



OXFORD AREA SCHOOL

52 Bay Road, Oxford 7430, New Zealand

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email: international@oxford.school.nz

www.oxford.school.nz

How to Apply

If you have any questions about Oxford Area School or living in New Zealand, please feel free to ask us by emailing international@oxford.school.nz.

While we do accept direct applications, we also work with education agents around the world who can help you with the entire process. If you would like to use an agent, please contact us for information about trusted agents in your country.

Once you are ready to apply to study at Oxford Area School, please do the following:

1. Read the International Students Policy and the [summary of the Code of Practice for Pastoral Care of International Students](#)
2. Read and sign the Fee Protection and Refund Policy
3. Fill in and sign the International Enrolment Application
4. Read and sign the International Students Tuition Agreement (must be signed by student and parents)
5. Fill in and sign the Indemnity Declaration for Homestay Caregiver
6. Send the signed documents either:
 - * By email to international@oxford.school.nz
 - * By fax to +64 3 312 4824
 - * By post to Oxford Area School, 52 Bay Road, Oxford 7430, New Zealand
7. Include the following with your application:
 - * A copy of your passport
 - * Your most recent school report (with a brief explanation in English)
 - * A letter of recommendation from the Principal or a teacher at your most recent school (in English)

We will let you know by email that we have received your application and we will consider it as soon as possible. Successful applicants will be issued an invoice for fees and an Offer of Place.

International Student Enrolment Application

Student details

Family name:

First name:

Preferred name:

Date of birth:
(date/month/year)

Nationality
(as shown in passport):

Passport number:

Passport expiry:

Visa type/status:

Date of first entry into New
Zealand:

Address (in home country):

Phone (in home country):

Details of parent/legal guardian enrolling student

Family name:

First name:

Preferred name:

Date of birth:
(date/month/year)

Nationality
(as shown in passport):

Passport number:

Passport expiry:

Address (in home country): Tick if same as student or enter below

Home phone:

Cell phone:

Email:

Enrolment

Length of enrolment:

Insurance

Your child must have medical and travel insurance to cover the period of study, from leaving home to returning home. Please provide copies of these insurance policies in English.

Health

Vaccinations (please list OR provide a vaccination certificate in English):

Date received:

Has the student had a Tetanus injection in the last 5 years?

Yes

No

Has the student been in contact with any contagious diseases within the last 3 months?

Yes

No

If yes, please give details:

Medical conditions (please list):

Enter any medication required:

Allergies (please describe):

Enter any medication required:

Does the student suffer from any disability?

Yes

No

If yes, please give details:

ACCOMMODATION

Students under 10 years old

Students under 10 years of age must live with a parent or legal guardian.

My child will be living with me (parent/legal guardian).

Students 10–17 years old

Students aged 10–17 years must live with a parent or legal guardian, or a residential caregiver.

My child will be living with me (parent/legal guardian).

My child will be living with a designated caregiver (relative or close family friend designated in writing by me, the parent/legal guardian)

Complete the Indemnity Declaration for Designated Caregiver. (if applicable)

My child will be living with a homestay caregiver.

Complete the Indemnity Declaration for Homestay Caregiver.

Group students

Group students under 10 years of age must live with a parent or legal guardian.

Parent/legal guardian living with student in New Zealand

Family name:

First name:

Preferred name:

Date of birth:
(date/month/year)

Nationality
(as shown in
passport):

Passport
number:

Passport expiry:

Visa type/status:

Date of first
entry into New
Zealand:

Address
(in home
country): Tick if same as student or enter below

Home phone
(in home
country):

Cell phone:

Email:

Address
(in New
Zealand)
:

This is the
address where
you and the
student will be
living.

Home phone
(in New
Zealand):

Cell phone:

Designated caregiver living with student in New Zealand

Relationship to student:

Family name:

First name:

Preferred name:

Is the designated caregiver a New Zealand citizen or resident?

Yes (keep answering from "email" below) No (if no, please complete details below)

Date of birth:
(date/month/year)

Nationality
(as shown in
passport):

Passport number:

Passport expiry:

Visa type/status:

Date of first entry into New
Zealand:

Address (in home
country):

Home phone (in home country):

Cell phone:

Email:

Address (in New Zealand):

This is the address where the
designated caregiver and the

student will be living.

Home phone (in New Zealand):

Cell phone:

ABOUT THE STUDENT

General information

Briefly tell us about your aspirations for your child while they live in New Zealand, e.g. reasons for coming to New Zealand.

Briefly, tell us about your child's interests e.g. sports, cultural, music.

Education

Does your child have any special learning needs? Yes (if yes, please describe below) No

Previous school(s) in New Zealand (please answer if applicable)

School name:

Dates enrolled/attended:

Blanket Consent for EOTC

Option 1:

I give my general approval for the student enrolled to participate in off-site programmes of learning, within his or her normal classroom time allocation and approved by the principal.

OR

Option 2:

Education Outside The Classroom (EOTC) is the name given to all events/activities that occur outside the classroom, both on and off the school site. This includes sport.

