

# ST DOMINIC'S COLLEGE

## INTERNATIONAL STUDENT APPLICATION



### YEAR LEVEL:

Year 7  Year 8  Year 9  Year 10  Year 11  Year 12  Year 13

### START DATE:

Term 1  Term 2  Term 3  Term 4  Year: 20[ ] Length of Course: [ ] Terms

### DETAILS OF STUDENT:

Last Name (as on passport): \_\_\_\_\_ Passport Number: \_\_\_\_\_  
First Name (as on passport): \_\_\_\_\_ Passport Expiry Date: \_\_\_\_\_  
Known As: \_\_\_\_\_ Religion: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ First Language: \_\_\_\_\_  
Student Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### PARENTS DETAILS:

Mother's Last Name: \_\_\_\_\_ Father's Last Name \_\_\_\_\_  
Mother's First Name: \_\_\_\_\_ Father's First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Telephone No: ( ) \_\_\_\_\_ Telephone No: ( ) \_\_\_\_\_  
Work Phone No: ( ) \_\_\_\_\_ Work Phone No: ( ) \_\_\_\_\_  
Mobile No: \_\_\_\_\_ Mobile No: \_\_\_\_\_  
Fax No: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

### AGENTS DETAILS (if applicable)

Name of Agency: \_\_\_\_\_  
Agent Address: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Mobile No: \_\_\_\_\_  
Email: \_\_\_\_\_  
Fax No: \_\_\_\_\_

### NEW ZEALAND CONTACT (if applicable)

Name of Contact person: \_\_\_\_\_  
Address (in NZ) \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Mobile No: \_\_\_\_\_  
Email: \_\_\_\_\_  
Fax No: \_\_\_\_\_  
Relationship to you:  
Relative  Family Friend  Parent

### EDUCATION DETAILS

How many years have you studied English? \_\_\_\_\_  
Where did you study? \_\_\_\_\_  
Do your parents speak or read English? \_\_\_\_\_ Speak Yes  Read Yes   
What is your planned future career? \_\_\_\_\_

### ACCOMMODATION REQUIREMENTS

Please read Accommodation – Homestay Policy at [www.stdoms.ac.nz](http://www.stdoms.ac.nz)

Do you wish to have a homestay organised by St Dominic's College? Yes  complete Homestay form No   
I have a family member or close family friend to live with Yes  complete Designate Care form No   
I will be living with my parents Yes  No   
(Please provide copy of your full Birth Certificate stating your parents names and copy of their Passport and Visa)  
Do you need airport pick up? Yes  No

**DESIGNATED CAREGIVER DETAILS (if staying in accommodation not organised by St Dominic's College)**

Name of Caregiver (s): \_\_\_\_\_

Address in NZ: \_\_\_\_\_

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Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email : \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship to you:  Relative (please state) \_\_\_\_\_  Family Friend

Please note a Designated caregiver must be a relative or close family friend of the family. This accommodation must be approved by St Dominic's College prior to the student's arrival. Please provide a copy of the passport (and Visa, if applicable)

By signing this application form, I/We as parents designate the caregiver above to provide accommodation for my/our daughter while she attends St Dominic's College as an International Student subject to the approval of St Dominic's College prior to enrolment

**HOMESTAY APPLICATION**

Are you allergic to animals? Yes  No  Are you a vegetarian? Yes  No

Is there any food you cannot eat or have allergies to? \_\_\_\_\_

Will you have your own computer/laptop Yes  No  Do you object to young children in your home Yes  No

It is usually possible to arrange an internet/phone line (Broadband usage for your use is approx. \$30-\$40 month)

What are your hobbies and interests? \_\_\_\_\_

Anything else we need to know to place you in a Homestay? ie Piano \_\_\_\_\_

Please read the Terms and Conditions for Homestay Application on [colleghomestay@windowslive.com](mailto:colleghomestay@windowslive.com) or [www.stdoms.ac.nz](http://www.stdoms.ac.nz). By signing this application form I/we as parents acknowledge that I/we have read and agreed to the Homestay Terms and Conditions.

