

# 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.
5. I understand the student may not undertake part time work for more than 20 hours per week during the academic year, and can work full time during the summer holidays.

Please post, fax or email to:

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

Signed: .....

Full Name: .....

Relationship to Student: ..... Date: .....

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.school.nz

**Fax:** + 64 9 439 7563