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

## Enrolment Application Form for International Students

- Please complete the Enrolment Form and attach relevant documentation and email to [info@sjic.qld.edu.au](mailto:info@sjic.qld.edu.au)
- Further information on the Entry Requirements and International Student Polices can be accessed on our website: [www.stjohnsanglicancollege.com.au](http://www.stjohnsanglicancollege.com.au)
- General Enquiries: [info@sjic.qld.edu.au](mailto:info@sjic.qld.edu.au)

## 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 (if No, please provide details under No. 4)

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**

**High School Preparation Program**

Number of weeks: \_\_\_\_\_ Commencement Date: \_\_\_\_\_

**St John's Anglican College**

Length of stay: \_\_\_\_\_ Commencement Date: \_\_\_\_\_

Year Level of Entry (circle one): K P 1 2 3 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 (Including Area Code): \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### 4. STUDENT'S AUSTRALIAN RESIDENCE DETAILS

If student is not living in St John's approved homestay or with a blood relative, the living arrangements must be approved by St John's Anglican College.

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ (Evidence must be provided if blood relative)

#### 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

(If Yes, please complete the below details and provide a copy of the Overseas Student health Care Policy)

Health Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_ 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 in any field (academic/sport/music) 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 legal guardians, have read, understood 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),
- 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 in a private vehicle of a staff member 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 1988. Further details are available in the College's Privacy Procedure located on the St John's website – [www.stjohnsanglicancollege.com.au](http://www.stjohnsanglicancollege.com.au)*

### Signature/s

Signed: \_\_\_\_\_  
(Father / Legal Guardian)

Signed: \_\_\_\_\_  
(Mother / Legal Guardian)

Date: \_\_\_\_\_

Date: \_\_\_\_\_