

INTERNATIONAL STUDENT REQUEST TO VARY ENROLMENT FORM

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

STUDENT DETAILS	
Student ID:	Title: <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr
Family Name:	First Name:
Date of Birth (DD/MM/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Current Address:	
Suburb:	Postcode:
Permanent Address:	
Country:	Postcode:
Mobile Number: (Inc country code)	Student's Email:
PARENT/GUARDIAN DETAILS	
Title: <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr	Relationship to Student:
Family Name:	First Name:
Mobile Number: (Inc country code)	Email:
<input type="checkbox"/> COURSE CHANGE	
Current Courses:	
Current Year Level:	
Current Courses End Date:	
Recommended Course Change:	
Expected New Course Start Date:	
Reason of Change:	

SCHOOL CHANGE

Students wishing to transfer to another school must have been enrolled at their current mainstream school **for minimum of 6 months** prior to the request. Requests based on the academic ranking of the school will not be considered.

Transfers will only be accepted due to change of residence and apply exclusively to guardian-dependent students. Requests for such transfers must include valid leasing documents as evidence of the new address.

An administration fee of AUD \$1200 will apply. This fee is non-refundable, regardless of the outcome or success of the application.

Current School:

Start Date at Current School:

Expected Last Date at Current School:

New School:

Expected Start Date at New School:

Expected Last Date at New School:

Reason of Change:

DECLARATION

I acknowledge that any false, misleading, or inconsistent information provided in this form may result in serious consequences, including the immediate cancellation of enrollment and informed to Department of Home Affairs.

I hereby declare that the information on this form is true and complete, and that it is my responsibility to provide all necessary documentation to support my request.

Student Name:

Signature:

Date:

Parent/ Guardian Name:

Signature:

Date:

Agent Name:

Signature:

Date:

OFFICE USED ONLY

Approved by Current School Principal:

Name:

Signature:

Date:

Approved by New School Principal:

Name:

Signature:

Date:

Approved by Director of AngliSchools International

Name: Peter Byrne

Signature:

Date: