

INTERNATIONAL STUDENT VARIATION OF WELFARE APPLICATION

Please print clearly in English and in **BLOCK** letters and tick boxes where appropriate.

For any of the options selected below we require a **MINIMUM OF TWO WEEKS WRITTEN NOTICE**.

This form is to be completed and signed by a Parent/Legal Guardian when a student seeks approval for one of the reasons below. Section A is compulsory and must be completed.

SECTION (Please tick or circle and complete the corresponding section):

- B: TEMPORARY OVERNIGHT STAY/HOLIDAY (LOCAL/INTERSTATE/OVERSEAS)**
- C: TRANSFER TO A NEW HOMESTAY**
- D: TRANSFER TO APPROVED STUDENT ACCOMMODATION PROVIDER**
- E: TRANSFER TO IMMIGRATION APPROVED GUARDIAN**
- F: RETURN HOME PRIOR TO COURSE COMPLETION**

SECTION A: STUDENT DETAILS (This section is compulsory)

Student ID:	
First Name:	
Last Name:	
Preferred English Name:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Australian Address:	
Suburb:	Postcode:
Email:	Australian Mobile:

SECTION B: TEMPORARY STAY (OVERNIGHT/HOLIDAY (LOCAL/INTERSTATE/OVERSEAS))

To be completed when the student wishes to spend **any** nights away from their homestay whether it is in Australia or overseas. For example, if a student is returning home overseas for holidays, traveling interstate to visit friends/family or wants to stay overnight at a friend's house then they must complete this section.

If students are traveling with their homestay, they must still complete this form. Please remember that you will be charged the weekly room holding fee if you are away longer than 7 consecutive days from your homestay.

The student will be staying: In Western Australia Interstate Overseas

Will the student regularly be staying at this address? Yes No

For example, if the student is planning to stay at a relative's house one night each week, then we can make this a permanent arrangement, so you do not need to submit a form each time.

Please complete the details below for your **temporary** accommodation:

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss	
First Name:	
Last Name:	
Relationship to student:	
Address (where student will be living):	
Hotel Name (If applicable):	
Suburb:	City:
Country:	
Home Phone Number (Incl country code):	
Mobile Number (Incl country code):	
Email:	
Date student will leave homestay (dd/mm/yyyy):	
Date student will return to homestay (dd/mm/yyyy):	

Please indicate method of transport to the temporary overnight stay or holiday:

- Host Friends/Family Taxi/Uber Train/Bus
 AngliSchools International arranged transport (additional fee apply)

Transport Details (Name & Contact No.) if friend or family is transporting student:			
Have you notified your host family? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you attached your flight itinerary? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			

SECTION C: TRANSFER TO A NEW HOMESTAY

If you are moving to a new AngliSchools host family, then please complete the following details:

OLD HOST FAMILY DETAILS:

Host Family Name:		
Host Family Address:		
Suburb:	State:	Postcode:

NEW HOST FAMILY DETAILS:

Host Family Name:		
Host Family Address:		
Suburb:	State:	Postcode:

Reason for Transfer:
Proposed date student will move to new homestay (dd/mm/yyyy):
Please indicate method of transport to the temporary overnight stay or holiday: <input type="checkbox"/> Host <input type="checkbox"/> Friends/Family <input type="checkbox"/> Taxi/Uber <input type="checkbox"/> Train/Bus <input type="checkbox"/> AngliSchools International arranged transport (additional fee apply) Transport Details (Name & Contact No.) if friend or family is transporting student:
Have you given the host family 2 weeks of notice? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION D: TRANSFER TO APPROVED STUDENT ACCOMMODATION PROVIDER 18+

This option is only available for students who have turned 18 years old. Please choose one of our approved student accommodation providers from below:

Campus Perth The Boulevard St Thomas More UniHall St George's College

The Switch

Other Accommodation (Please specify): _____

Proposed moving in date: _____

(needs to be approved by AngliSchools International and the attending school)

SECTION E: TRANSFER TO IMMIGRATION APPROVED GUARDIAN

This option is only for students who will be residing with a guardian that has been approved by the Australian immigration department. AngliSchools International is not involved in this approval. Please attach evidence of immigration approval and complete details below.

Title:	First Name:	Last Name:
Home Address:		
Suburb:	State:	Postcode:
Home Phone Number:		
Mobile Number:		
Email:		

SECTION F: RETURNING HOME PRIOR TO COURSE COMPLETION

This option is for students who are permanently returning home prior to officially graduating from Yr 12.

Please state your reason for leaving early:
Do you intend on returning in the future to study in Australia at one of our Anglican schools? If so, when?

Address (you are returning to overseas):	
Suburb:	City:
Country:	
Home Phone Number (Inc country code):	
Mobile Number (Inc country code):	
Email:	
Date student will leave Australia (dd/mm/yyyy):	
If traveling to the Airport, please indicate method of transport: <input type="checkbox"/> Host <input type="checkbox"/> Friends/Family <input type="checkbox"/> Taxi/Uber <input type="checkbox"/> Train/Bus <input type="checkbox"/> AngliSchools International arranged transport (additional fee apply)	
Have you notified your host family? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you attached your flight itinerary? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE

Please note that the term 'Legal Guardian' refers to an adult legally appointed when no parent exists. The Homestay host is **not** a Legal Guardian but referred to as a local "Carer". This form needs to be signed by the Parent or Legal Guardian, NOT the Homestay Host.

By signing this approval, I give permission for the above arrangements for my child, and I am aware of the homestay student agreement, policies and procedures (which can be provided upon request).

Parent/Legal Guardian Name: _____

Signature: _____

Date: _____

PLEASE RETURN YOUR COMPLETED FORM TO: studentservices@anglischools.edu.au

OFFICE USE ONLY

<input type="checkbox"/> SYNERGETIC updated as applicable	Date:	By: _____
<input type="checkbox"/> TEAMS updated (form saved)	Date:	By: _____
<input type="checkbox"/> SCHOOL REGISTRAR advised (change of address)	Date:	By: _____
<input type="checkbox"/> ACCOMMODATION advised	Date:	By: _____
<input type="checkbox"/> FINANCE advised	Date:	By: _____
<input type="checkbox"/> PARENTS / STUDENT / AGENT advised	Date:	By: _____