



Marlborough Boys' College

Please provide
a recent
photograph

INTERNATIONAL STUDENT APPLICATION FOR ENROLMENT

You must complete this form in **ENGLISH**. Please print carefully.

A STUDENT DETAILS:

Family Name: _____ First or Given Names: _____

Date of Birth: _____ / _____ / _____ Preferred Name: _____
Day / Month / Year

Home Country Address: _____

City: _____ Country: _____ Postal Code: _____

Country of Birth: _____ Country of Residency: _____

Passport No: _____ Identity No: _____

Expiry Date: _____ Student's Email Address: _____
(If applicable)

Are you applying for Permanent Residency or Work Permit? YES / NO

Are you transferring from another school in New Zealand? YES / NO

If so, please state which school: _____

Do you have brothers in this school? YES / NO

B PARENTS:

I live with: Mother & Father Mother only Father only Mother & Stepfather
 Father & Stepmother Other: _____

Father's Details:

Father speaks English: Yes No

Last Name: _____

Given Name: _____

Occupation: _____

Business Telephone: _____

Fax Number: _____

Email Address: _____

Mother's Details:

Mother speaks English: Yes No

Last Name: _____

Given Name: _____

Occupation: _____

Business Telephone: _____

Fax Number: _____

Email Address: _____

Emergency Contact Details:

Name: _____ Mr/Mrs/Ms/Miss
 Home Phone: _____ Work Phone: _____
 Fax No: _____ E-mail: _____
 Relationship to Student: _____

Period of intended study at Marlborough Boys' College:

1 Term 2 Terms 3 Terms Full year 2 or more years

Proposed starting date at Marlborough Boys' College: _____

C ACCOMMODATION

- Homestay (Please complete application form)
 Private arrangements. Please complete the Statement of Designated Caregiver form

D INTERESTS

Cultural _____

Hobbies _____

Sports _____

Each year the College celebrates the cultures of the countries that our International Students come from. During this week our students have the opportunity to wear their national costume so please bring your national costume with you to New Zealand.

E HEALTH

Please have the Certificate of Health completed and send with this enrolment form.

F MEDICAL AND TRAVEL INSURANCE (This is compulsory)

Do you have travel and medical insurance? YES / NO
 If NO, do you want Marlborough Boys' College to arrange this for you? YES / NO

Marlborough Boys' College holds a Master Policy with Uni-Care International Ltd and we recommend that you allow us to arrange suitable cover under this policy. **It is compulsory for students to have medical and travel insurance and fees protection cover and you will need to provide us with an English translation, a copy of your insurance policy and evidence of its validity at least four weeks before your arrival in New Zealand.**

G ACADEMIC INFORMATION

Course you wish to study: Year 9 Year 10 Year 11 Year 12 Year 13

Ability to speak English (please tick the one that applies to you)

- I can speak English fluently and can understand spoken English
 I can speak a little English and have a little understanding of spoken English
 I can speak some English and understand spoken English
 I cannot speak English, but can understand spoken English

Your first language: _____

Number of years studying English: _____

Number of hours per week studying English: _____

Have you passed any English competency tests? (Eg TOEFL, IELTS) Give details:

Test: _____ Score gained: _____

How many of your school subjects are taught in English? All Some No

Write which subjects: _____

Level of Study: Marlborough Boys' College retains the right to place your son in an appropriate level and programme of study for her (based on her testing during her Orientation Programme to Marlborough Boys' College).

Please list the subjects you would like to study at Marlborough Girls' College (see Prospectus). Write about 50 words explaining why you have chosen these subjects.

Please send a certified copy of your school records for the last **two** years showing subjects. These must be translated, if not already, in English. A certified copy is one signed by a teacher or government official who has seen the original.

