

U18 Application to Enrol at ICL Education Group

18 周岁以下学生于 ICL 教育集团入学申请表 STUDENT DETAILS 学生信息

Given/First Name 名 _____

Family/Last Name 姓 _____

Preferred Name 更愿意别人如何称呼自己 _____ Student ID Number 学生证号 _____

性别 男 女 Date of Birth 出生日期 _____

PARENT DETAILS 家长信息	
Mother's Name 母亲姓名	
Father's Name 父亲姓名	
Address in New Zealand 纽西兰地址	
NZ Home Telephone 纽西兰住址电话	
NZ Mobile Number 纽西兰手机号码	
NZ Work Telephone 纽西兰工作电话	
Email 邮箱	
Address in Home Country 国内住址	
Home Country Telephone 国内电话号码	
Home Country Mobile Number 国内手机号码	
Home Country Work Number 国内工作电话	
Email 国内邮箱	
DETAILS OF NZ EMERGENCY CONTACT 纽西兰紧急联系人信息	
Name 姓名	
Relationship to Student 与学生之关系	
Address in New Zealand 纽西兰住址	
NZ Home Telephone 纽西兰住址电话	NZ Mobile Number 纽西兰手机号码
NZ Work Telephone 纽西兰工作电话号码	Email 邮箱

INDEMNITY 赔偿条款

1. Government regulations require we have contact addresses for all overseas students. Auckland English Academy, ICL Graduate Business School and Bridge International College ('the Schools') will communicate regularly with students who are under 18 years old. 政府规定要求我们留有所有海外学生的联系人地址。

(以下简称“校方”)会定期与18周岁以下学生沟通。

Parent/Guardian (Overseas) 父母/ (海外) 监护人 Please choose one option 请选择一项

My son/daughter will stay in the Schools' homestay

我的儿子/女儿会住在校方的寄宿家庭

My son/daughter will stay with Parent(s)/ or Designated Caregiver

(close family friend) in New Zealand 我的儿子/女儿会与父/母 (或双亲) 或者与在纽西兰的指定看护人 (亲近的家属朋友) 住在一起。

2. Parent/Designated Caregiver's* details in New Zealand:

(*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)

父母/指定看护人*在纽西兰的具体信息: *请注意“指定看护人”是指由国际学生之父母用书面形式指定其为看护人并提供住宿的一名亲属或亲近的家属朋友)

姓名	
Address (same address as the student in NZ)	
住址 (与学生在纽西兰的地址相同)	
Phone Number 电话号码	
Occupation 职业	Email 邮箱
Relationship to student 与学生的关系	

3. The designated caregiver will be subject to approval by the Schools and that 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 Schools will visit the above accommodation to ensure it is compliant with the Education (Pastoral Care of International Students) Code of Practice 2016. ('The Code') 指定看护人需经过**校方**批准，且当学生在其父母所任命的指定看护人监护下时**校方**不负责照顾学生。**校方**会拜访上述住宿地以确保其符合2016年教育（国际学生关爱辅导）行业规则。（以下简称“行业规则”）

*Please tick to agree *请打勾同意

My son/daughter is allowed to go on trips/activities organized by the Schools.

我的儿子/女儿可以参加**校方**组织的出行/活动。

The Schools may publicly disclose my child's name in cases of emergencies or a serious breach of school policies and procedures. 在紧急情况下或严重违反学校规定与程序的情况下**校方**可以透露我孩子的姓名。

I certify that the information provided on this form is true and correct.

我证实在这份表格上所提供的信息真实准确。

Responsibilities of residential caregivers (Homestay or Designated Caregiver):

住所看护人的职责(寄宿家庭或指定看护人):

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) 如果学生因病不能上课，住所看护人必须联系**校方**，且应尽快作出通知(例如：在学生不能上课的第一日上午)

Residential caregivers should communicate student travel details to and from caregiver residences.

住所看护人应传达学生往来看护人住址间的路途细节。

If a student requires non-urgent medical attention, the residential caregiver should take the student to their general practitioner, 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. 如果学生需要非紧急医疗帮助，住所看护人应带学生找其全科医生就诊，如果学生没有全科医生则应带去看护人自己的全科医生就诊；或如果签约院校有校内的学生健康卫生中心，则介绍学生去学校的此类机构。

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. 在发生涉及该学生的紧急医疗事件时，住所看护人应立即寻得医疗援助，并尽快通知校方管辖区住宿或学生关爱辅导的人员。**校方**负有通知该学生父母的职责。

Residential caregivers should advise the School of family and student travel plans, and other student absences from the residence.

