



NELSON COLLEGE

Application for Entry of International Student

A non-refundable application fee of \$NZ250.00 must accompany this application form.
The payment of this fee does not commit Nelson College to accepting the entry.

A. STUDENT DETAILS

Family Name:		Nationality:	
Given name:		Date of Birth:	
Preferred name:		First language:	
PARENTS' DETAILS			
Mother (Mrs/Ms/Miss/Dr)		Father (Mr/Dr)	
First Name:		First Name:	
Family Name:		Family Name:	
Address:		Address:	
_____		_____	
_____		_____	
_____		_____	
Telephone: Home	Telephone: Business	Telephone: Home	Telephone: Business
Fax:	Email:	Fax:	Email:

B. NAME OF SOMEONE TO CONTACT IN AN EMERGENCY

In home country If possible, able to understand some English		In New Zealand	
Name (Mrs/Ms/Miss/Dr)		Name (Mr/Dr)	
Address:		Address:	
_____		_____	
_____		_____	
_____		_____	
Phone: Home	Phone: Business	Phone: Home	Phone: Business
Fax:	Email:	Fax:	Email:

Agents Details

Name:		Address:	
_____		_____	
_____		_____	
Phone: Business		Fax:	Email:

C. WHERE DOES THE STUDENT INTEND TO STAY WHILE ATTENDING NELSON COLLEGE?

Boarding at Nelson College Homestay

If boarding is preferred, a Boarding Application form must also be completed.

D. INSURANCE

It is a condition of enrolment that a student has adequate medical and travel insurance.

- 1 Do you have any medical problems?
(If yes, write details in a letter.) YES / NO
- 2 Have you already arranged insurance?
(If yes, provide details and evidence.) YES / NO
- 3 Do you wish Nelson College to arrange insurance on your behalf? YES / NO

E. ACADEMIC PROGRAMME

1. **Level of study.** Do you wish to enrol in:
- | | | |
|--------------|--------------------------|--------------------------|
| NCEA Level 3 | Year 13 | <input type="checkbox"/> |
| NCEA Level 2 | Year 12 | <input type="checkbox"/> |
| NCEA Level 1 | Year 11 | <input type="checkbox"/> |
| | Year 10 | <input type="checkbox"/> |
| | Year 9 | <input type="checkbox"/> |
| | Intensive English Course | <input type="checkbox"/> |

Note: Limited language skills may mean the course of study a student has chosen is too difficult. Therefore, the school reserves the right to place the student at an appropriate level, in consultation with the parents.

2. **Preferred subjects:**

1	2	3
4	5	6

3. When do you intend to commence study at Nelson College? _____

4. When do you intend to complete study at Nelson College? _____

5.

F ACCEPTANCE OF TERMS

A parent or guardian must sign the following acknowledgments before the application can be considered.

The parent or guardian:

1. Guarantees the good behaviour of the student.
2. Accepts the right of the school to change the student's course if this is seen to be in the best interests of the student.
3. Agrees that, before a place is formally offered, Nelson College may obtain further confidential information on the student from the School that the student is currently attending.
4. Accepts that, if the student leaves Nelson College during the year once the trial period is over, there will be no refund of fees except under exceptional circumstances.
6. Accepts that if a student is asked to leave Nelson College because of any breach of Nelson College rules and regulations, there will be no refund of fees.
7. Accepts conditions relating to all fees - ie. All fees are inclusive of GST and Ministry of Education charges, except where noted. Course fees are additional as outlined in the 2010 Curriculum Booklet. The College reserves the right to review and increase fees during the year in the event of substantial unexpected increases in Government and other charges. Additional fees will be charged for any special and additional services. Course fees, including NCEA fees, are to be paid separately.
7. Accepts that students are not to leave school early at the end of term or return late except at the discretion of the Headmaster / International Director, or tickets may be forfeited. If you wish to have your son leave the college early for a holiday break or for them to return late after a holiday break, written application to the Headmaster / International Director in advance is required.
8. Accepts that as part of the curriculum, your son will at times, be taken on supervised day trips around Nelson.

