrolment that creates a risk to the safety of any person;
- Any act by the Student during the Period of Enrolment that jeopardises the education of any other Student;
- Failure to make payments pursuant to the Fee Schedule; and
- Any other breach of this Agreement

Where appropriate, the School will follow the process set out in the Disciplinary Policy when exercising its disciplinary powers, nothing in this Agreement shall limit the power of the School to summarily terminate this Agreement or expel or exclude the Student for serious misconduct or to suspend the Student pending investigation if the School concludes that this step is necessary for the purpose of protecting the safety of any person, including the Student.

13. Notices given under this Agreement must be in writing and given to the addresses set out in the Application Form. Those notices sent by post will be deemed to have been received ten (10) days after posting. The Parties also agree that email correspondence is a suitable means of communication.
14. Unless otherwise agreed in writing between the parties, the School's responsibility for the Student commences on the first day of the Period of Enrolment and ends on the last day of the Period of Enrolment, or in the event that the Student's Tuition is terminated, on the date of termination. The parties agree that any period of time in which the Student is in New Zealand before or after the Period of Enrolment will be at the risk of the Student and Parents/Legal Guardians and that the School will have no legal or moral responsibility for what occurs during this period unless otherwise agreed in writing.
15. If the School is unable to meet the Student's needs, including but not limited to physical, emotional and educational needs, this agreement, and as such the Student's enrolment, could be terminated.
16. Nothing in this Agreement limits any rights that the Parents or Student may have under the Consumer Guarantees Act 1993.
17. The parties agree that any dispute in relation to this Agreement will be resolved in accordance with the Code and the School Policies.

No party to this Agreement is liable to the other for failing to meet its obligations under this Agreement to the extent that the failure was caused by an act of God or other circumstances beyond its reasonable control.

### **PARENTS/LEGAL GUARDIANS AND STUDENTS' DECLARATION AND AUTHORISATION**

We declare that the information contained in this application is true and complete. We understand that any false or incomplete information submitted in support of this application may invalidate this application and may result in the withdrawal of an Offer of Place. We agree that we have received sufficient information to make an informed decision about enrolment at the School.

Key Terms: This Contract of Enrolment includes provisions:

- (i) that allow the School to discipline the Student, including by expulsion
- (ii) that control and limit the Student's rights of refund when Enrolment ends early
- (iii) that require the Parents to make full disclosure of all relevant information

This is an important legal document, please read all clauses carefully.

By signing this agreement, you confirm that all of the information in the application form is true and complete.

#### **Parents/Legal Guardians**

By signing below, the Parents or Legal Guardians (as applicable) confirm that they have read the Agreement and agree to be bound by it in all respects:

Name(s): \_\_\_\_\_  
(Mother) (Father)

Signature(s): \_\_\_\_\_

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

#### **Student**

By signing below, the Student confirms she has read and understood the Agreement and agrees to abide by the Code, School Policies and (to the extent applicable) the Agreement:

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: \_\_\_\_\_

## PARENTAL AUTHORISATION FORM

### Copyright Permission

Please tick all that you agree to:

**I agree for:**

- My child's photo
- My child's artwork
- My child's written work
- Recordings of my child's voice or instrument playing
- Video of my child

**To be used by Epsom Girls Grammar School as follows:**

- On a poster
- In a printed document
- On the School website
- In marketing or advertising material for the School
- In the School newsletter
- In a newspaper article or television programme about the School

### EOTC

I authorise the Residential Caregiver/Designated Caregiver of my daughter to approve any school sponsored activities, events or programmes.

**Low Risk Education Outside the Classroom Activities Within a 3km Radius of Silver Rd**

I understand that my daughter may be involved in activities off the School site, within a 3km radius, under the jurisdiction of members of staff. Normal risk management and safety management processes from the School apply.

**My signature below indicates that:**

- \* I give permission for my daughter to participate in these trips.
- \* I am aware that all trips will still be notified via a letter/email and it is my responsibility to inform the School if my daughter does not have permission to attend.
- \* I understand it is my responsibility to inform and update the School with any medical concerns that the staff taking these trips need to be aware of.
- \* Any cost associated with the trip must be paid before the trip.
- \* Where an event involves risk exposure greater than what would typically be the case at school or occurs outside of the 3km radius, separate permission will be obtained.