**MEDICAL INFORMATION**

Any special medical or learning needs: \_\_\_\_\_

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Emergency contact person Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone No: \_\_\_\_\_

Please tick the following boxes if you suffer from any of the medical conditions:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Back/Neck problems	<input type="checkbox"/> Glandular Fever	<input type="checkbox"/> Bee/Wasp Stings
<input type="checkbox"/> Migraines	<input type="checkbox"/> Hepatitis A or B	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart conditions
<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Allergies (including Panadol/Paracetamol	

Other : \_\_\_\_\_

If you suffer from any of the above conditions, it is advisable to bring your own medication to NZ. As part of signing this application I give permission for St Dominic's College to contact my family doctor if further information is required, or in the case of an emergency. Please note this includes calling an ambulance in an emergency situation and being prescribed over the counter medications (which are suitable) by the certified school nurses when needed ie Panadol etc.

In the event that St Dominic's College is unable to contact you, the parents agree that St Dominic's College will act on your behalf to seek appropriate medical treatment. We confirm that all relevant medical details have been disclosed in this application.

**INSURANCE (Insurance is compulsory for all International students at St Dominic's College)**

We provide either Southern Cross or Unicare insurance and highly recommend both. Please see Insurance Policy requirements section [www.stdoms.ac.nz](http://www.stdoms.ac.nz)

Do you wish to purchase insurance through St Dominic's College? Yes  No

If Yes - Southern Cross  or  Unicare

## USE OF INTERNET AND COMPUTERS

Once this section has been signed students will be provided with an individual logon which will give them access to the College's network. As part of this they will get a personal email address and have access to the internet. They will also be provided with a logon for the College Ultranet which can be accessed remotely.

**STUDENT:** I have read the Student ICT Use Agreement in the Policies and Guidelines ([www.stdoms.ac.nz](http://www.stdoms.ac.nz)) and understand my responsibilities and agree to abide by these. I know that if I break this Use Agreement there may be serious consequences which could include removal from any subject that requires computer use. I understand that downloading movies and music is illegal in New Zealand.

**STUDENT SIGNATURE:** \_\_\_\_\_

**PARENT/GUARDIAN:** I have read the Student ICT Use Agreement and the background information. I have perused the agreement in the Policies and Guidelines with my daughter and explained it's importance and that there may be consequences for breaking the agreement. I understand that my daughter is responsible for her ICT use and that while the school will do it's best to restrict student access to offensive/dangerous or illegal material on the internet or through email, it is the responsibility of my daughter to have no involvement with such mater.

**PARENT SIGNATURE:** \_\_\_\_\_

## PARENT AGREEMENT & ACCEPTANCE OF TERMS:

Offers of course placement will be based on an assessment by St Dominic's College (or it's Agent) of the extent to which the proficiencies and aspirations of the student are matched by the educational opportunities offered by St Dominic's College. Should the application be successful, the student will receive an Offer of Place. However, the student will need to pay the years' fees before a Visa will be granted. If the student accepts the Offer of Place then this application for tuition and the Tuition Agreement shall be the Terms and Conditions of agreement by which tuition shall be provided to the student. **The terms must be signed by a parent or legal guardian if the student is under 20 years old.**

Terms and conditions, Refund Policy, Tuition Agreement available on [www.stdoms.ac.nz](http://www.stdoms.ac.nz) – international

For your application to be considered, please sign the following acknowledgements:

- I/We agree to abide by the rules and policies of St Dominic's College at all times.
- I/We agree the right of St Dominic's College to effect a change of course if this is considered to be in the best interest of my daughter.
- I/We have read, understood and signed the Tuition Agreement which shall apply if my daughter's application is successful.
- I/We have read, understand and agree to the Terms and Conditions of the Refund Policy.
- I/We have read and understand the Homestay Terms and Conditions
- I/We confirm that all the information is true and accurate.

Full Name(s): \_\_\_\_\_

Signature(s) \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Please enclose to following with your Application:

- Certified copy (in English) of your most recent School Report
- Results of any Public Examinations you have entered/achieved

### Completed Application to be sent to :

Director of International Students  
St Dominic's College  
P O Box 21-123 Henderson  
Auckland New Zealand

**Contacts:** Phone (64 9 ) 8390380,  
Fax (64 9) 8390390,  
Email [gfoley@stdoms.ac.nz](mailto:gfoley@stdoms.ac.nz), [stdoms@stdoms.ac.nz](mailto:stdoms@stdoms.ac.nz) [www.stdoms.ac.nz](http://www.stdoms.ac.nz)