If you are waiting for examination or test results, give details of subjects and awards:

When will the results be available? _____

Academic Reports

Marlborough Boys' College expects to be able to meet the learning needs of all students enrolled at the school. Do you have any special learning or behavioural needs? Yes No

Details if applicable: _____

Please indicate the name and address of persons or organizations that are to receive copies of your Marlborough Boys' College academic reports:

Name: _____ Telephone (home) _____

Address: _____ Telephone (business) _____

Email: _____ Fax Number: _____

Do you wish to study further at a polytechnic or university? Yes No

State the degree courses you plan to take: _____

What career are you interested in doing when you leave school? _____

CONTRACT FOR INTERNATIONAL STUDENTS

Whilst enrolled at Marlborough Boys' College the student agrees to:

ADMINISTRATIVE

1. Pay, in advance, all fees as required by the college.
2. Accept the right of Marlborough Boys' College to decline this student enrolment, with explanation, at the discretion of the Principal.
3. I understand that this enrolment is not valid until all fees are paid.
4. I understand that while all care is taken, Marlborough Boys' College does not accept any liability for any loss, damage or accidents that may occur. All students are required to have Travel and Medical and Fees Protection insurance to cover them for any accident.
5. Recognise the authority and requirements of the college's administration.
6. I have read and agree to the Refunds Guidelines.
7. I understand that the fees I pay are for the academic year, February to December and I am expected to return home for the Christmas holiday break.
8. Provide the money for the air ticket for my return home no later than two months before departure.
9. Notify Marlborough Boys' College of any change in my contact details or residential address.
10. Allow Marlborough Boys' College to publish photographs that may include me, and any work I create at the school. I understand that publication of such images will be in compliance with the College's policy for the publication of student images and work.
11. Accept the Principal as the person who oversees my welfare while I am in New Zealand and that I will obey the decision of the Principal should any problems arise.

RULES AND ATTENDANCE

1. Obey the school rules as set down in the Marlborough Boys' College Prospectus, and in particular:
 - i. Wear the appropriate school uniform during school hours and on school occasions to a high standard.
 - ii. Behave at all times in and out of school in a manner that will not bring the college or me into disrepute.
 - iii. Attend all classes as scheduled in my Marlborough Boys' College programme.
 - iv. Ask the host parent to notify the College of absence through illness.
 - v. Arrange leave for any other absence with the Director of International Students in advance.
 - vi. Provide all learning materials and equipment as requested by staff for use in both class and other activities.
 - vii. Participate fully in the extra-curricular activities I have undertaken.

ACADEMIC

2. Establish clear academic goals.
3. Accept the right of Marlborough Boys' College to change the course of study if this is in my interest.
4. Work with classroom teachers and tutors towards set academic goals.
5. Maintain a co-operative attitude to staff and students in general.
6. Meet regularly with the Director or Dean of International Students as required.

PERSONAL

7. Have a valid and current International Student permit or visa.
8. Obey the terms of the agreement signed by my parents/guardians.
9. Meet all homestay requirements, and accept the discipline of my host parents staff. My host parents staff have the right and obligation to inform the school if they find me involved in any unlawful activities. I undertake that I will not leave the homestay for another permanent address without the knowledge and permission of the Director of International Students / Homestay Co-ordinator.
10. I am not a guest in the homestay and am willing to help with household chores that other children in the house may do.
11. I am responsible for all my travel expenses, telephone expenses, medical expenses and any other incidental costs which may be incurred whilst staying with the family. Both my host parents and I are entitled to have access to the meetings with the College and all parties concerned if problems arise.
12. I may cancel or terminate my accommodation only with the agreement of the school; in this case I will give the host parents no less than two week's notice, or pay up to two weeks of accommodation charges. When I leave Blenheim I will give no less than two week's notice.
13. Obey the laws of New Zealand.
14. I may obtain a driver's licence only after I have fulfilled the following conditions. I am 16 years old and have been in New Zealand for at least two years. I have shown the school written permission by my natural parents, host parents and the Principal. I have undertaken formal driving lessons with an approved driving instructor.
15. I may obtain car ownership only after I have fulfilled the following conditions.
 - I have shown the school my valid full New Zealand driver's licence.
 - I have gone through formal driving lessons in New Zealand and have obtained a New Zealand driver's licence even if I already have an international driver's licence.
 - I have attended a defensive driving course.
 - I have full car insurance.
 - I have shown the school written permission from both my natural and host parents.
 - I have the Principal's permission.
16. Drugs: I understand that drugs are totally forbidden. I understand that it is likely I will be expelled and returned to my home country instantly should I be found with any evidence of or involvement with, drugs.
17. **Smoking and alcohol - I understand that smoking and alcohol are totally forbidden at school. I agree to obey the rules set by my host family regarding smoking and drinking at the home stay and according to New Zealand Law.**

I understand that failure to meet the terms of this contract will result in exclusion and suspension procedures being followed which could result in cancellation of my right to study at Marlborough Boys' College and the removal from homestay accommodation.

I have read and understand the requirements of Marlborough Boys' College and its conditions of enrolment. I understand that any disputes in relation to this agreement will be settled only in accordance with New Zealand Laws and under the jurisdiction of the New Zealand Courts.

DECLARATION

The information given on this form is true, complete and correct. I have read, understood and agree to the Conditions of Enrolment in the Contract for International Students and agree to abide by the school rules.

Student's Signature: _____

Student's Name: _____ Date: _____

Whilst enrolled at Marlborough Boys' College the parents agree to:

ADMINISTRATIVE

- 18. Pay, in advance, all fees as required by the college.
- 19. Accept the right of Marlborough Boys' College to decline this student enrolment, with explanation, at the discretion of the Principal.
- 20. I understand that this enrolment is not valid until all fees are paid.
- 21. I understand that while all care is taken, Marlborough Boys' College does not accept any liability for any loss, damage or accidents that may occur. All students are required to have Travel and Medical and Fees Protection insurance to cover them for any accident.
- 22. Recognise the authority and requirements of the college's administration.
- 23. I have read and agree to the Refunds Guidelines.
- 24. I understand that the fees I pay are for the academic year, February to December and my son is expected to return home for the Christmas holiday break.
- 25. Provide the money for the air ticket for my son's return home no later than two months before departure.
- 26. Notify Marlborough Boys' College of any change in our contact details or residential address.
- 27. Allow Marlborough Boys' College to publish photographs that may include my son and any work he creates at the school. I understand that publication of such images will be in compliance with the College's policy for the publication of student images and work.
- 28. Accept the Principal as the person who oversees the welfare of my son while he is in New Zealand and that my daughter will obey the decision of the Principal should any problems arise.

I have read and understand the requirements of Marlborough Boys' College and its conditions of enrolment. I understand that any disputes in relation to this agreement will be settled only in accordance with New Zealand Laws and under the jurisdiction of the New Zealand Courts.

DECLARATION

The information given on this form is true, complete and correct. I have read, understood and agree to the Conditions of Enrolment in the Contract for International Students and agree to abide by the school rules.

Parent's Signature _____

Parent's Name: _____ Date: _____

Designated Guardian

We appoint the Principal, or an authorised representative, of Marlborough Boys' College to act as the designated guardian of our son while at Marlborough Boys' College.

Parent's Signature _____ Date: _____

Parent's Signature _____ Date: _____

STATEMENT OF DESIGNATED CAREGIVER

I/We designate _____ (*Insert Name of Designated Caregiver*)
to provide accommodation for my/our son to attend Marlborough Boys' College as an international
student from _____ to _____, subject to the approval of the Marlborough
Boys' College prior to enrolment.

Student's name: (as it appears on passport): _____

Student's preferred name: _____

Print Designated caregiver's name: _____

Relationship to Student: _____

(Uncle/Aunt/Grandparent/close family friend)

Address:

Phone: _____ Mobile: _____

I/we understand that the education provider will:

- Visit the home of the designated caregiver prior to enrolment to determine that the living conditions are of an acceptable standard
- Assess whether the designated caregiver will provide a safe physical and emotional environment for the student
- Determine that the accommodation is not a boarding establishment (i.e. does not have 5 or more international students staying in the home)
- If the accommodation designated by the parents is a boarding establishment, the school will follow the provisions relating to boarding establishments as set out in the Code of Practice
- Meet with the designated caregiver/s and establish communication with the caregiver
- Meet the student at least quarterly to ensure the accommodation is suitable
- May require a Police vet to be undertaken, if the education provider considers it appropriate

Should this arrangement change I/we undertake to inform Marlborough Boys' College immediately.

I/we understand that Marlborough Boys' College will make every endeavor to ensure the safety and welfare of my/our child while studying in their school. Should there be a concern about the welfare of the student, the school will consult the pastoral care staff within the school and will discuss the concern with the designated caregivers and parents of the student. Further, I/we understand that should Marlborough Boys' College have any concerns regarding the welfare of my/our child, the school may relocate the student in an approved School Homestay. If necessary, the school will also refer the matter to the relevant welfare authorities or any other appropriate outside agencies.