住所看护人应告知**校方**其家庭旅行计划和学生旅行计划，以及不在看护人住地的其他情况。

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. 住所看护人必须遵守所有相关的交通安全法律规定，包括有关驾车限制和戴自行车头盔，以及客车不能超载的规定。

HEALTH AND MEDICAL DISCLOSURE 健康与医疗状况

1. Please tick if you have any of the following: 如果您有任何以下病情请勾选：

Migraine 偏头痛 Epilepsy 癫痫 Asthma 哮喘 Diabetes 糖尿病 Travel sickness 旅途眩晕（晕车/船/机）
 Chronic nose bleeds 慢性流鼻血 Heart condition 心脏问题 ADHD 多动症

2. Is your child currently taking medication? 您的孩子目前正在服药吗？ Yes No 是否

If YES, please state: health condition/s: 如是，请说明：健康问题：

Name of medication/s: 药名：

Dosage and time/s to be taken: 服用剂量与次数：

Other treatment: 其他治疗：

3. Is your child allergic to any of the following? 您的孩子是否对以下任何一项过敏？

Prescription medication 处方药 Yes No 是否

Food 食品 Yes No 是否

Insect bites/stings 昆虫叮咬 Yes No 是否

Other allergies 其它过敏情况 Yes No 是否

If yes to any of the allergies, what treatment is required? 如有以上任何过敏反应，需要何种治疗手段？

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; behavioural or emotional problems. IF YES, please state or attach the information.) 为确保您孩子的身心安健，您有没有哪些信息是我们的教职员工应该了解的？（例如，文化习俗；焦虑；恐高、怕黑、惧怕狭小空间；行为或情绪问题。如是的话，请说明或附上情况信息。）

5. Please tick to agree 请打勾同意

I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this.

我同意如果开出的处方药需人管理，将指派一名指定的成年人去做。

I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with correct administration instructions.

我将确保处方药标签明晰，固定牢固且连同正确的管理指南交给了指定的成年人。

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.

我将尽快通知学校从现在到发生状况前的医疗或其他情形的任何变化。

I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

我同意我的孩子接受在场医疗人员认为必要的紧急医疗、牙科或外科治疗，包括麻醉或输血。

Any medical costs not covered by ACC (Accident Compensation Corporation) or my insurance company will be paid by me. ACC（事故赔偿公司）或我的保险公司未承保的任何医疗费用将由我支付。

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.

如果我的孩子涉及严重的纪律问题，包括使用非法物品和/或酒精，或威胁他人安全的行为，他或她将被遣送回家，一切费用由我承担。

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. 如果发生任何紧急情况，我同意校方按要求共享我上面提供的医疗信息给紧急医疗服务机构，警察，医生和医院。

STUDENT CODE OF CONDUCT 学生行为准则

I am under 18 years old and I understand that I have to abide by the school rules and procedures of the Schools. 我年龄不满18周岁，我明白我必须遵守校方的校规和程序。

1. I will attend all my classes and I will come to school on time every day. 我会全勤上课且每天按时来学校。

2. If I am late to school, I will call/text 021-780-793 before 9:00 am.

如果我上学迟到了，我会在上午9点之前打电话或发短信到021-780-793。

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.

如果因生病或其他任何原因无法上学，我会在上午9点之前打电话或发短信到021-780-793。

4. I will be home by 6:00 p.m. every day from Mon to Fri.

我会从周一至周五每天下午6点之前到家。

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: accommodation@icl.ac.nz

如果我希望周末在外逗留很晚，我会先征得学校和我父母的许可。我的父母需要通过电子邮件确认此事：accommodation@icl.ac.nz

6. I will not smoke. I will not drink alcohol. 我不吸烟、不喝酒。

7. I will not use bad language or bad sign language. 我不会使用不良语言或不良手语。

8. I will concentrate on the lesson. I will not touch my mobile phone in class.

我会专注上课，课堂上不碰手机。

9. I will not bully, assault, fight with other students or staff members.

我不会欺负、攻击、与其他学生或工作人员打架。

10. I will not be in possession or use knives or other weapons. 我不会拥有或使用刀具或其他武器。

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. 我不会参与通过手机、脸书或包括微信在内的社交媒体发送冒犯或骚扰他人的信息或图片的任何活动。

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.

我不会通过互联网或社交媒体和/或电子设备如手机、电脑等下载或传播冒犯性或受版权保护的内容。

13. I understand that I will be given a first warning letter for: (1) violating school rules or unacceptable behaviour or low attendance (2) unacceptable behaviour at homestay.

