



ST PATRICK'S COLLEGE, WELLINGTON

NEW ZEALAND'S OLDEST CATHOLIC BOYS' COLLEGE

INTERNATIONAL STUDENT APPLICATION FORM

STUDENT DETAILS

Family Name	<input type="text"/>	First Name	<input type="text"/>
	<small>(as shown on student's passport)</small>		<small>(as shown on student's passport)</small>
Passport Number	<input type="text"/>	Date of Birth	<input type="text"/>
			<small>(DD/MM/YR)</small>
Current Postal Address	<input type="text"/>		
	<input type="text"/>		
Home Phone	<input type="text"/>	Student Cell Phone	<input type="text"/>
Email Address	<input type="text"/>	Nationality	<input type="text"/>

EDUCATIONAL BACKGROUND AND GOALS (courses are subject to an assessment of English competency)

How many years have you studied English? How many hours per week?

Indicate your level of English (circle one) beginner / lower intermediate / intermediate / upper intermediate / fluent

Expected period of study at St Patrick's College Start Date End Date

Expected year level at enrolment date (circle one) Year 9 Year 10 Year 11 Year 12 Year 13

Why do you want to study at St Patrick's College?

If you are transferring from another school in New Zealand, please complete the following:

Name of school

Reason

*Please enclose your most recent school report and attendance record from this school with the application

MOTHER'S DETAILS

Family Name	<input type="text"/>
First Name	<input type="text"/>
Address	<input type="text"/>
Home Phone	<input type="text"/>
Work Phone	<input type="text"/>
Cell Phone	<input type="text"/>
Email	<input type="text"/>
Occupation	<input type="text"/>

FATHER'S DETAILS

Family Name	<input type="text"/>
First Name	<input type="text"/>
Address	<input type="text"/>
Home Phone	<input type="text"/>
Work Phone	<input type="text"/>
Cell Phone	<input type="text"/>
Email	<input type="text"/>
Occupation	<input type="text"/>

ACCOMMODATION

I would like a St Patrick's College Homestay (circle one) YES NO

*If YES, please complete the **Homestay Application Form and Parental Homestay Accommodation Contract**

*If NO, please complete the **Indemnity Document for Students Living with a Designated Caregiver Form**

St Patrick's College Wellington, has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students published by the Minister of Education.

Copies of the Code are available from this institution or from the New Zealand Ministry of Education website at <http://www.minedu.govt.nz>

MEDICAL DECLARATION

Do you have any medical conditions that we should know about, e.g. allergies, mental illness, health concerns, special learning or behavioral needs?

Please write any treatment and/or medications you have to take for these conditions, if any

AGENCY

Agency Name	<input type="text"/>	Agency Contact Person	<input type="text"/>
Address	<input type="text"/>	Email(s)	<input type="text"/>

HOW DID YOU FIND OUT ABOUT ST PATRICK'S COLLEGE?

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS

Please enclose the following documents with this application:

- | | |
|--|--------------------------|
| 1. A copy of your most recent school report | <input type="checkbox"/> |
| 2. Your record of attendance at your current school | <input type="checkbox"/> |
| 3. An appropriate reference from your agent or reputable person known to the school if available | <input type="checkbox"/> |

APPLICANT'S SIGNATURE **DATE**

PARENT'S SIGNATURE **DATE**



Office use only:	Enrolment number:
	Date started:
Enquiry from: Agent/Guardian/Parent	Tutor Group:
	House:
	P or N/P:



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International Students Tuition Contract between the Parents and St Patrick's College

This agreement will be signed on behalf of the student by the parents or legal guardians of the student.

Saint Patrick's College

.....
Name of student

1. The College shall provide tuition to the student in accordance with the New Zealand Ministry of Education Guidelines and the Code of Practice for the Pastoral Care of International Students in return for an annual tuition fee of NZ\$14,000 (including GST). Starting on 30 January 2017 and ending on 10 December 2017.
2. The Student shall comply with the rules and policies of the College and the laws of New Zealand.
3. Students must attend all courses and be on time and ready to focus on school work.
4. Students must not possess anything that is harmful including illegal substances or weapons.
5. Parents and students acknowledged that they have read and understood the College's Code of Behaviour.
6. The parents or legal guardians of the student authorise staff of the College to:
 - Receive information from any person, authority or corporate body concerning the student including, but not limited to, medical, educational and welfare information.
 - Receive financial information relating to the student including bank account details, debt and/or income of the student.
 - Provide consents in respect of any activity carried out and authorised by the College.
 - Provide necessary consents on behalf of the student in the event of a medical emergency where it is not reasonable practical or timely to contact the parents.
7. The parents irrevocably authorise the Rector or his representatives to advise homestay families of all matters concerning the student and to receive information from the homestay, of all matters regarding the student.
8. The parents and the student agree that the student shall remain in homestay accommodation for the length of his enrolment at Saint Patrick's College.
9. The College must be notified as soon as possible about any change of homestay address or guardianship. This information is required in writing.