DECLARATION:

I/we confirm that the person/s nominated as the designated caregiver/s is/are a 'bona fide' relative or close family friend. (*Proof of this relationship may be required*)

Signed: _____ Date: _____

(*Must be signed by student's Father, Mother or Legal Guardian only*)

Print Name: Mr/Mrs _____

Contact address in Home Country: _____

Contact Telephone number in Home Country: _____ Date _____

Email Address: _____

INTERNATIONAL STUDENT APPLICATION FOR HOMESTAY

Student details:

Family Name: _____

First Names: _____

Date of Birth: _____

Nationality: _____

Student InformationAre there any special requests you have regarding your Homestay situation?

Have you lived in a home stay situation before? YES / NO

Please specify:

Would you prefer to have a home stay in the town or country?

Town Country No preference

Would you prefer your home stay family to have children living at home?

Yes No No preference

If yes, would you prefer them to be approximately of your own age? YES/NO

Do you prefer your home stay family to have household pets?

Yes No No preference

If yes, what would you prefer? Cat: YES / NO Dog: YES / NO Bird: YES/NO

Do you like to do **some** of your own food preparation? YES/NO

Are you vegetarian? YES/NO

Please advise us of any foods you don't eat

Do you require any special foods? _____

Are you a smoker? YES/NO

Do you drink alcohol? YES/NO

Do you prefer to do **some** of your own laundry? YES/NO

Please advise of any medical conditions (as per enrolment form)

Do you have any special needs associated with your health (eg allergies)?

If you are required to take any prescription medications during your stay, please specify which medications and for what condition.

Do you have any religious affiliations? YES/NO

If yes, please state _____

Do you have any special needs associated with your religion?

Are you prepared to discuss problems openly with your host family and accept their homestay Rules? YES/NO

Are you willing to take part in your homestay activities? YES/NO

Please list any hobbies, interest or sports you are involved in or would like to be involved in:

Do you have a person to contact in New Zealand in case of emergency? YES/NO

Please specify: _____ Phone No: _____



Marlborough Boys' College

CERTIFICATE OF HEALTH

(Please Print)

To be completed and signed by the applicant's physician.

The physician should not be related to the candidate

Name:

Last	First	Middle
------	-------	--------

Address:

Date of Birth: ____ / ____ / ____
 Day Month Year

Has the participant had the following illnesses/conditions?

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies
<input type="checkbox"/>	<input type="checkbox"/>	Appendicitis
<input type="checkbox"/>	<input type="checkbox"/>	Has appendix been removed?
<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Drug or Alcohol Abuse
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A or B or C
<input type="checkbox"/>	<input type="checkbox"/>	Hernia
<input type="checkbox"/>	<input type="checkbox"/>	Operated on for hernia? Successfully?
<input type="checkbox"/>	<input type="checkbox"/>	Malaria
<input type="checkbox"/>	<input type="checkbox"/>	Mumps

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Parasites (Intestinal)
<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia
<input type="checkbox"/>	<input type="checkbox"/>	Polio
<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	<input type="checkbox"/>	Rubella
<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever
<input type="checkbox"/>	<input type="checkbox"/>	Serious or persistent cough
<input type="checkbox"/>	<input type="checkbox"/>	Serious or persistent headaches
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	<input type="checkbox"/>	Typhoid
<input type="checkbox"/>	<input type="checkbox"/>	Depression
<input type="checkbox"/>	<input type="checkbox"/>	Anorexia / Bulimia
<input type="checkbox"/>	<input type="checkbox"/>	HIV/Aids status
<input type="checkbox"/>	<input type="checkbox"/>	Significant other contagious diseases not mentioned above.

Any disease, impairment, abnormality

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Blood or endocrine system
<input type="checkbox"/>	<input type="checkbox"/>	Bones, joints
<input type="checkbox"/>	<input type="checkbox"/>	Brain or nervous system
<input type="checkbox"/>	<input type="checkbox"/>	Ears or hearing
<input type="checkbox"/>	<input type="checkbox"/>	Eyes or sight
<input type="checkbox"/>	<input type="checkbox"/>	Genito-urinary system

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Heart or blood vessels
<input type="checkbox"/>	<input type="checkbox"/>	Lungs, respiratory system
<input type="checkbox"/>	<input type="checkbox"/>	Other abdominal organs
<input type="checkbox"/>	<input type="checkbox"/>	Skin (Acne etc)
<input type="checkbox"/>	<input type="checkbox"/>	Stomach or Digestive System
<input type="checkbox"/>	<input type="checkbox"/>	Tonsils, nose or throat
<input type="checkbox"/>	<input type="checkbox"/>	Have tonsils been removed?

