

# U18 Application to Enrol at ICL Education Group

## STUDENT DETAILS

Given/First Name		Family/Last Name		Preferred Name	
Gender		Date of Birth		Student ID Number	
<input type="checkbox"/> Male <input type="checkbox"/> Female					
				Date of arrival in NZ	

## PARENT DETAILS

Mother's Name					
Address in New Zealand			NZ Home Telephone		NZ Mobile Number
			NZ Work Telephone		Email
Address in Home Country			Home Country Telephone		Home Country Mobile Number
			Home Country Work Number		Email
Father's Name					
Address in New Zealand			NZ Home Telephone		NZ Mobile Number
			NZ Work Telephone		Email
Address in Home Country			Home Country Telephone		Home Country Mobile Number
			Home Country Work Number		Email

## DETAILS OF NZ EMERGENCY CONTACT

Name		Relationship to Student			
Address in New Zealand			NZ Home Telephone		NZ Mobile Number
			NZ Work Telephone		Email

## INDEMNITY

- 1** Government regulations require we have contact addresses for all overseas students. Auckland English Academy, ICL Graduate Business School and Bridge International College ('the Schools') will communicate regularly with students who are under 18 years old.

### Parent/Guardian (Overseas)

Please choose one option

- My son/daughter will stay in the Schools' homestay
- My son/daughter will stay with Parent(s)/ or Designated Caregiver (close family friend) in New Zealand

**2** **Parent/Designated Caregiver's\* details in New Zealand:**

(\*Please note that 'Designated Caregiver' means a relative or close family friend designated in writing by the parents of an international student as the caregiver and accommodation provider)

Name

Address (same address as the student in NZ)

Phone Number

Occupation

Email

Relationship to student

**3** **The designated caregiver will be subject to approval by the Schools and that the Schools are not responsible for the student's care when the student is in the custody of the designated caregiver, appointed by the student's parents.**

The Schools will visit the above accommodation to ensure it is compliant with the Education (Pastoral Care of International Students) Code of Practice 2016. ('The Code')

\*Please tick to agree

- My son/daughter is allowed to go on trips/activities organized by the Schools.
- The Schools may publicly disclose my child's name in cases of emergencies or a serious breach of school policies and procedures.
- I certify that the information provided on this form is true and correct.

**4** **Responsibilities of residential caregivers (Homestay or Designated Caregiver):**

- The residential caregivers must contact the School if the student will not be attending because of illness. Notification should take place as soon as possible (e.g. on the morning of the first day that the student will not be able to attend)
- Residential caregivers should communicate student travel details to and from caregiver residences.
- If a student requires non-urgent medical attention, the residential caregiver should take the student to their general practitioner, to the caregiver's own GP if the student does not have one or refer the student to the on-site Student Health Centre if the signatory has one.
- In the event of a medical emergency involving the student the residential caregiver should obtain medical assistance immediately and notify the accommodation or pastoral care person as soon as possible. It is the School's responsibility to notify the parents.
- Residential caregivers should advise the School of family and student travel plans, and other student absences from the residence.
- Residential caregivers must adhere at all relevant transport safety legislation, including those relating to the use of car restraints and bike helmets, and not overloading passenger vehicles.

## HEALTH AND MEDICAL DISCLOSURE

**1** **Please tick if you have any of the following:**

- Migraine       Epilepsy       Asthma
- Diabetes       Travel sickness       Chronic nose bleeds
- Heart condition       ADHD

Other (Please specify)

**2** **Is your child currently taking medication?**

- Yes  
 No

If YES, please state: health condition/s:

Name of medication/s:

Dosage and time/s to be taken:

Other treatment:

**3** **Is your child allergic to any of the following?**

Prescription medication

- Yes     No

Food

- Yes     No

Insect bites/stings

- Yes     No

Other allergies

- Yes     No

If yes to any of the allergies, what treatment is required?

**4** **Is there any information the staff should know to ensure the physical and emotional safety of your child?**

(For example, cultural practices; anxiety; heights/darkness/small spaces; behavioural or emotional problems. IF YES, please state or attach the information.)

