



WAIMEA COLLEGE

WAIVER TO TRAVEL WITH HOST PARENTS

I/We give permission for my son/daughter to be allowed to travel throughout New Zealand with their nominated host family. This can only occur when all sufficient information is provided to the school and they are satisfied that this information is complete and accurate.

PRIVACY ACT 1993

I/We hereby acknowledge and authorise Waimea College to collect, store, use and disclose the information provided on this form (which is correct and accurate) for the purpose of enrolment, general administration of the school and general care and welfare of my/our child/children during the term of enrolment with the school and we agree to update the information as necessary.

- For the purposes of the Privacy Act 1993, I hereby acknowledge and understand that:-
 - This information has been provided voluntarily and I/We had a choice as to whether to complete all parts of the form or not.
 - The Board of Trustees of Waimea College is collecting this information for the purposes of providing a database relating to the future education, guidance, monitoring and reporting of the student's progress and pastoral care.
 - The information collected may be aggregated for a variety of statistical and research purposes, but ensuring that no individuals can be identified.
 - The student's work and/or photograph may appear in school publications and unless advised otherwise, it is understood that the school has consent to the publication of work and/or photographs of the student that may appear in such school publications including newsletters, prospectus, magazine and advertising material.
 - The school may disclose names, addresses and telephone numbers to the Parent-Teacher and Past-Pupils' Associations.
- Contact details on this form maybe forwarded to the Ministry of Social Development. This is required by law so at risk young people can be identified and offered support by organisations contracted to help re-engage young people in education or training when they leave school. The information will not be used for any other purpose.

ENROLMENT AGREEMENT

Fee Payer / Parent(s)

1. I/We guarantee the good behaviour of this student while attending Waimea College and understand that unsatisfactory behaviour and attendance will result in exclusion and suspension procedures being followed which could result in cancellation of the student's right to study at Waimea College and their removal from Homestay accommodation.
2. I/We guarantee full and accurate medical information for this student has been disclosed. I understand failure to include all past and present conditions may result in the termination of the enrolment and may affect Insurance purchased through Waimea College.
3. I/We accept the right of Waimea College to change the course of study if this is in the best interest of the student.
4. I/We give permission for my son/daughter to attend any camps/outdoor activities organised by the school, and I/We agree to pay additional costs incurred.
5. I/We accept the right of Waimea College to decline this student enrolment, without explanation, at the discretion of the Director of International Students.
6. While all care is taken, Waimea College does not accept any liability for any loss, damage or accidents that may occur. This is why all students are required by law to have Travel and Medical Insurance to cover them for any accident or damage.
7. I/We accept to pay the fees required and the conditions of the Refund Policy.
8. I/We have read and understood the rules and regulations in the handbook of Waimea College.
9. I/We understand that any disputes in relation to this agreement will be settled only in accordance with New Zealand Laws and under the jurisdiction of the New Zealand Courts.
10. I/We will notify Waimea College of any changes in our contact details, accommodation type, residential address and immigration status.

DECLARATION: *The information given on this form is true, complete and correct. I have read, understood and agree to all the Conditions of Enrolment in the application package.*

Father's Name		Signature		Date	
Mother's Name		Signature		Date	
Student's Name		Signature		Date	