Please give full information (including dates and details) about every disease or impairment mentioned (“YES” response) for any of the above questions:

Describe in detail any medication currently taking or treatment received, during past years:

If allergic, how severe is the allergy and how is the allergic reaction treated/controlled?

What was the date of the student’s last dental check up?

Does the student wear dental braces? Yes No

Will the participant need any orthodontic care during the coming year? Yes No

If yes, attach a statement from the orthodontist, indicating present status, exact care essential to the orthodonture and date care will be completed. (Orthodontic work is NOT covered under Unicare Medical Insurance).

History of Immunisations/Vaccinations

Please indicate month and year of all Immunisations/Vaccinations (include “boosters”) received by participant, the most recent of which must have occurred within the past 10 years.

Vaccine/Test	Date (mo/yr)	Date (mo/yr)	Date (mo/yr)	Date (mo/yr)	Date (mo/yr)
Diphtheria	1	2	3	4	5
Polio - Vaccine Type	1	2	3	4	5
Tetanus/Toxoids (Td)	1	2	3	4	5
Pertussis	1	2	3	4	5
Mumps	1	2	3	4	5
Rubella	1	2	3	4	5
Measles (Rubeola)	1	2	3	4	5
Tuberculosis (Mantoux Test) or BCG Test	1	2	3	4	5
Hepatitis A	1	2	3	4	5
Hepatitis B	1	2	3	4	5

Other Immunisations/Vaccinations

If participant has had any of the following, please indicate the month and year given (Immunisations/ Vaccinations below are not required by most Host Country Schools).

Vaccine	Date (mo/yr)	Date (mo/yr)	Date (mo/yr)	Date (mo/yr)	Date (mo/yr)
Typhoid	_____	_____	_____	_____	_____
	1	2	3	4	5
Cholera	_____	_____	_____	_____	_____
	1	2	3	4	5
Yellow Fever	_____	_____	_____	_____	_____
	1	2	3	4	5
Other	_____	_____	_____	_____	_____
	1	2	3	4	5
Other	_____	_____	_____	_____	_____
	1	2	3	4	5

For Physician:

In my opinion the general state of participant's health is : (Check one)

Excellent

Good

Fair

Poor

Comments: _____

I hereby certify that, to the best of my knowledge, the above information is true and correct:

Signature of Physician

Date of Examination

Name of Physician (Please Print)

Address

Country of License to practice medicine

STAMP

Please check the New Zealand Immigration Website (<http://www.immigration.govt.nz>) to check the acceptable standard of health requirements regarding the submission of Medical and Chest X-ray certificate when applying for a student visa. The above medical check is for school purposes i.e. to assist us in supporting this student in terms of his health, treatment and care of during his enrolment at Marlborough Boys' College

AUTHORISATION AND RELEASE FORMS

TRAVEL

In the interest of safety, it is necessary for all holiday travel plans to be documented and approved by the Director of International Students' Programme before any bookings or arrangements are made. In general, approval will **not** be given for independent travel or for travel to be undertaken without adult supervision.

In addition, a fax from the students' natural parent(s) must accompany this form. The fax/email must clearly state the parents' agreement and permission for the student to undertake organised and supervised holiday travel, and the parents' acceptance of full responsibility for the travel. The parents' fax/email must clearly state that the parents accept that Marlborough Boys' College is not organising or supervising the travel.

SCHOOL TRAVEL AUTHORISATION

We, the parents of the student, do hereby authorise Marlborough Boys' College, as agents of the natural parents, to make the determination for student travel for the length of the student's enrolment at Marlborough Boys' College. This authorisation is given in advance only when the student is travelling and supervised by a host parent or by a representative of the school.

Parent's Signature
Date
MEDICAL RELEASE

We consent and authorise Marlborough Boys' College to obtain any medical, dental, surgical, psychological, psychiatric, or hospital care, deemed necessary by any health care provider, for the health, treatment and care of this student during the student's enrolment at Marlborough Boys' College. We the parent(s) / Legal Guardian(s) authorise the health care provider to release all health care records relating to the student to Marlborough Boys' College. We also accept full responsibility for any medical expenses for our son which is not covered by his insurance policy.

We also grant Marlborough Boys' College all necessary permissions to act as legal guardians and "in loco parentis" in any situation, especially in emergencies, whatever medical or other, including the possibility for surgical operations or any other treatment.

We also authorise Marlborough Boys' College to return the student to the home country at his cost, if necessary, to submit to medical treatment, if this is deemed necessary by the above-mentioned people, after consultation with medical authorities. We confirm that at the time of signing this document our child enjoys perfect health and that his health record enclosed is true and complete. We also grant Marlborough Boys' College the power to act on our behalf in anything pertaining to possible representation before local authorities. This authorisation shall be valid for the entire duration of the student's study programme at Marlborough Boys' College.

Parent's Signature
Date

OWNERSHIP AND DRIVING OF A MOTOR VEHICLE, CAR OR MOTORCYCLE.

We, the parents understand our son may obtain a driver's licence only after he has fulfilled the following conditions:

- Is 16 years old and has been in New Zealand for at least two years.
- Has shown the school written permission by the natural parents, host parents and the Principal.
- Has undertaken formal driving lessons with an approved driving instructor.

We, the parents understand he may own a car or motorcycle only after he has fulfilled the following conditions:

- Has shown the school his valid full New Zealand driver's licence.
- Has gone through formal driving lessons in New Zealand and has obtained a full New Zealand driver's licence even if I already have an international driver's licence.
- Has attended a defensive driving course.
- Has full car or motorcycle insurance.
- Has shown the school written permission from her natural parents, host parents and the Principal.

We, the parents, understand the rules regarding driving motor vehicles, cars and motorcycles while enrolled as a student at Marlborough Boys' College.

Parent's Signature

Date

LIABILITY RELEASE

The undersigned, as participant and parents, on behalf of ourselves and our legal representatives, renounce to claim against Marlborough Boys' College, teachers, coordinators, any person intervening on behalf of the school, that may arise due to injury, damage, sickness, accident, delay, unusual circumstances or expenses due to strikes, war, atmospheric conditions, quarantine, government restrictions or regulations, or those derived from acts of omission of airlines, shipping companies, railroads, buses, transportation in general, hotels, restaurants or any other service given by companies, individuals or anyone related with the aforementioned.

We understand that the student will be subject to the authorities and teachers of the school and that he will have to follow the rules given by the family. We also understand that Marlborough Boys' College reserves the right to terminate the programme of any participant whose conduct may be considered detrimental or incompatible with the interest and security of the school or the student.

The student agrees to accept and uphold the standards of conduct set by Marlborough Boys' College and the host family for the duration of the programme. He also agrees to maintain friendly and respectful relations with his teachers and the classmates and, especially, with all the members of the family, to accept the rules of conduct and to participate in family life as much as possible.

Parent's Signature

Date

Student's Signature

Date

INTERNET AND EMAIL PERMISSION

As a school user of email and the Internet, I agree to comply with the school rules on its use. I will use the Network in a responsible way and will observe all restrictions.

Student's Signature
Date

As the parent, I grant my permission for his to use electronic mail and the Internet. I understand that students will be held accountable for their own actions. I also understand that some material on the Internet may be objectionable and I accept responsibility for setting standards for my child to follow when using email and the Internet.

Parent's Signature
Date
PAYMENT OF REFUNDS

All refunds will be paid either to the parents of the student or to an agent with written authority from the parents. No refunds will be given directly to the student.

NB. The New Zealand Immigration Service will be notified if any student ceases to attend Marlborough Boys' College for whatever reason.

I agree with these refund conditions:

Parent's Signature: _____

Print Parent's Full Name: _____

Print Student's Full Name: _____

I AM ALSO SENDING

- A copy of the last two years' school reports
- Examination results
- A testimonial relating to my character and suitability for overseas study.
- Verification of purchase of insurance
- Health Certificate
- Statement of Designated Caregiver
- Authorisation & Release Forms

Please keep a copy of this agreement for your records.

FOR OUR INFORMATION

Could you please indicate where you heard about Marlborough Boys' College?

- Website
- NZ Embassy
- Ed NZ Publication
- Agent (Please give agent's name & company) _____
- Other (please specify) _____