

APPLICATION FOR TUITION

Your Name

Family Name: _____ Nationality: _____

First Name: _____ Date of Birth: _____

Address: _____ Male/Female: _____

_____ First Language: _____

Telephone: Day: _____ Night: _____

Fax: _____ Email: _____

Level of Study: Form/Year: _____

Please enclose a copy of your last school report.

Your Health:

Please arrange Medical Insurance for your stay in New Zealand. **This is COMPULSORY.**

Do you have any medical problems? Yes/No (write details in a letter)

Date commencing at Dargaville High School _____

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: _____

Date: _____

Full Name: _____

Please post, fax or email to:

Corine Leach
Dean of Overseas Students
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 Visa will be granted.

Email: cleach@darghigh.schoolzone.net.nz

Fax: + 64 9 439 7563