

INTERNATIONAL STUDENT APPLICATION FORM



anglischools.edu.au/international

P +61 8 9286 0290

Head Office 441 Murray Street, Perth WA 6000 • PO Box Z5422, St Georges Tce WA 6831

Legal Entity: The Anglican Schools Commission (Inc.)

ABN 85 336 233 269 | ARBN 646 760 910 Western Australia | CRICOS Provider Code: 03547G (WA) and 03801J (NSW)

Alexander Language School Pty Ltd.

ABN 82 009 294 937 | CRICOS Provider Code: 00057E

APPLICATION FOR ENROLMENT

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

STUDENT DETAILS	
Family Name:	First Name:
Preferred Name:	Age:
Date of Birth (DD/MM/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Religion:	Student's First Language:
Country of Birth:	Other Languages Spoken at Home:
Address:	
Suburb/City:	State/Province:
Country:	Postcode:
Mobile Number: (Inc country code)	Student's Email:

PASSPORT DETAILS	
Passport Number:	Passport Expiry Date:
Nationality:	Country of Birth:

PARENT/GUARDIAN 1	
Title: <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr	Relationship to Student:
Family Name:	First Name:
Nationality:	Language Spoken:
Address: <i>If same as student tick here</i> <input type="checkbox"/>	
Suburb/City:	State/Province:
Country:	Postcode:
Mobile Number: (Inc country code)	Email:

PARENT/GUARDIAN 2	
Title: <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr	Relationship to Student:
Family Name:	First Name:
Nationality:	Language Spoken:
Address: <i>If same as student tick here</i> <input type="checkbox"/>	
Suburb/City:	State/Province:
Mobile number: (Inc country Code)	Email:

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PARENT/GUARDIAN ACCESS RESTRICTIONSAccess Restriction: Yes No

If 'Yes', which Parent/Guardian does the child reside with?

 Parent/Guardian 1 Parent/Guardian 2

Name of person(s) with legal guardianship of student:

Please list any special family circumstances of which the school needs to be aware in order to ensure the child's welfare needs are met

(e.g. parent(s) deceased, parents divorced, etc.):

ARE THERE ANY SIBLINGS PLANNING TO STUDY IN AUSTRALIA? Yes No

If 'Yes', when do they plan to come:

PROGRAM SELECTION Primary Education: Pre-Kindy – Year 6 [0100468]Year Level: PK K 1 2 3 4 5 6

Intake Year (YYYY):

Feb Apr Jul Oct Preparation for Secondary Studies [078837K]Intake Year (YYYY): Feb Apr Jul Oct Junior Secondary Years 7-10 [094025B]Year Level: 7 8 9 10 Senior Secondary Years 11-12 (WACE) [093594K]Year Level: 11 Western Australian Universities Foundation Program [094026A]Year Level: 12

Intake Year (YYYY):

Feb Apr Jul Oct Short-term Immersion

Year Level:

Number of Weeks:

Start Date: (DD/MM/YYYY) End Date: (DD/MM/YYYY)

SCHOOL CAMPUS PREFERENCE* (Please indicate at least 3 schools by numbering, with 1 being your first choice)

Esperance Anglican Community School

Peter Moyes Anglican Community School

Frederick Irwin Anglican School

St George's Anglican Grammar School

Georgiana Molloy Anglican School

St James Anglican School

John Septimus Roe Anglican Community School

St Mark's Anglican Community School

John Wollaston Anglican Community School

Swan Valley Anglican Community School

Peter Carnley Anglican Community School

Trinity Anglican College (NSW)

**School availability is always subject to capacity.*

ENGLISH LANGUAGE

All international students are required to demonstrate an acceptable level of English proficiency to gain admission to one of our schools. Please tick the English proficiency test that has been taken in the last 12 months and attach a copy.

iDAT AEAS IELTS Academic CEFR B1 EIKEN TOEFL DUOLINGO (Year 5&6; Immersion students only) Other:

PREVIOUS/CURRENT EDUCATION

Please attach verified copies of the last two academic transcripts or reports (original and translated English).

Name of Current School:	Current Year Level:	End Date: (MM/YYYY)
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Name of Qualification:	Language of Instruction:	Country/ State:
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Any Awards: Yes No

SWIMMING COMPETENCY

Please **tick** the box that best describes your swimming ability.

- Cannot Swim
- Basic (less than 50 metres)
- Competent (50 m – 200 m)
- Advanced (200 m+)

MEDICAL INFORMATION		
Does the student have (or has had)?	Please tick 'Yes' or 'No'	If you tick 'Yes', please provide details
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Anaphylaxis	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', an EpiPen must be provided.
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eating Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mental Illness/Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADD/ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hearing/Sight/Speech Difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Learning Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cancer/Leukemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High/Low Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heart Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dietary Restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Immunization Record		
Chickenpox	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tetanus	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Blood group type:	<input type="checkbox"/> Unknown	
Please provide details if the student has any other medical condition of which the school should be aware.		
Please list all prescribed medication if the student takes any medications.		
Please provide details if the student receives any academic support or participates in special programs at their current school.		
Please attach any documentation regarding any learning services previously received and difficulties identified (e.g. support for any academic subject, speech therapy), or conditions such as Asperger's, Autism, etc.		
I/We give permission for the school to administer the following medications:		
<input type="checkbox"/> Paracetamol (up to 2 tablets) <input type="checkbox"/> Ibuprofen (up to 2 tablets) <input type="checkbox"/> Antihistamine (up to 2 tablets)		

STUDENT VISA DETAILS

Do you have a current Australian Visa?

