



International Students Enrolment Application

/

Student Details	
Family Name:	First Name:
Middle Name:	Preferred First Name:
Date of Birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Street Address:	
Postal Address:	
Ethnicity:	Country of citizenship:
Passport number:	Expiry Date:
Intended start date:	Intended end date:
Date of entry into New Zealand:	Year level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

Mother's Details	
Family name:	First name:
Middle Name:	Date of Birth:
Street Address:	
Postal Address:	
Home Phone:	Mobile:
Email Address:	
Ethnicity:	Country of citizenship:
Passport number:	Expiry Date:

Father's Details	
Family name:	First name:
Middle Name:	Date of Birth:
Street Address:	
Postal Address:	
Home Phone:	Mobile:
Email Address:	
Ethnicity:	Country of citizenship:
Passport number:	Expiry Date:

Emergency Contact Details (in home country)

Family Name:

First Name:

Phone Number(s):

Emergency Contact Details (in Methven area)

Do you have any local emergency contacts we can contact if needed? Yes No

Family Name:

First Name:

Phone Number(s):

Relationship to child:

Medical Information

Doctor (in home country):

Doctor Phone Number:

Has your child been immunised? Fully Partly Not

Please provide an immunisation certificate (in English) and tick below immunisations received

Hepatitis Mumps HIB Pertussis HPV Polio Measles Rubella
 Meningococcal B Tetanus/Diphtheria

Has the student been in contact with any contagious diseases (last 3 months)? No Yes

If yes, please give details:

Medical conditions (please list):

Allergies (please describe):

Does the student suffer from any disability? No Yes

If yes, please give details:

Learning Information

Does your child have any learning or behavioural difficulties requiring extra school support or services? No Yes

If yes, please give details:

Accommodation

My child will be living with a parent or legal guardian at all times while in New Zealand.

Transport

We would like to enrol our child to travel to/from school via bus.

Insurance

Your child must have medical & travel insurance to cover the period of study, from leaving/returning home.

Insurance Company:

Policy Number:

Insurance cover start date:

Insurance cover expiry date:

Please provide an English copy of the policy details with this application form.

Previous Education

Has your child previously studied at any other NZ school? Yes No

School name:

Dates enrolled/attended:

General Information

Briefly, tell us about why you are coming to Methven / New Zealand.

Briefly, tell us about your child's interests e.g. sports, cultural, music.

English as a Second Language – Fill in this section

Can your child **read** in their own language? Not at all A little Fluently

Can your child **write** in their own language? Not at all A little Fluently

Has your child learnt English before arrival? Yes No

If yes, where? School Home Private Tutor Language School

If yes, how long have they learnt English? Years _____ Months _____ Hours per week _____

What is your estimate of your child's level of English:

- Pre-beginner (does not speak in English at all)
- Beginner (knows a few English words)
- Elementary (is able to understand and speak using simple English sentences)
- Intermediate (is able to understand and speak English reasonably well)
- Fluent (is fluent in speaking and listening in English)

Do you have other family living in New Zealand with you? Yes No

If yes, provide details

What language does your child use when speaking to family?

Can mother **speak** English? Not at all A little Fluently

Can mother **read** English? Not at all A little Fluently

Can father **speak** English? Not at all A little Fluently

Can father **read** English? Not at all A little Fluently

Do you have a local contact person that is available to assist with translation if required? Yes No

If yes, contact name & number

Siblings / Friends

Does your child have any siblings? (Note name & ages)

Does your child have any close friends or family at Methven Primary School?

If yes, please provide name(s) and relationship

Declarations

Please read these statements carefully and ensure you understand them.

I have been informed about and received a summary of the Code of Practice for International Students.

Yes No

I have received a copy of the school's Guide for International Students.

Yes No

I understand the costs involved with enrolment, and the school's policy regarding fee refunds and protection.

Yes No

- I confirm all the information contained in this enrolment application is true and correct to the best of my knowledge.
- I acknowledge that if I have provided false information or withheld relevant information, the school may terminate the enrolment.
- I will inform the school if there are any changes to the details of this application.