**5** **Please tick to agree**

- I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with correct administration instructions.
- I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.
- I agree to my child receiving any emergency medical, dental, or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.
- Any medical costs not covered by ACC (Accident Compensation Corporation) or my insurance company will be paid by me.
- If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will be sent home at my expense.
- In the event of any emergency, I agree to the Schools sharing medical information that I have provided above with emergency services, Police, Doctors and hospitals as required.

## STUDENT CODE OF CONDUCT

I am under 18 years old and I understand that I have to abide by the school rules and procedures of the Schools.

1. I will attend all my classes and I will come to school on time every day.
2. If I am late to school, I will call/text 021-780-793 before 9:00 am.
3. If I will be absent from school for being sick or any other reasons, I will call/text 021-780-793 before 9:00am.
4. I will be home by 6:00 p.m. every day from Mon to Fri.
5. If I wish to stay out late during weekends, I will get permission from the school and my parents. My parents are required to confirm this via email: accommodation@icl.ac.nz
6. I will not smoke. I will not drink alcohol.
7. I will not use bad language or bad sign language.
8. I will concentrate on the lesson. I will not touch my mobile phone in class.
9. I will not bully, assault, fight with other students or staff members.
10. I will not be in possession or use knives or other weapons.
11. I will not engage in any activity of sending messages or images that may offend or harass another person by means of mobile phone/Facebook or social media including WeChat.
12. I will not download or distribute offensive or copyrighted materials via the Internet or through social media and/or through digital devices such as mobile phones and computers etc.
13. I understand that I will be given a first warning letter for: (1) violating school rules or unacceptable behaviour or low attendance (2) unacceptable behaviour at homestay.
14. If my behaviour does not improve, I will receive a second and then a third and a final warning letter, I may be withdrawn from the school and I will not be able to attend class any more. I will not be entitled to a refund.
15. I understand the school also has the right to withdraw me without warning at the discretion of the Principal, in the event of any withdrawal, Immigration NZ will be informed of my conduct. This may lead to the cancellation of my visa.
16. I understand that I have the right to have a person of my choosing to support and help me at meetings with school staff regarding my behaviour or attendance.

Signed (Student):

Date

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## MODEL RELEASE

For valuable consideration received, I grant the Schools the irrevocable and unrestricted right to use and publish photographs of my child, or in which my child may be included, for editorial, trade, advertising and any other purpose and in any manner and medium; and to alter and composite the same without restriction and without my inspection or approval. I hereby release the Schools' legal representatives and assigns from all claims and liability relating to said photographs.

- I agree to the Schools using photographs of my child for any of the said purposes above.

## PRIVACY ACT

\* The Schools shall comply with the Privacy Act 1993 during the enrolment process and during the the student is enrolled at the Schools.

## HANDOVER PLAN

The Handover Plan is compulsory for all international students under the age of 18 by the Code.

The Handover Plan is an agreed plan between the parent/legal guardian and the school to safely give the care of a child back to the parent or legal guardian at the end of their study.

An example of the Handover Plan: *At the completion of the course on the 25 June, 2017, I will collect my child (name) from the school reception at 10-14 Lorne St at 3pm.*

The Handover Date

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At the end of the course, the handover plan for my son/daughter is:

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- By signing this document, I understand and agree to the handover plan.
- I understand that a handover plan is required by the Code for all students under the age of eighteen and is required to complete enrolment at the Schools.
- I understand that the Schools will not be responsible for my son/daughter once he/she has been handed over according to the plan stated above.

## PARENT/LEGAL GUARDIAN DECLARATION

By signing this declaration, I (full name of Parent or Legal Guardian)

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declare that I have read, understand and agree to the conditions provided above. The information that I have provided is true and accurate to the best of my knowledge. Furthermore, by signing this document, I declare that:

- I have read and explained the Student Code of Conduct to my child and that he/she has signed the Student Agreement.
- I agree to the conditions of the Indemnity Form.
- I have put the Handover Plan in place.
- I have disclosed all medical information to the Schools to the best of my knowledge.
- I understand that my child must have appropriate medical insurance to study at the Schools.
- I understand that my child must have a valid visa to study at the Schools.
- I understand that any breaches of the conditions above or provision of false information, may result in disciplinary action being taken as per the Schools' policy including breaches being reported to Immigration New Zealand which may result in the loss of my child's eligibility to study at the Schools.
- I agree to photographs of my child being used for all said purposes by the Schools.

Signed by Parent or Legal Guardian

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Date

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