



U18 Student Agreement Form

STUDENT DETAILS

Given/First Name	Family/Last Name	Preferred Name

Gender	Date of Birth	Student ID Number	Date of arrival in NZ
<input type="checkbox"/> Male <input type="checkbox"/> Female			

PARENT DETAILS

Mother's Name

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Address in New Zealand	NZ Home Telephone	NZ Mobile Number
	NZ Work Telephone	Email

Address in Home Country	Home Country Telephone	Home Country Mobile Number
	Home Country Work Number	Email

Father's Name

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Address in New Zealand	NZ Home Telephone	NZ Mobile Number
	NZ Work Telephone	Email

Address in Home Country	Home Country Telephone	Home Country Mobile Number
	Home Country Work Number	Email

DETAILS OF NZ EMERGENCY CONTACT

Name	Relationship to Student	
Address in New Zealand	NZ Home Telephone	NZ Mobile Number

	NZ Work Telephone	Email

ICL Education Group

Please tick the type of accommodation your son/daughter stay and live with.

ICL-arranged homestay

"ICL homestay application form" needs to be filled.

A Designated Caregiver appointed by the parent(s)

(*Please note that 'Designated Caregiver' means a relative or close family friend designated in writing by the parents of an international student as the caregiver and accommodation provider) The designated caregiver will be subject to approval by the Schools and the Schools are not responsible for the student's care when the student is in the custody of the designated caregiver, appointed by the student's parents. The school's approval of the designated caregiver may be withdrawn at any time. In the event the school withdraws its approval of the designated caregiver, the agreement is terminated and the student will be placed in alternative accommodation by the School at the full cost and expense of the parent.

Name

Address (same address as the student in NZ)

Phone Number

Occupation

Email

Relationship to student

With a parent (parent must accompany the student to school on the first day and bring their own valid visa and passport)

Email

Phone number in NZ

Address in NZ

A non-ICL Homestay

Education Consultant

(An "Education Consultant Appointed Homestay Form" needs to be provided)

A local high school homestay family

School name

A "Confirmation Letter issued by Local High School" needs to be provided)

2 Responsibilities of residential caregivers (Homestay or Designated Caregiver);

- The residential caregivers must contact the School if the student will not be attending because of illness. Notification should take place as soon as possible (e.g. on the morning of the first day that the student will not be able to attend)
- Residential caregivers should communicate student travel details to and from caregiver residences.
- If a student requires non-urgent medical attention, the residential caregiver should take the student to their GP, to the caregiver's own GP if the student does not have one or refer the student to the on-site Student Health Centre if the signatory has one.
- In the event of a medical emergency involving the student the residential caregiver should obtain medical assistance immediately and notify the accommodation or pastoral care person as soon as possible. It is the School's responsibility to notify the parents.
- Residential caregivers should advise the School of family and student travel plans, and other student absences from the residence.
- Residential caregivers must adhere at all relevant transport safety legislation, including those relating to the use of car restraints and bike helmets, and not overloading passenger vehicles.

3 Please tick to agree.

- I understand we must inform ICL immediately if the student's living situation changes in any way at any time.
- I understand that ICL will contact the above-nominated person to conduct an over-the-phone safety and suitability assessment. Depending on the outcome, a home visit may also be required to ensure it is compliant with the Education (Pastoral Care of International Students) Code of Practice 2021. I understand that in the case that a home visit is required will pay a fee of \$300.
- I understand that if the student is staying with designated caregivers, the designated residential caregiver assessment (police vetting, home visit, etc.) by ICL staff for a fee of \$300 is mandatory in all cases.
- I designate the designated caregiver above to provide accommodation for my child during the above-mentioned dates and make decisions related to the student and be responsible for them on my behalf when I am not contactable.
- I certify that the information provided on this form is true and correct.
- I understand that ICL Education Group will make every endeavor to ensure the safety and welfare of my child while at school. Should there be any concerns about the welfare of the student, the appropriate department will be consulted and the concerns will be discussed with the Designated Caregiver and parents of the student.
- I understand that ICL Education Group is not responsible for the student outside of school hours whilst in the care of the designated caregiver.

AIRPORT TRANSFER

The well-being and safety of international students are NZLC's top priority during their studies. The ICL education group only accepts young learner students if we have full details of their arrival and departure.

Arrival Date

Arrival Time

Flight Number

Who will pick up the student from the airport to the accommodation?

Please tick below and write the person's full name in English

- Parent(s): _____ Close family friend(s): _____
- Homestay Family: _____ Designated Caregiver(s): _____
- Agent(s): _____ (School) driver or other: _____

***Phone Number of the person above _____

HEALTH AND MEDICAL DISCLOSURE

1 Please tick if you have any of the following:

- Migraine Epilepsy Asthma
- Diabetes Travelsickness Chronic nose bleeds
- Heart condition ADHD

Other (Please specify)

2 Is your child currently taking medication? Yes No

If YES, please state: health condition/s:

Name of medication/s:

Dosage and time/s to be taken:

Other treatment:

3 Is your child allergic to any of the following?

Prescription medication

- Yes No

Food

Yes No

Insect bites/stings

Yes No

Other allergies

Yes No

If yes to any of the allergies, what treatment is required?

4 Is there any information the staff should know to ensure the physical and emotional safety of your child?

(For example, cultural practices; anxiety; heights/darkness/small spaces; behavioral or emotional problems. IF YES, please state or attach the information.

5 Please tick to agree

- I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labeled, securely fastened, and handed to the designated adult with correct administration instructions.
- I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.
- I agree to my child receiving any emergency medical, dental, or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.
- Any medical costs not covered by ACC (Accident Compensation Corporation) or my insurance company will be paid by me.
- If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will be sent home at my expense.
- In the event of any emergency, I agree to the Schools sharing medical information that I have provided above with emergency services, Police, Doctors, and hospitals as required.
- The Schools may publicly disclose my child's name in cases of emergencies or a serious breach of school policies and procedures.

