

# Papatoetoe High School



## SCHEDULE OF FEES AND COSTS FOR INTERNATIONAL STUDENTS

As at January 2012

All figures in New Zealand dollars (NZ\$)

<b>Annual tuition fees:</b>	\$11,000 (incl GST)
<b>Enrolment fee:</b>	\$200
<b>Homestay costs:</b>	
• Placement fee	\$200
• Weekly accommodation cost	\$200
• Retainer's fee if applicable (see guidelines)	\$40 per week or a flat fee of \$200 whichever is lower
<b>Administration fee:</b>	\$400
In the event a student withdraws from school – see prospectus for refund policy.	
<b>Other Expenses:</b>	
The following is an indication of additional costs:	
• Stationery use	\$100 per year approximately
• School uniform for year 9-12 students	\$400 approximately
• Costs of school trips	\$50 possibly per year
• National examination entry fees (year 11-13 students)	\$383.30

Students should also allow approximately NZ\$70 per week to cover incidentals such as transport costs (buses/trains), entertainment (cinema etc) and snacks.



**MEDICAL INFORMATION**

Please provide information on any medical problems (allergies/medication etc.) that affect you and that the school should be aware of.

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*Note: It is a compulsory requirement that all international students attending the school have suitable Medical and Personal Loss insurance before leaving their home country. Information on insurance will be requested once an "Offer of Place" form has been completed.*

**PARENTAL AGREEMENT**

- I/we confirm that the details provided in this enrolment application and accompanying documentation are correct and complete and that I/we agree to all conditions contained therein.
- I/we have read and understand the refund policy (page 8 of International Student's Prospectus).
- I/we understand that this contract is valid for 12 months. It will be renewed if all conditions are being met by the student.
- I/we understand that the level of study on the Offer of Place is conditional on assessment when the student arrives.
- I/we understand the requirement for international students to have insurance cover for medical needs and personal loss - including fees protection.

Name(s) \_\_\_\_\_

Parent(s) signature(s) \_\_\_\_\_

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

*Please Note: We require parent or legal guardian signatures – not agents signing on behalf.*

**Please forward this application to:**

**Post:** The Director of International Students  
Papatoetoe High School  
P O Box 23088  
Papatoetoe 2155  
NEW ZEALAND

**Fax:** 64 9 278 5043

**Email:** [office@papatoetoehigh.school.nz](mailto:office@papatoetoehigh.school.nz)

<b>Other forms that accompany this application:</b>	<b>Completed and Attached</b>	<b>Not required</b>
Application for Homestay Accommodation		
Caregiver Acceptance form		
Statement of Designated Caregiver Arrangements		
Latest school report		
Public examination results		
Testimonial from your school Principal		
Supporting evidence of English language ability/covering letter		
Copy of student's passport		

# Papatoetoe High School

## PARENTAL AUTHORISATION FORM



### Copyright permission

I agree for:

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

to be used by **Papatoetoe High School** as follows:

- on a poster
- in a printed document
- on the school website
- in marketing or advertising material for the school
- in a school newsletter
- in a newspaper article or television programme about the school.

### Authorization for emergency medical treatment

Should any medical emergency arise, if time permits **Papatoetoe High School**, will communicate with us and request permission for surgery or any other medical treatment, however if time and circumstance do not permit communication with us, we authorise **Papatoetoe High School** to consent to medical treatment and hospital admission, and to make medical evacuation arrangement and transport, if required, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon.

### Permission for school activities

We authorise the host parents of our son/daughter during his/her enrolment at **Papatoetoe High School** to approve any school sponsored activities, events or programmes.

Student name: ..... Parent or guardian name: .....

Signature: ..... Signature: .....

Date: ..... Date: .....

Class: .....

# Papatoetoe High School



## STATEMENT OF DESIGNATED CAREGIVER ARRANGEMENTS

I/We acknowledge that I/We have decided to place my/our child within the care of a caregiver vetted and monitored by myself/ourselves in order for them to attend Papatoetoe High School as an International/Foreign Fee Paying Student. Accordingly I/We take full responsibility and accept the decisions made by my/our designated caregiver about the homestay placement and day to day requirements of my/our child.

They will attend Papatoetoe High School for ..... terms, from ..... to .....

