

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:

International Student Enrolment Application Form



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:

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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	

International Student Enrolment Application Form



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:

International Student Enrolment Application Form



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

International Student Enrolment Application Form

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.

International Student Enrolment Application Form

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 emailed 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.