SIGNED:

Mother (or Guardian): _____

Father (or Guardian): _____

Student: _____

Date: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

If this application is successful, you will:

1. Receive a letter confirming the acceptance (Provisional 'Offer of Place' - subject to payment of the fees)
2. Be invoiced for fees for 1 year.

Once we receive your fees, we will send you a Confirmed 'Offer of Place' letter.

You then need to apply for a Student Visa and Permit to study at Nelson College in New Zealand. You will receive your 'Offer of Place' letter and receipt for payment of fees for this application to be processed. You will also have to provide proof of financial support and a return air ticket.

You will also receive a copy of the International Student Contract which needs to be read, understood, signed and returned before your acceptance is finalised.

With this application please enclose:

1. Certified copies (in English) of your most recent school reports.
2. Two (2) references.
3. Details of medical/travel insurance.
4. Application fee of \$250.00

If the parent or legal guardian intends visiting New Zealand in the coming year, please provide an indication of anticipated dates in New Zealand.

Arrival date _____

Departure date _____

Arrival date _____

Departure date _____

Arrival date _____

Departure date _____

To be completed and returned with the application fee to:

Director of International Department
Nelson College
Private Bag 16
Nelson
New Zealand

Telephone: 64-3-5483099; Facsimile: 64-3-5466932
email: ry@nelcollege.school.nz
www.nelcollege.school.nz

INTERNATIONAL STUDENT SURVEY

To assist us with future marketing, could you please answer the following question by ticking the appropriate

How did you hear about Nelson College for your son?

- Education Fair
- Agents
- Website
- Newspaper/Magazine advertising
- Family member or old boy of the college
- Other (please explain)

Thank you for taking the time to fill out this survey.

If you have been referred by an Agent please fill in the box below.

Agent	Address
Ph:	Email:

INTERNATIONAL MEDICAL RECORD

All information on this form is **confidential** & for use only by the International Director, Sanatorium staff & medical practitioner

Name: (First Names) (Surname)

Date of Birth:/day...../month...../year House:

Parent/Guardian Name:

Address:

Telephone:(Home)(Work)

Fax: Email:

Please tick below if your son has had any of the following:

- Asthma/Chest problems
- Diabetes
- Malaria
- Concussion
- Allergies - eg antibiotics – insect stings
- Epilepsy
- Eczema
- Chickenpox
- Hayfever/sinus problems
- Heart conditions
- Kidney/stomach problem
- Hearing/eye problems
- Any other health issues

Please give brief details if you have ticked any of the above

Has your son been immunised with the following vaccines? (Please tick)

- Polio
- Tuberculosis (TB)
- Measles / Mumps / Rubella (MMR)
- Declined vaccinations all
- Hepatitis B
- Whooping cough
- injection 1
- some (please state which ones)
- Adult Tetanus/Diphtheria (Td)
- Meningococcal B (NZ only)
- injection 2

If your son is on any type of medication please list below

If your son is over 17 and he is taking any sort of prescription medicine for a physical or mental illness, disclose this must be made to the International Director.

Does your son have any special dietary requirements (eg vegetarian, religious needs or food allergies)?:
Please specify

Due to a shortage of dentists taking new patients, you are advised to have your son seen by a dentist at the holidays. Urgent dental treatment can be arranged..

I / We consent to my/our son being treated by a health provider (including dentist/doctor) at Nelson College Boarding Hostels' discretion.

Nelson College does not accept any liability should you fail to disclose any vital health information.

Signed: Date:

Contact details for the Registered Nurse are detailed below, should you wish to discuss any concerns:-

Debbie Baxter RGON
School Nurse
Nelson College
Private Bag 16
NELSON 7042
Ph/fax 03 5484759 027 321 9956 Email: br@nelcollege.school.nz

**MEDICAL RECORD
(Sanatorium Use Only)**

Year	Comments
Term 1	
Term 2	
Term 3	
Term 4	
Year	Comments
Term 1	
Term 2	
Term 3	
Term 4	
Year	Comments
Term 1	
Term 2	
Term 3	
Term 4	
Year	Comments
Term 1	
Term 2	
Term 3	
Term 4	
Year	Comments
Term 1	
Term 2	
Term 3	
Term 4	