

please read, fill in and send

READ: Please read all forms, lists, and sheets before completing this form and posting, faxing or emailing it to us.

POST TO: Middleton Grange International College



50 Acacia Avenue, Upper Riccarton
CHRISTCHURCH 8041
NEW ZEALAND
Fax: +64 3 341 4056
Email: staff@middletoninternational.com

INCLUDE: Reports Student letter Parent letter Photo Copy of Passport

A. Personal Information

Family Name: _____ **Given Names:** _____

Date of Birth: _____ Male / Female: _____ Citizenship: _____

First Language: _____ Religion/Denomination: _____

Father: _____ Occupation: _____

Mother: _____ Occupation: _____

Home Country Address: _____

Telephone: _____ Fax: _____ Email: _____

Address in New Zealand: _____

Telephone: _____ Fax: _____ Email: _____ Mobile _____

Have you attended any schools in New Zealand _____ yes / no

Which Schools? _____ Class level _____

Do you have medical problems / disabilities? _____ yes / no

If yes, please explain _____

*(Parents must bear the cost if there are undisclosed medical needs)

(Please include a letter about yourself and why you would like to attend Middleton Grange International College. We would also like your parents to write and tell us about you.)

B. Academic Record

- Please attach reports from two previous years.
- Please attach a school letter of commendation.

C. Course of Study

(tick one)

- Year Level, 1-13 or
- Intensive Preparation Course – Years 11-12, or
- Intensive Preparation Course – Year 8, 9 or 10

(The course of study is dependant upon English and academic ability. The College reserves the right to determine the appropriate level of study)

D. Anticipated Start Date: _____

E. Appointment of Care Provider and Accommodation Agent (CP & AA):

- All students must have a Middleton Grange School "contracted" CP and AA
- All CP's and AA's must have permanent residence or a Work Permit
- All CP's and AA's must have a Middleton Grange CP and AA Indemnity document signed by the students parents
- All CP's and AA's must undergo appraisal against the Code of Practice for the Pastoral Care of International Students, ("the Code")
- All CP's and AA's must support the special character of the school.
- All CP's and AA's must ensure that all students, regardless of age, abide by the Code for students under the age of 18 years.

ALL STUDENTS MUST COMPLETE THE INTERNATIONAL STUDENT GUARDIANSHIP AND HOMESTAY APPLICATION FORM

F. Medical Insurance:

All students must have medical and travel insurance from the time they leave home. You will be charged for this in your fees request. On payment of the full account Middleton Grange will purchase a Unicare Policy on your behalf. This is compulsory.

Declaration by parent.

Name: (print) _____

Address: (print) _____

Telephone: Area code _____ number _____

Fax: Area code _____ number _____

Email address: _____ Cell Phone: _____

I am the parent of the student named on this application form. I declare that:

- a) The information supplied is true and correct.
- b) I am familiar with the Ministry of Education Code of Practice for the Pastoral Care of International Students and, regardless of the student's age, agree to comply with the Code. (Please request copies from Middleton Grange International College or download from www.minedu.govt.nz).
- c) In signing this application I also confirm that I have read and agree to:
 - Middleton Grange International College Tuition Agreement.
 - Rules for International Students.
 - The School Vision Statement as the foundation for teaching and learning.
- d) I agree that information collected on these application forms may be passed to government agencies in statistical form as required by the Education Act 1993 and other statutory requirements. When this occurs I agree to waive conditions in the Privacy Act 1993.
- e) I agree to abide by the conditions of my Study Visa as set out in the Immigration Act 1987 plus amendments.
- f) Prior to signing I will seek independent advice on any aspects of this application form that I do not understand.

Parents' Signatures: _____ Date: _____

English Speaking Contact in Country of Origin

It is compulsory to have a person in your own country who can be contacted in an emergency. They should be able to speak English and be in quick contact with your parents.

Name: _____

Address: _____

Telephone: Area code _____ Number _____

Fax: Area code _____ Number _____

Email address: _____ Cell Phone: _____

English Speaker in New Zealand

If you are a parent in New Zealand and you do not speak English please give us a name and address of an English speaker who can help in an emergency

Name: _____

Address: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

Contracted Referring Agent Details

Name: _____

Address: _____

Telephone: Area code _____ Number _____

Fax: Area code _____ Number _____

Email address: _____ Cell Phone: _____