

APPLICATION FOR TUITION

Student Name

Family Name: Given Name:
Date of Birth: Male/Female:
Address:
.....
Phone: Email:
Nationality: First Language:

Level of Study

Form/Year this year: (Please enclose a copy of your last school report.)
Date commencing at Dargaville High School:

Your Health

Do you have any medical problems? Yes/No (write details in a letter)
Name of Medical Insurance provider (Compulsory):
Medical Insurance policy name and number:
Name of Parents/Guardians to contact in an emergency:
.....
.....

CONTRACT: (signed by Parent/Caregiver of student under the age of 18 years)

1. I guarantee the good behaviour of the student in New Zealand.
2. I accept the right of the school to effect a change of course if this is seen to be in the best interests of the student.
3. I have read and understood the "Dargaville High School Refunds Policy for International Students".
4. I understand the student may not own or drive a vehicle whilst a student at Dargaville High School.

Signed:
Full Name:
Relationship to Student: Date:

Please post, fax or email to:

Corine Leach
International Students Dean
Dargaville High School
Plunket Street
Dargaville 0310
NEW ZEALAND

Should your application be successful, you will receive a Letter of Acceptance; however, you will need to pay the year's fees before a Student Visa will be granted.

Email: cleach@darghigh.schoolzone.net.nz
Fax: + 64 9 439 7563