

International Student Enrolment Application Form

STUDENTS DETAILS

Child's Surname: _____ **Given Names:** _____ **Middle Names:** _____
 Known as (if different from first name) _____ Date of Birth: _____ Present Age: _____
 Gender: Male Female (**Please tick one**)
 Nationality: _____ Country & Place of Birth: _____ Arrival Date (if not born in Australia): _____
 Primary Language Spoken: _____ Religion: _____
 Current School: _____ Current Grade _____ Year to be enrolled _____
 Special needs your child has (Please attach specialist reports where necessary) _____

FATHER'S / GUARDIAN'S DETAILS

Surname _____ First Name _____
 Nationality _____
 Address _____
 Home Phone _____ Mobile _____
 Email _____
 Marital Status (**Please tick one of the following**):
 Married Separated Divorced Defacto
Employment Details
 Employer _____ Occupation _____
 Work Address _____
 Work Phone: _____ Mobile: _____ Email: _____

MOTHERS'S/GUARDIAN'S DETAILS

Surname _____ First Name _____
 Nationality _____
 Address _____
 Home Phone _____ Mobile _____
 Email _____
 Marital Status (**Please tick one of the following**):
 Married Separated Divorced Defacto
Employment Details
 Employer _____ Occupation _____
 Work Address _____
 Work Phone: _____ Mobile: _____ Email: _____

Special Family Circumstances (eg Custody Order, Access Details, Parental Health)

ADDITIONAL CONTACT NAME AND PHONE NUMBER IN CASE OF EMERGENCY – English Speaking

Name: **Relationship with student:** **Phone Number** **Email:**

Name: **Relationship with student:** **Phone Number** **Email:**

VISA INFORMATION

Place of Birth _____ Nationality: _____

City where Visa applied for: _____ Passport Number: _____

Do you have a current Australian Student visa? Yes No If yes, please provide a copy

Will you apply through eVisa? Yes No If travelling on eVisa, student to bring documentary evidence to Queensland

Students are required to obtain a valid Australian Student visa (visa subclass 571) for the duration of their placement at Samford Valley Steiner School

MEDICAL CONDITIONS

Please specify any medical problems the school should be aware of; include any daily medication to be taken by student.

Medical Condition		Please provide details
Anaphylaxis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Specific Diet Requirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heart Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Respiratory problems (eg Asthma)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Back, bone or joint problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Coeliac Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Downs Syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIV, Hepatitis A,B C etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Recent Illness)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Drug reactions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADD/HDHD etcOther information	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Your child need a 'Medial Alert' Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your child take any medication on a long-term basis	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Immunisation

Please list immunisations as well as date dose was given, i.e. Measles, Rubella, Hepatitis B, TB, Mumps, Hib, Tetanus, Polio, DTP:

Are you allergic to any medication? Yes No If yes, please provide details:

Have you had any operations in the last 12 months Yes No If yes, please provide details:

Do you have a mental illness or a mental or physical impairment or disability (including a history of depression or an eating disorder) which may result in the need for additional support or assistance at school or in a homestay arrangement? Yes No If yes, please provide details:

Do you require counselling or ongoing psychiatric or psychological support? Yes No If yes, please provide details:

Please provide contact details for your current medical practitioner, so that the medical practitioner may be contacted in the event of the student requiring medical treatment (if the student consults multiple practitioners, please provide details for all medical practitioners on a separate attached sheet of paper):

Doctor's name: _____ **Name of medical practice:** _____

Address: _____

Phone number: _____ **Facsimile number:** _____

Email address: _____

Does the doctor speak English? Yes No

I provide consent for the Samford Valley Steiner School to seek information from this/these medical practitioner/s about the student's medical history if deemed necessary

Yes No

Are you currently taking any medication on a regular basis? Yes No

If yes, please provide details:

OVERSEAS STUDENT HEALTH COVER (OSHC)

Do you have current Overseas Student Health Cover (OSHC)? Yes No If yes please attach a copy.

If no, please arrange OSHC once your application has been accepted and provide a copy.

STUDENT CHARACTER

Samford Valley Steiner School is committed to providing a safe environment for all students and staff. Please indicate if you have engaged in any of the following activities which may cause harm to yourself and/or others:

Do you use, or have you ever used, illicit drugs? Yes No If yes, please provide details:

Do you consume alcohol (regularly or occasionally)? Yes No If yes, please provide details:

Do you smoke? Yes No If yes, please provide details:

IMPORTANT: Students are not permitted to smoke, consume alcohol or use illicit drugs while on placement at Samford Valley Steiner School.

Do you agree to abide by these rules? Yes No

Do you have any criminal convictions? Yes No

If yes, please provide details:

Do you have a history of violent behaviour or assault? Yes No

If yes, please provide details:

Have you ever been suspended, excluded, expelled or asked to leave from a school? Yes No

If yes, please provide details

Do you have any dietary requests or needs (for example vegetarian, halal, gluten free?)

Yes No If yes, please provide details:

Is there any food you do not like to eat? Yes No

If yes, please provide details:

Would you prefer to live in a house with pets/ without pets/ don't mind (please circle your preference)

Would you prefer to live in a non-smoking homestay? Yes /don't mind (please circle your preference)

Do you have any religious or spiritual requirements? Yes No

If yes, please provide details:

Please list your hobbies and interests

English Levels

Have you studied English at school? Yes No

If Yes, please state the number of months/years English was studied by the student.

Have you undertaken an IELTS or other approved English language test?

•Certified copies of original documents are required. Documents not in English must be accompanied by accredited English language translations.

Welfare and Accommodation

Whilst in Australia will you be seeking to stay with?

- a parent
- a relative
- a school approved homestay family?

Please note staying with a school approved homestay family will incur a homestay fee – see fee schedule .

Financial Responsibility

A. Name of person/s financially responsible for student’s / child’s education:

Name: _____ Relationship: _____

PLEASE NOTE:

1. A non-refundable Application Fee of \$350.00 is payable at the time this form is lodged
2. Fees are due on the first day of each term. Accounts will be mailed to you.
3. An enrolment deposit equal to one term's fees is payable upon acceptance and before a student commences. See current fee schedule
4. A Confirmation of Enrolment shall be issued by the school once the relevant fees have been received.

I agree to the conditions of enrolment outlined in this form, in the school fees schedule and to the release of records from my child’s previous school.

SIGNATURE OF BOTH PARENT(S) OR GUARDIAN(S):

•SIGNATURE DATE: ..
 •SIGNATURE DATE: ..
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We require the following to be attached with this application form

- a) Copies of Student Report Cards from the previous 2 years of study, including a copy of the latest Student Report;
- b) A completed Reference Form from the student’s current or most recent school Principal is also required if student Report Cards do not record student behaviour or commitment to studies;
- c) Appropriate proof of identity and birth date;
- d) Written evidence of proficiency in English as a second language
- e) Photocopy or scanned copy of passport page with name, photo identification, passport number and expiry date
- f) Completed Homestay Application Form
- g) Enrolment Application Fee
- h) Application for Course Credit if relevant

Where the above documents are not in English, certified translations in English are required, with necessary costs to be met by the applicant.

An application for enrolment can only be processed when all of the above are in the hands of the Enrolments Officer. Applications from overseas students are processed according to established policy and procedures, and are dealt with on their merits. Assessment procedures include an evaluation of reports from previous schools and of English language proficiency. In cases where report cards are not available or are inconclusive for any reason, the school may require relevant testing of the applicant to assess the application.