



# HOROWHENUA COLLEGE

SUCCESS FOR ALL STUDENTS

t: | +64 6 368 6159

f: | 06 367 9210

e: | office@horowhenua.school.nz

## INTERNATIONAL STUDENTS APPLICATION FOR TUITION

Student Name

---

Family Name

Given Names

---

English Name (if you want it used)

Male/Female

---

Nationality

Date of Birth

---

Country of Citizenship

First Language

---

Address

---

---

---

Telephone: Day

Night

---

Email 

---

Passport Country of Issue

Passport Number

Expiry

---

---

---

B. Family Information (the College must be informed of changes to contact details)

Name of student's Parent One or guardian

---

Address

---

Phone

Email

Name of student's Parent Two or guardian

Address

Phone

Email

Someone to contact in an emergency (at home)

Address

Phone: Day

Night

Email

Someone to contact in an emergency (in NZ)

Address

Phone: Day

Night

Email

Please also email the above family contact information to [international@horowhenua.school.nz](mailto:international@horowhenua.school.nz) with student's name to confirm details.

Only complete this if working through an agent:

Agent's Name

---

Agent's Address

---

Phone:

Email

---

**c. Student Health**

Do you have any medical problems? YES / NO (if Yes write details in a letter including name of family doctor in home country)

The following conditions may be outside the school's facilities to provide adequate safety and care eg eating disorders, addictions (including gambling), pregnancy, HIV Aids, significant mental health issues. In these situations the student's continuation at the school will be reviewed at the College's discretion. Further details will be provided in the Orientation Programme.

**Insurance**

It is compulsory for International Students at Horowhenua College to have adequate Health and Travel

Insurance. This should be arranged before the student arrives in New Zealand.

I have already arranged insurance:

The number of the policy is

with the Insurance company

---

---

OR

I authorise Horowhenua College to arrange Comprehensive Medical Insurance and other recommended cover and to invoice to me for the same YES / NO

**Academic Programme: English Language Section**

What English Language qualification do you hold?

---

Have you studied at an English speaking educational institution before? YES / NO

If YES, please state where and for how long

---

How long have you learned English?

\_\_\_\_\_

Students who arrive at Horowhenua College in Terms 3 or 4 may be required to enter a Foundation Course. This course prepares students to enter a full examination course in the following year. This programme is primarily to bring the level of English up to that required for study in the chosen level the following year. The programme consists of language development in Mathematics and Science as well as specific ESOL instruction.

Level of Study (The level of study is subject to the outcome of this testing)

I have completed Year \_\_\_\_\_ level of study in \_\_\_\_\_ and would like to study at:

- Pre-University Year 13 (Form 7)
- CI Year 12 (form 6)
- Year 11 (form 5)

(Please attach or forward by mail / email a notarised copy in English, of the last report from the previous educational institution you attended)

Preferred subjects \*

1.	2	3.
4.	5.	6.

Intended destination at the completion of this programme

University _____	Other Tertiary _____
Specify if possible _____	Specify if known _____
Return to _____	Other _____

Intended start date at College \_\_\_\_\_ Intended date to finish \_\_\_\_\_

Period of tuition applied for : \_\_\_\_\_

\* Note: Subject selection is dependent on course numbers and availability of positions in the classes.

## CONFIRMATION

I certify that the information given in this application is, to the best of my knowledge, correct. I understand that this may be verified.

I authorise Horowhenua College to make other enquiries as they see fit in relation to my application and consent to the disclosure of information on matters which may be pertinent to enrolment as a student at Horowhenua College.

I understand that the giving of false information or withholding of relevant information may result in termination of the enrolment contract.

Signed : \_\_\_\_\_ (Student) Date \_\_\_\_\_

Signed : \_\_\_\_\_ (Parent One) Date :  
\_\_\_\_\_

Signed : \_\_\_\_\_ - (Parent Two) Date :  
\_\_\_\_\_

## ACCEPTANCE OF TERMS

Before your application can be considered please sign the following acknowledgements. (This must be signed by parent or guardian of a student under 20 years - not agent or other relative)

I \_\_\_\_\_ (Name) am of the utmost integrity.

1. I agree to abide by the rules and policies of the College at all times.
2. I will be diligent in my studies in class and with homework.
3. I accept the right of the College to effect a change of course if this is considered in my best interests.
4. I will not own or drive a motor vehicle while in homestay accommodation and a student at Horowhenua College.
5. Gambling, substance abuse, smoking while associated with the College and dishonesty with academic assessment are unacceptable.
6. I accept that as a student of Horowhenua College I may not own or rent a house which I would occupy myself or with other students.
7. I agree to being involved in an Orientation Programme on arrival that covers cultural, social and health issues pertinent to New Zealand.

8. I authorise the disclosure of details in this form to representatives of the school and also to homestay parents. Any changes of homestay placement must be made with the agreement of the Manager of International Students.
9. I have read and understood the Tuition Agreement which shall apply if my application is successful.
10. I agree for my child to have access to the internet, and while the school will do its best to restrict access to undesirable material it is the responsibility of the student to have no involvement with such material.
11. I give permission for Horowhenua College to use images of my/our children in College publications, newspaper articles and the College website.

Failure to meet these terms will mean a review of your placement and condition

---

Parent One Signature

---

Date

---

Parent One Full Name

---

Parent Two Signature

---

Date

---

Parent Two Full Name

Offers of course placement will be based on an assessment by the school or its agent of the extent to which the abilities and aims of the student are matched by the educational opportunities offered by the school. Should your application be successful, you will receive a letter of offer (Offer of Place) and an invoice.

However, you will need to pay the invoice in full before a visa will be granted. If you accept the Offer of Place then this Application for Tuition and the Tuition Agreement shall be the terms and conditions of agreement by which the Tuition shall be provided to the student. The terms must be signed by the parent/s or legal guardian/s if the student is under 20 years of age. (Acceptance of students over the age of 20 years is not generally the school policy but may be considered in exceptional circumstances). The parent/s or legal guardian/s shall be bound by these terms, (If the student is 20 years or over then the duties, obligations and authorisations of the parent/s of the student set out in these terms and conditions shall attach to the student, and all reference to "Parent/s" shall be read accordingly).

With this application please enclose the following:

A certified copy in English of your most recent school report  
Results of any public examinations you have entered  
Letter re medical conditions if necessary  
Recent photo of student

The completed Application and Paperwork can be emailed to :  
[international@horowhenua.school.nz](mailto:international@horowhenua.school.nz)

Margaret Porteous  
Manager of International Students  
Horowhenua College  
P O Box 5540  
LEVIN 5510