Parent/legal guardian name: _____

Parent/legal guardian signature: _____

Date: _____

Supporting Documentation

Please provide the following documents with this application:

Office:

Student's passport and visa details

Passport of person who will be living with the student and visa details

Immunisation certificate (in English) for student

Tuition Agreement

Evidence of medical and travel insurance

Methven Primary School Consent Form

Methven Primary School Internet Acceptable Use Agreement / Bring Your Own Device (BYOD)

Bus Enrolment (if required)

Office Use

Date Enrolled: ___/___/___ Student Code: _____ NPF: _____

Year: _____ Room: _____ House: _____ Bus: _____

Teacher ESOL Enrol MessageMyWay Invoice: _____ Welcome



Methven Primary School Consent Form

Child's Name: _____ DOB: _____

Please provide consent for the following:

PLEASE CIRCLE

EOTC activities within walking distance from school

YES / NO

(Please read the supporting information below)

ICT

YES / NO

(Please read the supporting information provided in the Booklet)

Milk in Schools

YES / NO

(Further information available at office upon request)

Bible in Schools

YES / NO

(Please read the supporting information provided in the Booklet)

Photographing

YES / NO

Photos to be taken for educational purposes and may be used in public forums

Digital Recording

YES / NO

Recordings to be taken for educational purposes and may be used in public forums

Do you give permission for your child to be administered paracetamol or equivalent in the case of headache, earache or other minor discomfort?

YES / NO

I understand that the school will take action on my behalf in case of sudden illness or injury of my child.

YES / NO

Parent Name: _____

Parent Signature: _____

Date: _____

General Consent for EOTC

Education Outside The Classroom (EOTC) is the name given to all events/activities that occur outside the classroom, both on and off the school site.

Our school believes in using a range of environments and experiences to enhance our students' learning. We are close to various rich learning environments for our students.

EOTC consent covers activities within normal school hours and within walking distance from the school that are deemed low risk (Table 3.1 Management guide for EOTC activity types. EOTC Guidelines. MOE.2009) The consent includes Sport and Swimming run by the school.



Methven Primary School Internet Acceptable Use Agreement

This acceptable use Agreement has six conditions or facets of being a responsible Digital Citizen.

1. Respect Yourself

I will show respect for myself through my actions. I will select online names that are appropriate. I will consider the information and images that I post online. I will consider what personal information about my life, experiences, experimentation or relationships I post. I will not be obscene.

2. Protect Yourself

I will ensure that the information, images and materials I post online will not put me at risk. I will not publish my personal details, contact details or a schedule of my activities. I will report any attacks or inappropriate behaviour directed at me. I will protect passwords, accounts and resources.

3. Respect Others

I will show respect to others. I will not use electronic mediums to bully or harass other people. I will show respect for other people in my choice of websites. I will not visit sites that are inappropriate. I will not abuse my rights of access and I will not enter other people's private spaces or areas.

4. Protect Others

I will protect others by reporting abuse. I will not forward inappropriate material or communications. I will moderate unacceptable materials and conversations, and not knowingly visit sites that are inappropriate.

5. Respect Intellectual Property

I will request permission to use resources. I will suitably cite any and all use of websites, books, media etc. I will acknowledge all primary sources. I will validate information. I will use and abide by the fair use rules.

6. Protect Intellectual Property

I will request to use resources, software and media others produce. I will use free and open source alternatives rather than pirating software. I will purchase, license and register all software. I will purchase my music and media, and refrain from distributing these in a manner that violates their licenses. I will act with integrity.

By signing this agreement, I undertake to always act in a manner that is respectful to myself and others. I will act appropriately, in a moral and ethical manner.

I agree to follow the principles of digital citizenship outlined in this agreement and accept that failing to follow these rules and values will have consequences.

Student Name: _____ Parent/Caregiver Name: _____

Signed: _____ Signed: _____

Date: _____ Date: _____



Methven Primary School Bring Your Own Device (BYOD) Yr 5&6

The BYOD use at Methven Primary School is a 'high trust' model.

- **Access to the WiFi is for Internet access only.**
- **Our School is not responsible for the maintenance or repair of personal devices used.**
- **Our School is not responsible for damaged, lost, or stolen devices.**
- **I have read and agree to the terms and conditions of this disclaimer.**

Bring Your Own Device Agreement:

I want my child to bring their own digital device to school for use in the classroom learning environment. I understand the following statements (please initial each one):

- All devices brought to school are my child's responsibility and the insurance for the device is my responsibility.
- Teachers will provide a locked cupboard in which my child may place their device when not in use. If my child does not use this facility then the school holds no responsibility for any loss or damage which might occur.
- All devices must arrive at school each day fully charged. My child may bring a charger for use during the day if required.
- Devices are only to be used under adult supervision.
- Devices brought to school are for the use of my child. Any sharing is at my child's discretion.
- Teachers will encourage the use of personal digital devices whenever possible and students will be able to use them for homework activities.
- Students will use cloud based applications such as Google Apps and Office 365 for file management.
- Rules, including the cyber-safety policies, governing the use of any school-owned digital devices will apply to student-owned devices, while they are at school, including adherence to the Copyright Act.
- I give permission:
For changes to be made to the device's settings to enable access to the schools infrastructure and install programmes which facilitate teaching and learning.

Student Name: _____ Parent/Caregiver Name: _____

Signed: _____ Signed: _____

Date: _____ Date: _____