10. The parents agree to provide a true and valid account of all academic, behavioral and special education needs, medical or other information that the College may request, before enrolment is considered.
11. The College will use its best endeavours to protect the well being of the student but will not be responsible for harm or damage caused to or by the student.
12. It is acknowledged that all relevant sections of The Education Act of 1989 shall apply to the student in New Zealand. Any7 decision under these provisions to expel or exclude the Student will follow the Ministry Of Education’s guidance for school’s on stand-downs, suspensions, exclusion and expulsion and shall terminate this contract. The parents have no claim for damages or for any compensation if this contract is terminated in these circumstances. The College refunds policy will apply.
13. The parents acknowledge that they have read and understood the “Information given to International Students” document; in particular, the College’s refunds policy, the recommendation of insurance, the immigration regulations, the Grievance Procedures, and the academic entrance requirements.
14. The parents and student understand that courses offered may vary from time to time and the student will be subject to meeting the required entry criteria.
15. The student agrees to support the Catholic character of the College. Attendance at retreats and liturgies is compulsory.
16. This Contract will take effect in New Zealand and will be governed by New Zealand law.
17. All personal information gathered about the student will be held in the student’s file. The student and his parents have the right to access this file under the Privacy Act 1993.
18. In the case of a critical incident, St Patrick’s College will act in loco parentis for the management of the proceeding events.
19. Students must have adequate medical and personal loss insurance throughout their stay in New Zealand.
20. Students must not undertake paid employment in Year 12 or 13 without applying to Immigration New Zealand for a Variation of Conditions Via.
21. 21. This contract is subject to the Student being placed in accommodation that is approved by the College. The College will make every reasonable attempt to provide approved accommodation for the Student and the Student agrees to comply with all expectations and conditions for living in School approved accommodation.

I have read and understand the application and accompanying documents.

Signed Position:
Saint Patrick’s College

Signed
Parent or legal guardian of the student named above

Signed Date:.....
Student



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INTERNATIONAL STUDENT HOMESTAY APPLICATION FORM

STUDENT DETAILS

Family Name	<input type="text"/>	First Name	<input type="text"/>
Preferred Name	<input type="text"/>	Date of Birth	<input type="text"/>
Nationality	<input type="text"/>		
Current Postal Address	<input type="text"/>		
	<input type="text"/>		
Home Phone	<input type="text"/>	Student Cell Phone	<input type="text"/>
Email Address	<input type="text"/>	Nationality	<input type="text"/>

MOTHER'S DETAILS

Family Name	<input type="text"/>
First Name	<input type="text"/>
Address	<input type="text"/>
Home Phone	<input type="text"/>
Work Phone	<input type="text"/>
Cell Phone	<input type="text"/>
Email	<input type="text"/>
Occupation	<input type="text"/>

FATHER'S DETAILS

Family Name	<input type="text"/>
First Name	<input type="text"/>
Address	<input type="text"/>
Home Phone	<input type="text"/>
Work Phone	<input type="text"/>
Cell Phone	<input type="text"/>
Email	<input type="text"/>
Occupation	<input type="text"/>

FAMILY STRUCTURE

Name	Age	Relationship	Occupation	Living with
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

STUDENT'S BACKGROUND

Describe your family and friends

Do you have any pets? If yes, what are they?

Describe your personality: (circle the appropriate words)

I am: shy; confident; reliable; helpful; ambitious; hardworking; social; willing to be involved in homestay activities; open to new ideas and cultures

STUDENT'S BACKGROUND *(continued)*

Do you follow any religion? If so, please state

What languages do you speak and how long have you been studying them?

HOMESTAY INFORMATION

List all foods you really like

Have you ever lived away from your parent's home? Yes No

If yes, where, when and for how long?

Have you travelled to other countries? Yes No

If yes, where, when and for how long?

Do you have any medical conditions that your homestay parents should know about, e.g. allergies, asthma?

Note: As almost all New Zealand families have a cat and sometimes a dog, we cannot guarantee accommodation where there are no pets unless a medical certificate is submitted at the time of application.

I give permission for these details to be given to the homestay parents.

APPLICANT'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE





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INTERNATIONAL STUDENT INDEMNITY DOCUMENT

I acknowledge that I have placed my child in a homestay situation that was chosen by me in order for him to attend St Patrick's College.

I take full responsibility and accept the decisions made by the designated caregiver about the day to day requirements of my son.

Student's Name (as appears on passport): _____

Homestay parents names: _____

Relationship to Students: _____

Homestay address: _____

Occupation: _____

Homestay telephone number: (home) _____ (mobile) _____

Email: _____

Names of all persons aged over 18, who live in the household. Please indicate their genders and relationship with you.

- Should there be any change to the above information provided, I undertake to inform St Patrick's College immediately.
- I understand that should St Patrick's College have any concerns about my son they may refer the matter to the relevant authority in New Zealand.
- I take full responsibility for placing my son with the designated homestay mentioned above.
- I agree to St Patrick's College monitoring and vetting the homestay situation realising that this is in the best interest of my son's welfare.

I confirm that the person/s nominated as the Designated Caregiver/s is a 'bona fide' relative or close family friend.

Signed (parent): _____

Contact Address in Home Country: _____

Contact Phone in Home Country: _____

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