



MOUNT ROSKILL GRAMMAR SCHOOL

Ph: (09) 621 0050, Frost Rd, Mount Roskill, Auckland 1041 www.mrqs.school.nz

INTERNATIONAL ENROLMENT APPLICATION

Tick the year level you are applying for

Date of application:

Year 9 (13-14 years)

Year 10 (14-15 years)

Year 11 (15-16 years)

Year 12 (16-17 years)

Year 13 (17-18 years)

Expected Start Date: _____

Expected Finish Date: _____

STUDENT DETAILS

| | |
|-----------------------------|---------------------------|
| Legal surname: | Given Name: |
| Preferred Name: | Gender: |
| Country of Birth: | 1 st Language: |
| DATE of Birth: | |
| Student email: | Student ph: |
| Current school: | |
| Subjects you wish to study: | |
| Aim for your stay at MRGS: | |
| Personal interests/hobbies | |

Applicants are required to provide the Supporting Documentation listed below.

| About the applicant: | Check (✓) | From the parent | Check (✓) |
|--|-----------|--|-----------|
| Birth certificate or passport (copy of visa if applicable) | | School Tuition Agreement (signed) | |
| The most recent school report | | Designated Caregiver Indemnity form (if appropriate) | |
| Testimonials | | Application for Home stay form (if appropriate) | |

AGENT DETAILS

| | |
|-----------------|--|
| Name of Agent: | |
| Contact Details | |

MT ROSKILL GRAMMAR SCHOOL

HEALTH INFORMATION

MEDICAL CONDITIONS: Please ✓ all that apply.

| | | | | | |
|------------------|--------------------------|-----------------|--------------------------|----------------------|--------------------------|
| Asthma | <input type="checkbox"/> | Allergy | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | Heart Condition | <input type="checkbox"/> | Rheumatic Fever | <input type="checkbox"/> |
| Past Head injury | <input type="checkbox"/> | Disability | <input type="checkbox"/> | Emotional problems | <input type="checkbox"/> |
| Hearing problems | <input type="checkbox"/> | Vision problems | <input type="checkbox"/> | Behavioural Problems | <input type="checkbox"/> |

Has this student been vaccinated against common childhood complaints, e.g. Measles. Y/N

What date was the last Tetanus injection? _____

Is this student allergic to any medication (eg. Panadol, antihistamine, Ibuprofen?) Y/N

Please list any allergies: _____

Please give details of **any** medical or behavioural conditions: _____

FAILURE TO DISCLOSE MEDICAL OR MENTAL HEALTH CONDITIONS MAY AFFECT ENROLMENT. (Students may be sent home without refund).

If my child needs it, I give permission for the school nurse to give my child: (Please ✓)

- | | | |
|--------------------------------------|------------------------------|-----------------------------|
| • Panadol / Mylanta / Throat Lozenge | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Ibuprofen | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Antihistamine | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Ventolin if required | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

I give permission for my child to receive health care and treatment at the school based health clinic.

This can include Doctor and Physiotherapist visits on site.

I consent for my child to be taken to a medical facility or clinic if deemed necessary.

I agree to meet any costs incurred.

Parent's Signature:

All International students must have medical and travel insurance. This can be obtained from the school or purchased privately. All insurance must be approved by the school.

DESIGNATED CAREGIVER/PARENT REPRESENTATIVE IN NZ

I wish my child to live: (*choose one*)

- In a school arranged home stay (*Fill in the Homestay form attached*)
- With a designated caregiver (*See below, and fill in Designated Caregiver form*)

If the student plans to live with a relative or close family friend, please give details below. All caregivers will be visited by the school and Police checks carried out.

| | |
|--------------------|---------------|
| Name of caregiver: | Relationship: |
|--------------------|---------------|

Address:

Phones:

Email:

EMERGENCY DETAILS IN NZ (if different from above):

| | |
|-------|---------------|
| Name: | Relationship: |
|-------|---------------|

Contact Details:

STUDENTS ARE NOT PERMITTED TO LIVE IN A 'FLATTING' SITUATION WHILE AT MT ROSKILL GRAMMAR SCHOOL.

PARENT'S DETAILS

| Mother | Father |
|----------------------------------|----------------------------------|
| Surname: _____ | Surname: _____ |
| Given Name: _____ | Given Name: _____ |
| Address: _____ _____ _____ | Address: _____ _____ _____ |
| Home phone: _____ | Home phone: _____ |
| Work phone: _____ | Work phone: _____ |
| Mobile: _____ | Mobile: _____ |
| Email: _____ | Email: _____ |

Why did you choose Mount Roskill Grammar?