Yes (If 'Yes', please attach a copy)

No (If 'No', please tick if you will apply for a Student Visa)

Visa Type:

Visa Subclass:

Visa Expiry Date:

STUDENT VISA APPLICATION CONSENT DETAILS

I hereby authorise your agent/you to share my visa application details, including supporting documents and personal information, with AngliSchools International as required.

I consent to the sharing of my visa application information as described above.

I do not consent to the sharing of my visa application information.

OSHC DETAILS

Do you currently have an Overseas Student Health Cover (OSHC) policy?

Yes (If 'Yes', please attach a copy)

No – Please arrange through AngliSchools International

No – I will arrange it myself

ACCOMMODATION

Type of Accommodation:

Homestay by Approved Providers

Parent on a Guardian Visa (Subclass 590)

Parent Nominated Homestay

Dependent on a Parent Student Visa

DHA Approved Guardian (157N)

For Parent Nominated Homestay/DHA Approved Guardian/Dependent on a Parent Student Visa options, please provide details below:

Title: Miss Mrs Ms Mr

Relationship to Student:

Family Name:

First Name:

Date of Birth:

Nationality:

Address:

Suburb/City:

State/Province:

Country:

Postcode:

Mobile Number: (Inc country code)

Email:

EMERGENCY CONTACT DETAILS (Other than a Parent/ Guardian)

FIRST EMERGENCY CONTACT 1

SECOND EMERGENCY CONTACT 2

Name:

Name:

Relationship to student:

Relationship to student:

Home Address:

Home Address:

Mobile Number: (Inc country code)

Mobile Number: (Inc country code)

APPLICATION FOR ENROLMENT CHECKLIST

Before submitting this application, please:

- Ensure that ALL sections of the Application for Enrolment are filled out, signed and dated.**
(Please be aware we are unable to process enrolments if incomplete or the required documentation or payment is not received)
- Include the following:** (if not already provided at the time of application)
 - Copy of Birth Certificate**
 - Passport – Personal Details page**
 - Copies of School Reports – past two years**
 - Academic Reports – past two years (if separate from school reports)**
 - External English Test Result (e.g., IELTS, TOEFL, etc., if available)**
 - Proof of residency (copy of current visas for both the student and parents/guardians)**
 - Current OSHC (if any)**
- Copy of Immunisation Record** for Tetanus, Measles, Chickenpox and Covid 19.
- Include the **Australian Immunisation Register (AIR) Immunisation History Statement (IHS)** (no more than 2 months old) (This can be obtained from the Department of Human Services Centre)
All overseas immunisation record needs to be transferred to the Australian Immunisation Register.
NB: an 'up to date' IHS must be provided to the School prior to the child's commencement at the School.
- Ensure any Specialist reports for any learning difficulties or medical conditions** are attached (if applicable).
- Ensure any Court Orders are attached** (if applicable).
- Submit this APPLICATION FOR ENROLMENT AGREEMENT to:**
Admissions Office: 441 Murray St, Perth WA 6000
T: +61 8 9286 0290 E: admissions@anglischools.edu.au

DECLARATION ON CONDITIONS OF ENROLMENT AND SIGNATURES

Grievances and Appeals Policy

AngliSchools International and the AngliSchools Schools will make every effort to resolve any enquiry raised by a student or parent. In the event that a concern continues, it is our obligation and commitment to assist with a formal appeal at no cost to the student. The process is designed so as not to disrupt the student's studies. AngliSchools International strongly values its parent and student partnerships and welcomes and encourages enquiries at any time. For a confidential discussion, please contact the International Admissions Registrar via email at admissions@anglischools.edu.au.

Cancellation or Transfer of Study

Students advising cancellation or transfer of enrolment shall do so with notice in writing to the International Admissions Registrar via email at admissions@anglischools.edu.au. The notice is to provide a reason for cancellation and details of an intended alternate school. The application will be processed, and notification of altered details provided to DHA. Any refund of fees will be calculated from the date that the written notice is received by the International Admissions Registrar, as per AngliSchools International's Refund Policy.

All conditions above are available in full at <https://www.anglischools.edu.au/international/>.

- By ticking this box, I declare that the information and supporting documents in this form are current and genuine.
- By ticking this box, I declare that I have read and understood the Conditions of Enrolment above.

DECLARATION AND SIGNATURES

Parent/Guardian Name:	Signature:	Date:
Student Name:	Signature:	Date:

Agent Details

If you appoint an AngliSchools International authorised agent to manage your application, you authorise the schools to release personal information and visa-related documentation to the agent. If you submit your application through an agent, please provide the following details, and ensure that your agency has completed the Simplified Student Visa Framework (SSVF) Form.

Agency Name:

Agency Email:

Office Address:

Counsellor's Name:

Counsellor's Email:

Phone Numbers:

Signature:

Date:

Agent Stamp