我理解如有以下情形我会收到第一封警告信：（1）违反学校规定或有不可接受的行为或低出勤率（2）在寄宿家庭有不可接受的行为。

14. If my behaviour 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 any more. I will not be entitled to a refund. 如果我的行为没有改善，我将会收到第二封警告信，然后是第三封和最后一封警告信。我可能将被学校退学，我将不能再上课。我没有资格退款。

15. I understand the school also has the right to withdraw me without warning at the discretion of the Principal, in the event of any withdrawal, Immigration NZ will be informed of my conduct. This may lead to the cancellation of my visa. 我理解学校在校长酌情决定后，亦有权不经警告即开除我，任何退学情形中，我的行为将被通知纽西兰移民局。这可能会导致我的签证取消。

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.

我知道我有权选择一个人来支持并帮助我与学校工作人员就我的行为或出勤问题进行会谈。

Signed (Student): 签字（学生） _____

Date 日期 _____

MODEL RELEASE 影像使用授权

For valuable consideration received, I grant the Schools the irrevocable and unrestricted right to use and publish photographs or videos 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. 基于充分对价补偿，我授予**校方**不可撤销和不受限制的使用和发布我孩子的照片、视频或者可能包括我的孩子在内的照片、视频的权利，用于文章、交易、广告和其他任何用途，以任何方式和媒介均可；**校方**也可以不受限制地将其改变及复合，无需我的检查或批准。我特此免除**校方**的法律代表及其指派人关于上述照片所应承担的所有索赔与责任。

I agree to the Schools using photographs or videos of my child for any of the said purposes above.

我同意**校方**将我的孩子的照片、视频用于以上任何所述用途。

PRIVACY ACT 隐私条款

* The Schools shall comply with the Privacy Act 1993 during the enrolment process and during the student is enrolled at the Schools. *校方在入学过程及学生在该校就读期间应遵守《1993年隐私法》

HANDOVER PLAN 移交计划

The Handover Plan is compulsory for all international students under the age of 18 by the Code.

根据《行业规则》，所有18周岁以下的国际学生都必须遵循《移交计划》。

The Handover Plan is an agreed plan between the parent/legal guardian and the school to safely give the care of a child back to the parent or legal guardian at the end of their study.

《移交计划》是由父（母）或法定监护人与校方之间达成的一项商议好的计划，在孩子学习期结束之后安全将其看护责任交还给其父（母）或法定监护人。

An example of the Handover Plan: At the completion of the course on the 25 June, 2017, I will collect my child (name) from the school reception at 10-14 Lorne St at 3pm.

《移交计划》一例：在2017年六月25日课程结束之时，我将于下午3点钟在10-14 Lorne St的学校前台接回我的孩子（姓名）。

The Handover Date 移交日期: _____

At the end of the course, the handover plan for my son/daughter is:

课程结束之后，我的儿子/女儿的移交计划是：

By signing this document, I understand and agree to the handover plan.

通过签署本文件，我理解并同意该项移交计划。

I understand that a handover plan is required by the Code for all students under the age of eighteen and is required to complete enrolment at the Schools. 我理解移交计划是《行业规则》对所有18周岁以下学生的要求，且要求须有移交计划方可完成校方的入学手续。

I understand that the Schools will not be responsible for my son/daughter once he/she has been handed over according to the plan stated above. 我理解我的儿子/女儿按照上述计划一经移交之后，校方将不再对我的儿子/女儿负责。

PARENT/LEGAL GUARDIAN DECLARATION 父（母）/法定监护人声明

By signing this declaration, I (full name of Parent or Legal Guardian) 通过签署本声明，我（父母或法定监护人的全名） 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: 现声明我已经阅读、理解并同意以上所规定的条款。我所提供的信息真实准确，且已充分提供我全部所知。此外，通过签署这份文件，我声明：

I have read and explained the Student Code of Conduct to my child and that he/she has signed the Student Agreement. 我已经阅读并将学生行为准则解释给我的孩子，且他（她）已经签署了《学生协议》。

I agree to the conditions of the Indemnity Form. 我同意《赔偿协议》中的条款。

I have put the Handover Plan in place. 我已将《移交计划》完成就绪。

I have disclosed all medical information to the Schools to the best of my knowledge.

我已经就我所知将所有医疗信息提供给**校方**。

I understand that my child must have appropriate medical insurance to study at the Schools.

我理解我的孩子必须有适当的医疗保险才能在**校方**学习。

I understand that my child must have a valid visa to study at the Schools.

我理解我的孩子必须持有有效的签证才能在**校方**学习。

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.

我理解任何违反上述规定或提供错误信息，将可能导致根据**校方**政策采取强制措施，包括将违约行为报告至纽西兰移民局，这将可能导致我孩子失去在**校方**学习的资格。

I agree to photographs or videos of my child being used for all said purposes by the Schools. 我同意我的孩子的照片、视频被**校方**用于所有上述之用途。

Signed by Parent or Legal Guardian

父（母）或法定监护人签字_____

Date 日期 _____