- Our school believes in using a range of environments and experiences to enhance our students' learning.
- We have ready access to the beach, rivers, mountains, and the bush in our area and beyond. We are also close to various built environments in our community. These areas are rich learning environments for our students both in and out of school. They need to learn how to be safe. Our school also values the concept of providing students with opportunities. Thus some of the learning for students occurs beyond the school site and this document is seeking your consent for your child/ren to participate in such learning

The Ministry of Education's **EOTC guidelines** identify four EOTC activity types, each with recommended types of parental/caregiver consent. In brief they are:

Type of event	Description	Type of consent
A	On site- in the school grounds (i) Lower risk environments (ii) Higher risk environments*	(i) No consent sought or blanket consent (ii) Separate consent for each event or programme
B	Off-site events in the local community occurring in school time. (i) Lower risk environments (ii) Higher risk environments*	(i) Blanket consent at enrolment. (ii) Separate consent for each event or programme
C	Off-site events - finishing after school finishes (i) Lower risk environments (ii) Higher risk environments*	(i) Blanket consent at enrolment. (ii) Separate consent for each event or programme
D	Off-site residential overnight events (i) Lower risk environments (ii) Higher risk environments*	(i) Separate consent (ii) Separate consent for each event or programme

*Involves risk assessed to be greater than that associated with the average family activity.

All EOTC activity categories require staff to undertake an analysis of the risks, and identify the management strategies required to eliminate, isolate and minimise the risks. Emergency procedures are also in place.

BLANKET CONSENT

I/we agree to the participation of _____ In *lower risk* category **A** and **B** and **C**

EOTC events while a student _____ at school

I/we have provided the school with up to date medical, supervision and learning information through the enrolment form and will make every endeavour to keep this information current.

Name: _____ **Signature:** _____

Date: _____

Name: _____ **Signature:** _____

Date: _____

Use of Internet and Computers

Please read the Student Computer and Internet Use Agreement, and the BYOD Agreement attached.

Section for Parent/Legal Guardian: Computer and Internet Use:

I have read this Agreement and understand that my child is responsible for using school equipment and the Internet as outlined here.

I have gone through the Agreement with my child and explained its importance, and that there may be consequences for breaking the Agreement.

I understand while the school will do its best to restrict student access to offensive, dangerous, inappropriate at school, or illegal material on the Internet or through e-mail or text messaging, it is the responsibility of my child to have no involvement in such material.

I give my permission for _____ to be given access at school to global information systems such as the Internet or e-mail.

BYOD (applicable if student brings their own laptop/tablet to Oxford Area School):

I understand and understood the BYOD Agreement. I give permission for my son/daughter's device to be audited on request by a teacher or IT staff member.

Parent Signature:

Date:

Section for Student: Computer and Internet Use:

I have read the Student Computer and Internet Use Agreement and know the importance of the school rules for the use of computers and the Internet.

I know that if I break these rules, I might lose the right to use a school computer, and the school may take other disciplinary action against me, which could include my removal from any course that involves computer use.

BYOD (applicable if you bring your own laptop/tablet to Oxford Area School):

I understand and will abide by the BYOD Agreement. I also understand that any breach of these policies may result in the loss of my privilege and further disciplinary action by the school. I give permission for my device to be audited on request by a teacher or IT staff member.

Student Signature:

Date:

Declaration

Please read the Policies and Procedures Document, Behaviour Expectations and Homestay Rules and Guidelines attached

I _____ (student) have read and understood the conditions of being an international student at Oxford Area School and agree to abide by the rules of the school. If I am living in a homestay organised by Oxford Area School, I agree to abide by the Homestay Rules and Guidelines and to do my best to fit in with the lifestyle of my homestay family.

Student Signature:

Date:

We (parents) accept authority of Oxford Area School and all the provisions as set out in the Policies and Procedures Document and are aware that Oxford Area School will act according to the Code of Practice for the Pastoral Care of International Students www.nzqa.govt.nz/providers-partners/caring-for-international-students.

Father's Name:

Signed:

Mother's Name:

Signed:

Note: Failure to disclose relevant information or the provision of false information may result in termination of enrolment.

DECLARATIONS

Please read these statements carefully and ensure you understand them.

I have been informed about and received a summary of the Code of Practice for International Students. Yes No

I have received a copy of the school's Orientation Booklet Yes No

I understand the costs involved with enrolment, and the school's policy regarding fee refunds and protection. Yes No

I confirm all the information contained in this enrolment application is true and correct to the best of my knowledge.

I acknowledge that if I have provided false information or withheld relevant information, the school may terminate the enrolment.

I will inform the school if there are any changes to the details of this application.

Parent/legal guardian name:

Parent/legal guardian signature:

Date: _____

DOCUMENTATION

Please provide the following documents (copies or originals) with this application:

Student's passport and visa details

Passport of person who will be living with the student and visa details

Indemnity Declaration for Homestay **OR**

Designated caregiver agreement (if applicable)

Immunisation certificate (in English) for student

Tuition Agreement

Evidence of medical and travel insurance (unless done through the school)

EOTC consent form

Student Computer and Internet Use Agreement and BYOD Agreement
