



KELSTON BOYS HIGH SCHOOL INTERNATIONAL STUDENT APPLICATION FORM

Return to: Mrs Lyn Malaugh, International Manager
P.O Box 15103
New Lynn,
Auckland, N.Z.

Ph: 64 9 818 6185 Fax: 64 9 818 6183
Email: international@kbhs.school.nz
www. international.kbhs.school.nz

1. NAME

Family or Surname

Given names

English name (if used)

2. AGE

(a) Date of Birth

Day Month Year

(b) Age

Years

3. COUNTRY OF CITIZENSHIP

Passport Number

EXPIRY DATE of Passport

4. HOME COUNTRY ADDRESS

Telephone No:
Fax No:

5. PARENTS DETAILS

Father.....	Business Phone No:.....
	Fax No:.....
	Mobile No.....
	Email:
Mother.....	Business Phone No.....
	Fax No:.....
	Mobile No:.....
	Email:.....

6. CURRENT CONTACT ADDRESS (If different from above)

Telephone Number

7. Is English your first language? YES / NO If NO what other language do you speak

9. Have you previously attended school in New Zealand? YES / NO If YES please give name of School

9. ACADEMIC RECORD Please attach certified photocopies of all relevant documents

10. *ANTICIPATED CLASS/ LEVEL OF STUDY Yr 9 Yr 10 Yr 11 Yr 12 Yr 13

Expected Start Date

* Final Classes will be the result of an English Test

11. INSURANCE

Have you arranged personal medical insurance cover? YES / NO

12. NAME OF AGENT (If applicable)

--

13. HEALTH RECORD

Does your son have or ever suffered from:		Has your son had the following vaccinations?			
	Yes	No		Yes	No
Asthma			Tetanus		
Diabetes			Hepatitis		
Hepatitis A,B, or C			Tuberculosis		
Tuberculosis			Measles/Mumps/Rubella (MMR)		
Allergic Reaction to Stings			Poliomyelitis		
Allergic Reaction to Medication			<div style="border: 1px solid black; padding: 5px;"> <p>Accident or Emergency: If an accident or emergency situation arises at school, the School Nurse may decide to send your son to the Medical Centre affiliated with the school or the Auckland Hospital (A&E) Department by ambulance I give permission for the Nurse to make such arrangements as believed necessary.</p> </div>		
Allergic Reaction to some Foods					
Poor Hearing					
Poor Eye Sight					
Migraine Headaches					
Parent/Guardian					

CANCELLATION & REFUND POLICY

1. *If a student cancels his application before payment of fees there is no cancellation charge.*
2. *If a student cancels his application after payment of fees and before enrolment there is a \$100 administration fee. The balance is refundable.*
3. *If a student wishes to return home before the end of his course, there will be no refund. Students must therefore ensure that their insurance policy covers such an event.*
4. *If a student wishes to change schools, and it is approved in writing by the Kelston Boys High School International Manager, fees will be refunded on a pro-rata basis. Any non-recoverable costs e.g.: M.O.E Charge, GST and Agent Commission will be deducted from the refund. There will also be a \$100 administration fee.*
5. *There will also be a \$100 administration fee. Approval will only be granted if the school believes that there are good educational grounds for the change.*
6. *If a student changes school without the prior written approval of the Kelston Boys High School International Manager, there will be no refund.*
7. *If the behaviour, attendance or work of a student is not at the level required by the school, the student will be given a written warning, which will also be sent to his parents. After receiving a written warning, if the student does not improve, his permission to study at Kelston Boys High School will be withdrawn and there will be no refund.*
8. *Any monies refunded will only be credited to the bank account designated in writing by his parents. Under no circumstances will monies be paid direct to the student.*
9. *The policy covers only fees payable for courses at Kelston Boys High School. Any homestay payments and arrangements are separate and are not under the control of Kelston Boys High School.*

DECLARATION AND SIGNATURE

As a parent / guardian we hereby make application to enrol our son and certify that the information given is correct. We also certify that our son has not suffered from any disability that may impede his education. We undertake to meet his financial commitments and will ensure that he obeys the school's rules and regulations. We agree to the terms and conditions set out in the above *Cancellation and Refund Policy*.

PRIVACY ACT

The School Administration will respect the confidentiality of information collected including the information on this form. Information may be shared with other professionals where it is considered to be in the best interest of the student concerned. This information may also be used for statistical purposes in a way which will not identify the individual.

SIGNATURE OF _____

Father

Mother

Legal Guardian

DATE: _____