



## **A1 STUDENT TERMS AND CONDITIONS**

1. Prior to enrolment at A1 Student hereafter referred to as the Parent/Caregiver agrees to execute the Arrowsmith Program and Consent Form and that the personal information, details of learning challenges, medical and dietary requirements is accurate and complete and that no material information relating to the enrolled student has been withheld in respect of , hereafter referred to as the Student/s.

2. The Parent/Caregiver hereby agrees to the following:

- To pay the annual school fees for the academic year as set out in Our Courses and Fees at the date of this agreement, or such amount as agreed in writing for enrolment during the academic year.
- Payments by Credit or Debit card will incur a 3% Surcharge. Course fees are payable in full prior to commencement of Term 1 of the academic year, unless by prior arrangement in writing.
- Late payment fees will apply on the outstanding balance [calculated at a daily rate of 15%pa/365]

3. A1 Student reserves the right to suspend or remove a student from the program where the Parent/Caregiver has not fully disclosed information relating to the student enrolled. The Parent/Caregiver hereby agrees to pay any outstanding course fees that may be due for the academic year and they acknowledge that no refund will be given for any fees already paid.

4. A1 Student reserves the right to suspend or un-enroll a student from the program where the behaviour of the student enrolled adversely effects the learning of other students in class or is deemed inappropriate, at the sole discretion of Pip Block, Principal of A1 Student.

Prior to a student being suspended or un-rolled A1 Student will first notify the Parent/Caregiver in writing. The Parent/Caregiver and the Student/s hereby agree to meet with Pip Block, Principal of A1 Student to address the behaviour of the Student/s.

Where the Student/s do not adequately address the matters raised, the Parent/Caregiver and the Student/s hereby agree that A1 Student may suspend or un-enrol the Student/s at the sole discretion of Pip Block, Principal.

The Parent/Caregiver further agrees to pay any outstanding course fees that may be due for the academic year and that no refund will be given for any fees already paid.

5. In the event that the Parent/Caregiver un-enrols a student during the academic year, they hereby agree to pay any outstanding course fees that may be due for the academic year and they acknowledge that no refund will be given for any fees already paid.

## **PERMISSION TO ALLOW A1 STUDENT / THE MINISTRY OF EDUCATION TO USE PHOTOS/VIDEO OF YOU OR YOUR CHILD**

In order to promote Student/s achievements as they progress through the program, A1 Student needs your consent.

Parent/Caregiver hereby agrees to the Student/s being photographed, videoed. The Photos/video may be edited or formatted for print or published online and may be used by A1 Student directly as well as in any Ministry (or Ministry-supported) promotional materials in both print and electronic media, such as websites and social media.

## **ARROWSMITH PROGRAM CONSENT AND ACKNOWLEDGMENT**

### **Consent to the Collection, Use and Disclosure of Personal Information**

It is a mandatory requirement of Arrowsmith that a parent or guardian of a student under the age of 18 years, or if the student is 18 years of age or older by the student, who is enrolled in the Arrowsmith Program at A1Student consents to the collection of the following personal information (the "Information") pertaining to the student in order to facilitate the provision of the Arrowsmith Program at the Program Site or other Program Site(s) in which the student may enroll:

- (a) the student's full legal name, gender, date of birth, grade and previous school (if student is transferring)
- (b) the information relating to the student's academic and cognitive strengths and weaknesses that is collected through the Arrowsmith Program Assessment Protocol;
- (c) any other information that may be provided in connection with determining the suitability of the student for enrolment in the Arrowsmith Program (which information Arrowsmith Program undertakes to destroy after it has been utilized for the immediate purpose for which it was provided);
- (d) the information collected relating to the student's progress on the Arrowsmith Program cognitive exercises that is collected through the Arrowsmith Cognitive Tracking System; and,
- (e) any other information relating to the student's academic progress

The undersigned consents to the release of the Information to Arrowsmith Program which Arrowsmith Program may retain indefinitely except for the information described in paragraph (c) above. The Information shall not be released to any other person except for the purposes of 1) transferring Information to another Program Sites in which the student has enrolled, or 2) research into and evaluation of the Arrowsmith Program (but without disclosing the student's name or any other information that would be likely to identify the student or as required by law). This consent to the release of the Information is provided in accordance with the Personal Information Protection and Electronic

Documents Act of Canada and the privacy laws relating to the collection of personal or confidential information of the jurisdiction in which the Program Site is located.

### **Acknowledgment Concerning the Arrowsmith Program**

The undersigned acknowledges having read the information contained on the Arrowsmith Program website at [www.arrowsmithschool.org](http://www.arrowsmithschool.org) and having received sufficient disclosure of the methodology of the Arrowsmith Program in order to make an informed choice about enrolling the student in the Arrowsmith Program. The undersigned acknowledges that he or she has been advised that the Arrowsmith Program has not shown and will not show improvements in the learning capacities of every student enrolled in the Arrowsmith Program and that results may vary depending upon the individual student and his or her application to the Arrowsmith Program cognitive exercises.

The undersigned acknowledges that the exercises and materials used in and for the administration of the Arrowsmith Program are of vital importance to the Arrowsmith Program and undertake to keep any exercises and materials provided confidential and to only use any such exercises and materials exclusively for the administration of the Arrowsmith Program to the student identified on this form.

### **PERSONAL INFORMATION**

The Parent/Caregiver hereby agrees that the following personal information provided relating to Student/s their learning challenges, medical and dietary requirements is/are accurate and complete and that no material information relating to the enrolled Student/s has been withheld.

A1 Student is required to provide confirmation to the Ministry of Education the eligibility of Student/s to be enrolled in a New Zealand school.

**Please email a copy of the Student/s passport/visa [if applicable] upon return of this form.**

#### **Parent / Caregiver**

Name

Email

Mobile

#### **Student 1**

Name

Date of Birth

Gender Male/Female

Dominant Hand Left/Right

Current School

Summary of Learning Challenges

Educational Psychologist Report Yes/No

Medical Record

Dietary Requirement/ Allergies

### **Student 2 [if applicable]**

Name

Date of Birth

Gender

Dominant Hand

Current School

Summary of Learning Challenges

Educational Psychologist Report

Medical Record

Dietary Requirement/ Allergies

### **First Emergency Contact**

Emergency Contact Name

Emergency Contact Mobile

Emergency Contact email

### **Second Emergency Contact**

Emergency Contact Name

Emergency Contact Mobile

Emergency Contact email

## **CONSENT**

I have read and understood and agree to the following in all respects and I hereby agree that the information provided is accurate, complete and without omission.

1) A1 STUDENT TERMS AND CONDITIONS

2) PERMISSION TO ALLOW A1 STUDENT / THE MINISTRY OF EDUCATION TO USE PHOTOS/VIDEO OF YOU OR YOUR CHILD

3) ARROWSMITH PROGRAM CONSENT AND ACKNOWLEDGMENT

4) PERSONAL INFORMATION

5 TO BE PROVIDED  
SCANNED COPY OF PASSPORT / VISA [IF ANY]  
EDUCATION / MEDICAL REPORT [IF ANY]

Signed by Parent/Caregiver for and on behalf of:

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\_\_\_\_\_  
Signature of Parent or Guardian authorised to sign this form or signature of  
student [if over 18]

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signed by Pip Block, Principal A1 Student Ltd

\_\_\_\_\_  
Date