- Family ties Agent friend referral Website Location
 Value Other Please explain _____



Declaration by parents:

1. I guarantee the good behaviour of the student in New Zealand
2. I accept the right of the school to change courses if this is seen to be in the best interest of the student.
3. I have read and understood the Tuition Agreement, and the refund and fee protection policies which shall apply if the application is successful.
4. I understand the Student must live either in accommodation approved of and monitored by Mount Roskill Grammar School, or with his/her parent.
5. I consent for my child to receive health care at the school or to be taken to the doctor of medical centre if necessary.
6. I give permission for the school to make a decision on the advice of a medical practitioner in a medical emergency.
7. I have read and understand the circumstances under which any contract with Mount Roskill Grammar School may be terminated.
8. I undertake to inform the school within two weeks of any change of the applicant's home address.

Signed: _____ (Mother or Father)

Full name: _____ Date: _____

DECLARATION MUST BE SIGNED BY A PARENT, NOT AN AGENT OR GUARDIAN

STUDENTS MUST BE ACCOMPANIED BY AN ADULT ON THEIR FIRST SCHOOL VISIT

OPPORTUNITY

DIVERSITY

PERMISSIONS, AGREEMENTS and GUARANTEES

School Expectations and Uniform Requirements

Applicant: I have read the Permissions, Agreements and Guarantees listed above, the school expectations and the uniform requirements. My signature below indicates that I agree to abide by the school rules and the uniform requirements and that I will attend school regularly, respect the right of others to learn, wear the correct Mount Roskill Grammar School uniform and do my best to bring credit to the school, myself and my family.

Parent or Guardian: I have read the Permissions, Agreements and Guarantees, the school rules, and the uniform requirements. I agree to support the school by ensuring that the applicant abides by the school expectations, attends school regularly, respects the right of others to learn, and wears the correct Mount Roskill Grammar School uniform every day.

'On Foot' Excursions

Parent or Guardian: I understand that the applicant may be involved in activities which require walking off the school campus under the jurisdiction of members of staff (such as cross country runs and walking along and crossing public roads to areas surrounding the school). My signature below indicates that I give permission for the applicant to participate in these 'on foot' excursions. I am aware that excursions (trips) requiring transport will be individually and expressly authorised.

Publication and Display of the Applicants' work and Photographic Image.

It is the School's policy to display students' work wherever possible (including newsletters, prospectus, yearbook, open day displays, website etc) and to use their image, individually or as part of a group, in the same school publications. The Privacy Act requires that we have the permission of the students and their parents to do so.

Applicant: My signature below indicates that I give permission for the school to display my work and image in the school publications listed above.

Parent or Guardian: I am aware that under the Privacy Act the school requires my permission for the display or publication of my child's work or photograph. My signature below indicates that I give my permission for the school to display or publish my child's work in the school publications as listed above.

BYOD – Bring Your Own Device

We expect year 9 students at MRGS to bring devices to class. This means that the device is owned by the students / family and goes home with them at the end of the day. Digital technology is now a vital component of learning to enable our students to be work-ready when they leave our school. Students benefit from bringing in their own devices to use in class.

We recommend a laptop/notebook or Chromebook that connects to our Wi-Fi as we are a Google Apps for Education School. Many students bring a smartphone to school, this is **NOT** a BYOD learning device as it is limited not only by its size but by its applications. Please note that students do not need to purchase the Microsoft Office Suite as it is provided by the school. Harvey Norman is our preferred supplier.

For any BYOD queries, please contact Lorraine Vickery: Director of E-Learning. lorraine.vickery@mrgs.school.nz

Cybersafety Use Agreement. To the student, and parent/legal guardian/caregiver.

I have read and agreed to the digital citizenship agreement

We understand that Mount Roskill Grammar School will:

- do its best to keep the School cybersafe, by maintaining an effective digital citizenship programme. This includes working to restrict access to inappropriate, harmful or illegal material on the Internet or school ICT equipment/devices at school or at school-related activities, and enforcing the citizenship guidelines and responsibilities detailed in use agreements
- keep a copy of this signed use agreement form on file
- respond appropriately to any breaches of the use agreements
- provide members of the school community with education around digital citizenship designed to complement and support the use agreement initiative
- welcome enquiries from students or parents around digital citizenship
- provide an avenue for complaints/concerns around harmful digital communications for all members of our school community to access.

My signature below indicates that I agree to meet the expectations as listed above.

I guarantee that the information I have provided in this application is correct to the best of my knowledge.

I am aware that any misleading information given in this document may affect the validity of the applicant's enrolment.

I am aware that the information provided will be used by the School for educational purposes.

I fully understand that the applicant will be included in routine health checks when necessary.

Signature of applicant _____

Date _____

Signature of Parent (Guardian/Caregiver) _____

Date _____