Student Name: \_\_\_\_\_

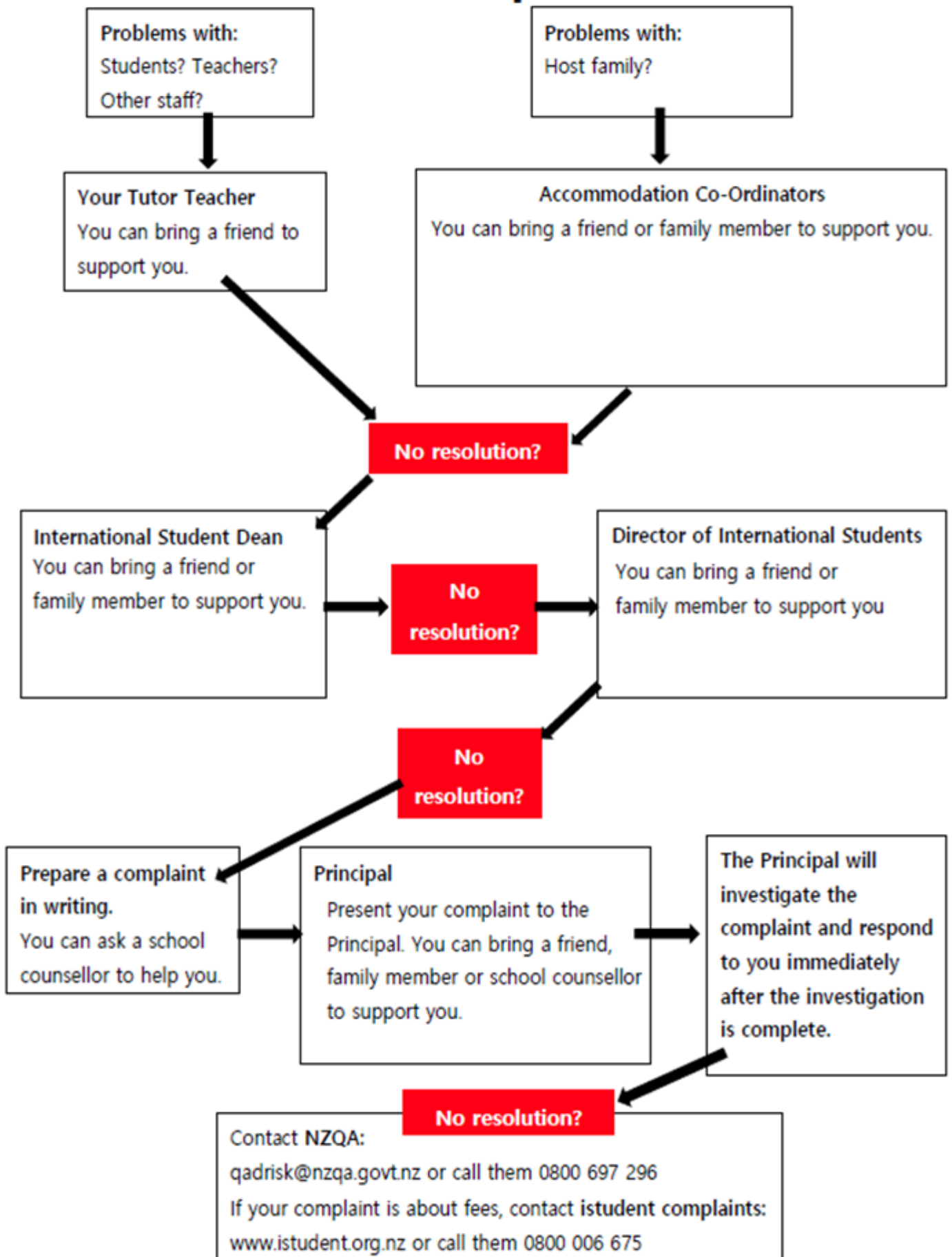
Parent Name(s): \_\_\_\_\_  
(Mother) (Father)

Signature(s): \_\_\_\_\_

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



# International Complaints Process



## CHECKLIST

Please ensure all documents are completed and attached.

	Completed
Fully completed Application & Tuition Agreement form – all relevant pages signed.	
Photocopy of photo page of Student's passport – Verified as a true and correct copy by a lawyer, agent, justice of the peace or notary public	
Photocopy of student's latest school report – translated into English by a registered translator	
2x Letter of recommendation from a trusted referee who is not related (e.g. Head of Department, coach, religious leader). This must be written on letterhead or with a school/organisation stamp and be signed.	
Handwritten Letter – This should be written by the student without any assistance from Parents or Legal Guardians, friends, or dictionaries. It needs to tell us about herself, what she likes to do, and why she would like to study in New Zealand & Epsom Girls Grammar School	
Copy of official ID containing the Parent's or Legal Guardians' signature (E.g. the signature & photo page in Parent's or Legal Guardian's passport, signature on a driver's licence, letter signed in front of a lawyer/notary public). – Verified as a true and correct copy by a lawyer, agent, justice of the peace or notary public	
Copy of Student's Birth Certificate- Translated by a registered translator and verified as a true and correct copy by a lawyer, agent, justice of the peace or notary public	
Vaccination Record – Evidence of what vaccinations she has had and when.	
Pictures of the student with their family and friends	
Digital Citizenship Contract	

**NOTE:** Incomplete applications may cause delays in processing. Delays in providing a complete application will inevitably jeopardise the ability to receive an Offer of Place.

Please send applications to [international@eggs.school.nz](mailto:international@eggs.school.nz)

We appreciate files being sent as pdfs.

On receipt of a fully completed application, an English Test will be sent for the student to complete under supervision and a Skype interview will be scheduled. The student must be able to be seen on Skype.

Our latest ERO report can be found here:

<https://www.ero.govt.nz/review-reports/epsom-girls-grammar-school-13-11-2018/>