

International Enrolment

APPLICATION FORM



**Their
Future.**
Kindergarten
to Year12

1. Enrolling Student's Details

Surname

Given Names

Preferred Name
(may be an English name)

Please indicate the student's planned living arrangements for the duration of their stay in Australia:

Accompanied by
the parent

Unaccompanied and
requiring Homestay

Residing with extended
family in Australia

If Residing with extended family in Australia, please state relationship to student:

If Homestay please indicate your preferred Homestay Network UIL AHN More information

Student's Address
(In Australia if known
or if residing with
extended family)

State

Post Code

Telephone

Has any other member of the family been enrolled at The Springfield Anglican College: Yes No

If yes, please write the student's name here

Date of Birth

Length of stay intended in Australia

Current Visa Type:

Visitor

Study

Other

Expiry Date

Visa Number
(if already issued)

If no 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

2. Course Details

Year level of Entry Length of Stay Commencement Date

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)

PARENT ONE

Title Mr Mrs Ms Miss Dr Prof Revd Other

Surname

Given Names

Preferred Names

Relationship to Student

Address
(If different to your child)

Post Code

Home Telephone

Work Telephone

Mobile Telephone

Email Address

Skype (If available)

Occupation

Parent's Primary Language

Can the parent read and respond to emails in English? Yes No

Can the parent have a telephone conversation in English? Yes No

PARENT TWO

Title Mr Mrs Ms Miss Dr Prof Revd Other

Surname

Given Names

Preferred Names

Relationship
to Student

Address
(If different to your child)

Post Code

Home
Telephone

Work Telephone

Mobile Telephone

Email Address

Skype
(If available)

Occupation

Parent's Primary
Language

Can the parent read and respond to emails in English? Yes No

Can the parent have a telephone conversation in English? Yes No

4. 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 (eg. grandparents or close friends)

EMERGENCY CONTACT ONE

Name

Address

Post Code

Telephone Number

Relationship
to Student

EMERGENCY CONTACT TWO

Name

Address

Post Code

Telephone Number

Relationship
to Student

5. Fee Information

Do you wish to pay more than 50% of the tuition fees upfront?
Please note this is optional and not a requirement

Yes

No

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 -provide details below

No

Provider 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 extra-curricular 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 provide a copy with
this application*

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

Has your child received an Outstanding Achievement or won an award for anything (academic/sporting) over
the past five years? If so, please provide details:

Does your child sing, dance, 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
- 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 students Overseas Student Health Care policy
- Copy of parent Guardianship Visa (if applicable)
- Copy of current visa (if already obtained)
- Letter of Release from previous provider (if applicable)
- Copy of students Immunisation Records

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

The Springfield 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 TSAC website – www.tsac.qld.edu.au/privacy/

PARENT ONE SIGNATURE

Title

Name

Date

PARENT TWO SIGNATURE

Title

Name

Date

The Tiny Tartan Kindergarten

Springfield College Drive, Springfield QLD 4300

The Springfield Anglican College – Primary Campus

Springfield College Drive, Springfield QLD 4300

P: 07 3818 5777 E: info@tsac.qld.edu.au

The Springfield Anglican College – Secondary Campus

Springfield Greenbank Arterial, Springfield QLD 4300

P: 07 3814 8100 E: info@tsac.qld.edu.au

FSAC Ltd t/a The Springfield Anglican College
– CRICOS Registration Number 03658M

