

# APPLICATION FOR TUITION

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## 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:  
.....  
.....

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## 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