HANDOVER PLAN

The Handover plan is for International students under 18 years when their ICL course finishes. The well-being and safety of international students is ICL's top priority during their studies. The Education (Pastoral Care of International Students) Code of Practice Amendments 2021 requires close communication between the Parents and the School about each transfer of care arrangement during the period of enrolment.

1. Who will be responsible for your child after their ICL course?

Please tick below and write the person's full name in English.

Name: _____ Mobile Number: _____

Relationship to student: _____

2. Who will accompany the student from his/her current accommodation to the next accommodation?

Please tick below and write the person's full name in English

- Parent(s): _____ Relative(s): _____
- Close family friend(s): _____ Homestay Family: _____
- Designated Caregiver(s): _____ Agent(s): _____
- (School) driver or other: _____

*** Phone Number of the person above _____

3. Who will pick up the student from the School on his/her last day?

Please tick below and write the person's full name in English

- Parent(s): _____ Relative(s): _____

Close family friend(s): _____ Homestay family: _____

Designated Caregiver(s): _____ Agent(s): _____

(School) driver _____

***Phone Number of the person above _____

4. Please indicate the student's future plan after he/she finishes the current course.

Please tick below

Going to extend the course at ICL

Going back to his/her country; who will take the student to the airport or a temporary accommodation? _____

Going to another school, school name: _____

Travelling with; _____

Other/Undecided _____

*** Phone Number of the person above _____

***Please indicate any hand-over plan that is different from the questions above

STUDENT CODE OF CONDUCT

I am under 18 years old and I understand that I have to abide by the school rules and procedures of the Schools.

1. I will attend all my classes and I will come to school on time every day.
2. If I am late to school, I will call/text 021-780-793 before 9:00 am.
3. If I will be absent from school for being sick or any other reasons, I will call/ text 021-780-793 before 9:00am.
4. I will be home by 6:00 p.m. every day from Mon to Fri.
5. If I wish to stay out late during weekends, I will get permission from the school and my parents. My parents are required to confirm this via email: studentsupport@icl.ac.nz
6. I will not smoke. I will not drink alcohol.
7. I will not use bad language or bad sign language.
8. I will concentrate on the lesson. I will not touch my mobile phone in class except to help me understand English.
9. I will not bully, assault, or fight with other students or staff members.
10. I will not be in possession or use knives or other weapons.
11. I will not engage in any activity of sending messages or images that may offend or harass another person by means of mobile phone/Facebook or social media including WeChat.
12. I will not download or distribute offensive or copyrighted materials via the Internet or through social media and/or through digital devices such as mobile phones and computers etc.
13. I understand that I will be given a first warning letter for: (1) violating school rules or unacceptable behavior or low attendance and (2) unacceptable behavior at homestay.
14. If my behavior does not improve, I will receive a second and then a third and a final warning letter, I may be withdrawn from the school and I will not be able to attend class anymore. I will not be entitled to a refund.
15. I understand the school also has the right to withdraw me without warning at the discretion of the Principal or the CEO, in the event of any withdrawal, Immigration NZ will be informed of my conduct. This may lead to the cancellation of my visa.
16. I understand that I have the right to have a person of my choosing to support and help me at meetings with school staff regarding my behaviour or attendance.

Signed (Student):

Date:

TERMINATION OF ENROLMENT

1. The Schools reserve the right to terminate the student's enrolment if the student is in breach of the tuition agreement or/and the student contract (including conduct that occurs while the student is not under immediate supervision or control of the Schools.)
2. Any disciplinary action is dealt with in accordance with the principles of natural justice.

MODEL RELEASE

For valuable consideration received, I grant the Schools the irrevocable and unrestricted right to use and publish photographs of my child, or in which my child may be included, for editorial, trade, advertising, and any other purpose and in any manner and medium; and to alter and composite the same without restriction and without my inspection or approval. I hereby release the Schools' legal representatives and assigns from all claims and liability relating to said photographs.

I agree with the Schools using photographs of my child for any of the said purposes above.

PRIVACY ACT

*The Schools shall comply with the Privacy Act 1993 during the enrolment process and during the student is enrolled at the Schools.

PARENT/LEGAL GUARDIAN DECLARATION

By signing this declaration, I (full name of Parent or Legal Guardian)

[Redacted signature area]

declare that I have read, understand, and agree to the conditions provided above. The information that I have provided is true and accurate to the best of my knowledge. Furthermore, by signing this document, I declare that:

- I have read and explained the Student Code of Conduct to my child and that he/she has signed the Student Agreement
- I have disclosed all medical information to the Schools to the best of my knowledge.
- I understand that my child must have appropriate medical insurance to study at the Schools.
- I understand that my child must have a valid visa to study at the Schools.
- I understand that any breaches of the conditions above or provision of false information may result in disciplinary action being taken as per the Schools' policy including breaches being reported to Immigration New Zealand which may result in the loss of my child's eligibility to study at the Schools.
- I confirm that from the final date of the course or ICL-arranged homestay I release ICL from all liability concerning my child and they will no longer be under ICL's care.
- My son/daughter is allowed to go on trips/activities organized by the Schools.
- The Schools may publicly disclose my child's name in cases of emergencies or a serious breach of school policies and procedures.
- I agree to photographs of my child being used for all said purposes by the Schools.
- I declare that the above information provided is true and accurate and understand that if this information is deemed unsatisfactory, the ICL education group has the right to decline the request.

Signed by Parent or Legal Guardian

[Redacted signature area]

Date

[Redacted date area]