TASMAN INTERNATIONAL ACADEMIES Student Checklist/ Declaration

Website: www.tasman.co.nz Phone: 09 379 3468 E-mail: info@tasman.ac.nz

Address: L6-8,290 Queen St, Auckland

Thank you for choosing Tasman International Academies as your partner in achieving your educational and career goals in New Zealand. We would like to hear from you to ensure that your Agents provide you the best possible service. We appreciate your time.



₩ STUDENT INFORMATION											
Student Name							Date of birth				
E-mail Address							•				
Contact Number											
Programme Duration			Start date:			Finish date:					
STUDENT CHECKLIST: My educational agent or/and School provided me the following documented information prior to my application for enrolment at Tasman International Academies. (Please tick ALL that applies)											
_	PROGRAMMES			IOOL			W ZEALAND			TUDENT SUPPORT	
	☐ Entry requirements		Quality assurance results			☐ Housing & Accommodation options				Job seek	ing service
	Programme content & duration	Campus location and information about TIA			Transportation			Languag	e service		
	Intake & orientation schedule		☐ Facilities & equipment available in school			Visa & Insurance Requirement			Staffing		
	Information about pathways for further study and employment	School Policies on Enrolment, Complair Termination, Attendance, Mis-			5,	living (e.g.	ral overview on in New Zealand cost of living, hcare)			pick-up	ay/ Air-port arrangement
			conduct,			Stud	ent Right gations	&			/ Leave Policy
	Fees & course-related fees	Refund/Withdrawal policy				=				Schoolin 18 stude applicab	•
STUDENT DECLARATION I declare that the student information provided in this form is true and correct. I declare that I have been provided the information ticked above enabling me to make informed choices about Tasman International Academies. TERMINATION: I acknowledge receipt of the above information and understand that it may result in termination of my enrolment at TIA if I fail to follow the School Rules and Regulations which has been provided to me in this stage. Student Name: Student Signature: Legal Guardian/Parents Signature: (for under 18 student)											
	OFFICE USE ONLY	Name of the student's									
				agent company							
Staff Name:				TIA Agent Number / File Y or N							
Date:				E-mail Address							
Signature:			Contact Number								

Contact Number