



St John's International College St John's Anglican College

Enrolment Application For International Students



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St John's International College Phone +61 7 3372 0110 Fax +61 7 3372 0191

Email: info@sjic.qld.edu.au

SJIC Office Use Only

Student #:

Regn Fee:

ECoE:

SJAC Office Use Only

Student #:

Parent #:

Fees: House

ECoE: Class

1. ENROLLING STUDENT'S DETAILS

Surname: _____

Given Names: _____

Preferred Name (may be an English name): _____

Student's Address (in Australia if known): _____

Post Code: _____ Telephone: _____

Has any other member of the family been enrolled at St John's International College: Yes No

If yes, please write that student's name here: _____

Does your child require homestay accommodation? Yes No

Does your child require airport pickup? Yes No

Length of stay intended in Australia: _____

Date of birth: / / _____

Current Visa Type: Visitor Study Other Expiry Date: _____

If no current visa, in which city/country will you apply for your child's student visa? _____

Religion: _____ Gender: _____

Country of Birth: _____ Nationality: _____

Language spoken at home (if not English): _____

Passport Number: _____ Visa Number (if already issued): _____

2. COURSE DETAILS

Which course/s are you enrolling your child into? (please tick ✓):

St John's International College

Secondary School Preparation Program **Primary School Preparation Intensive English Course**

Number of weeks: _____ Commencement Date: _____

St John's Anglican College

Length of stay: _____ Commencement Date: _____

Year Level of Entry (circle one): 4 5 6 7 8 9 10 11 12

Are you applying through an Agency? Yes No

Name of Agency: _____ Contact Person: _____

Telephone: _____ Fax: _____ Email: _____

3. PARENT'S DETAILS

(All student reports will be posted to parents at this address)

Father's Full Name: _____

Mother's Full Name: _____

Postal Address: _____

Home Telephone: _____ Work Telephone: _____

Mobile Telephone: _____ Email Address: _____

4. LEGAL GUARDIAN'S DETAILS

(If you are appointing someone in Australia as Legal Guardian please give details below. If you are appointing the College to manage your student's welfare please leave blank)

Full Name: _____

Home Address: _____

Post Code: _____

Occupation: _____

Home Telephone: _____

Work Telephone: _____

Mobile Telephone: _____

Email Address: _____

Will your child be residing with a Guardian whilst studying? Yes No

5. EMERGENCY CONTACT DETAILS

Please provide names, addresses and the best contact telephone number of two persons that could be contacted in the case of an emergency if parents/guardians are unavailable (e.g. grandparents or close friends)

Name: _____

Address: _____

Post Code: _____

Telephone Number: _____

Relationship to Student: _____

Name: _____

Address: _____

Post Code: _____

Telephone Number: _____

Relationship to Student: _____

6. MEDICAL DETAILS

Please complete the following details carefully so that we may provide the necessary care for your child. Failure to disclose information will result in a review of the enrolment.

Is your child currently covered by Overseas Student Health Care? Yes No Expiry Date: _____

Does your child have any medical conditions that could affect our duty of care? Yes No

If 'yes' provide details here and date of diagnosis:

State whether your child is allergic to ANY substance:

Are there any special instructions in relation to College staff administering First Aid or conducting any co-curricular and extracurricular activities?

Please specify:

Please note that only medication prescribed by a medical practitioner may be administered to the student (this includes paracetamol).

7. ENGLISH LEVEL AND LEARNING SUPPORT

Has your child studied English through formal instruction

(i.e. at school or at an English Language Centre)?

Yes No

How many years study of English has been completed?

Year/s

Has your child undertaken an English Language Proficiency Test Yes No

If yes, which test:

Score:

Date of test:

Please advise details of any educational support which may be required for your child:

Has your child been receiving specialist support (from learning support teachers or guidance officers) at a previous school? Please give details:

8. STUDENT ACHIEVEMENT DETAILS

Have you received an Outstanding Achievement or won an award for anything (academic/sporting) over the past five years? If so, please provide details.

Do you sing, dance or play a musical instrument? If so, describe the activity and the length of time you have been participating in it. If applicable, what grades have you attained?

9. DECLARATION

We, the parents or guardians, have read and fully completed this Enrolment Application.

We understand that for this application to be processed, the following need to be attached at the time of lodgement of this form:

- Copy of student's passport,
- Copies of translated school reports,
- Copies of English Language Proficiency Test (if available),
- Copies of Reports from English Language Centre/s (only required if student has not studied English, in mainstream school classes for at least one year),
- Copy of current visa (if already obtained),
- Letter of Release from previous provider (if applicable).

We give permission for:

- Our child to appear in College publications and associated publicity,
- Our contact details to be given to College agencies such as Parents and Friends Association,
- Our child to be transported between campuses via a College vehicle as necessary.

We would like to receive the College Newsletter via the following email address: _____

St John's Anglican College adheres to the Australian Privacy Principles as set out in the Privacy Act (Cth)1988. Further details are available in the College's Privacy Procedure located on the St John's website – www.stjohnsanglicancollege.com.au

Signature/s

Signed: _____
(Father / Legal Guardian)

Signed: _____
(Mother / Legal Guardian)

Date: _____

Date: _____