



Inbound Exchange 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:

Estimated Arrival Date

Primary Language Spoken:

Religion:

Current School:

Current Grade

Grade 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 Divorce, 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:

PASSPORT/VISA INFORMATION

Place of Birth _____ Nationality: _____

Passport Number: _____

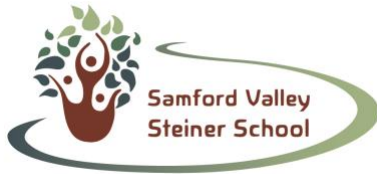
Students are required to obtain a valid Australian Student visa (visa subclass 500) for the duration of their placement at Samford Valley Steiner School



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	
Depression	<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-te	<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)

You must have health insurance while in Australia. Health insurance can be provided by obtaining Overseas Student Health Cover (OSHC) which provides medical and hospital insurance. The Department of Immigration and Citizenship requires overseas students to maintain OSHC for the duration of time they are in Australia.

[Private Health Cover](#)

PRIVACY INFORMATION

We collect personal information about students at the School, their parents and people who care for them. The primary purpose of collecting the information is to enable us to use the information for all actions connected with educating our students including exchange students. You consent to the personal information being used for educational and ancillary purposes including the marketing of the School. This may include photographs of the student or their work for marketing purposes (e.g. website, School calendar, Facebook). If you do not consent to this, you must notify the School in writing.

Any medical information will be used discretely and in accordance with the School's privacy policy. The privacy policy may be viewed on our website.



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.

Please attach a letter of support from your English teacher.

We/agree that the information in this form is accurate and true Information.
We understand and agree with school information provided in this form.

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

NAME: SIGNATURE DATE: ..

NAME: SIGNATURE DATE: ..

NAME OF STUDENT

SIGNATURE OF STUDENT

Please note an email address and date can be in place of a signature