..... (full name as appears on passport)

..... (preferred name in New Zealand)

I/we have placed my/our child in the care of their caregiver.

..... (full name of caregiver)

Known address and contact numbers:

.....

.....

New Zealand Immigration Status: .....

Should this arrangement change I/we undertake to inform Papatoetoe High School immediately. Further, I/we understand that should Papatoetoe High School have any concerns regarding the welfare of my/our child they may refer for further action or refer the matter to the relevant child welfare authorities, or any other appropriate agency in New Zealand.

I/We take full responsibility for placing my/our child with the designated caregiver named above and I/we understand that Papatoetoe High School is not responsible for my/our child outside of normal school hours and activities. I/We do however understand that Papatoetoe High School will make every endeavour to provide for the care and welfare of my/our child at all times while studying in their school.

Papatoetoe High School has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students published by the Ministry of Education. Copies of the Code are available on request from this institution or from the New Zealand Ministry of Education website at <http://www.minedu.govt.nz>

Parents signature(s) .....

Parents name(s) .....

Date .....

# Papatoetoe High School



## INTERNATIONAL STUDENT'S APPLICATION FORM FOR HOMESTAY ACCOMMODATION

### Student's Details

Name: \_\_\_\_\_  
*Family Name* *Given Name(s)*

Male  Female  Date of Birth

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

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

Caregiver in New Zealand (if known): \_\_\_\_\_

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

### Homestay Requests

We make a genuine attempt to meet your requests in finding an ideal homestay, although at times it is not possible to meet your requests.

	Preferred	Okay	Not suitable
New Zealand family			
Asian family			
Young children in the home			
Teenage children in the home			
Family has pets (for example, dog/cat)			
Walking distance to school			
Solo parent family			

Any other special requests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Dietary Information

Please provide information on your diet that your homestay should be aware of – for example, are you vegetarian? Do you have any allergies to food groups? Have you strong dislikes of any types of food?

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

# Papatoetoe High School



## DESIGNATED CAREGIVER /HOMESTAY CAREGIVER ACCEPTANCE FORM FOR INTERNATIONAL STUDENTS

This form is to be signed and completed by the caregiver who resides permanently in New Zealand and has responsibility for the international student detailed below.

### Student Details

Family Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female

### To be completed by parents of the international student

Parent's Name: \_\_\_\_\_  
*Family Name* *Given Name(s)*

\_\_\_\_\_  
*Family Name* *Given Name(s)*

I/we agree that \_\_\_\_\_ has our caregiver responsibilities for our son/daughter while they are studying at Papatoetoe High School.

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

Date \_\_\_\_\_

### New Zealand Designated Caregiver/Homestay Caregiver Details

Name: \_\_\_\_\_  
*Family Name* *Given Name(s)*

Mr	Mrs	Miss	Ms
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Relationship to student: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

### Additional emergency contact

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

1. As the parents of the above student do not reside in New Zealand, I agree to comply with the responsibilities expected of all parents/caregivers who have children attending Papatoetoe High School.
2. I guarantee that I will support efforts to ensure that the student behaves appropriately and fulfils their study requirements during the complete period of their enrolment at Papatoetoe High School, and that I will be readily available should any issue occur.
3. I agree to inform Papatoetoe High School if any of the above details change.

Signed: \_\_\_\_\_

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

# Papatoetoe High School



Please note:

International students are not allowed to own or drive a motor vehicle while attending Papatoetoe High School. Permission will be granted after all requirements set by Papatoetoe High School International Department are met.

Name of parents: \_\_\_\_\_  
Family Name Given Name

\_\_\_\_\_  
Family Name Given Name

Signatures: \_\_\_\_\_

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

## MEDICAL AND TRAVEL INSURANCE

The Code of Practice requires all International Students studying in New Zealand to have medical insurance to cover the cost of any medical treatment you receive while in this country.

Medical cost in New Zealand can be very expensive if you do not have any medical and travel insurance. Please make sure that the student is covered before they travel to New Zealand and should be covered at all times while staying in New Zealand.

This is a condition of enrolment at Papatoetoe High School. Kindly attach to this form a copy of the insurance policy.

Please give the name of your Insurance Company.

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

Policy Number: \_\_\_\_\_

Validity date from: \_\_\_\_\_ to \_\_\_\_\_