



# APPLICATION FOR ENROLMENT - International Students

## PERSONAL DETAILS

Family Name:	
Full Given Names:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
English Name:	Date of Birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country of Birth:	Current Nationality:
Is the student of Aboriginal/Torres Strait Islander Origin? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Family Religion: <input type="checkbox"/> Seventh Day Adventist <input type="checkbox"/> Other – Please State _____	

## STUDENTS PASSPORT AND VISA DETAILS

Does the student have a current visa for Australia <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate type:	
Passport Number:	Date of Issue:                      Expiry Date:
Visa Number:	Valid to:

## EDUCATIONAL DETAILS

Name of Current School:	Phone:	Year Level:
Date of Initial arrival in Australia (Day/Month/Year) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Course(s) in which student intends to enrol (please circle year level)		
082940K Primary                      Prep 1 2 3 4 5 6	Duration of Enrolment:	
082941J Junior Secondary        7 8 9 10	Duration of Enrolment:	
082942G Secondary                11 12	Duration of Enrolment:	



**PARENTS'/GUARDIANS' DETAILS**

Student lives with: Both parents  Father only  Mother only  Shared arrangement  Guardian

Are there any court orders affecting your son/daughter  Yes  No

PARENTS DETAILS	Father/Legal Guardian	Mother/Legal Guardian
Title and Full Name		
English Name		
Residential Address		
Telephone	Home: Work: Mobile:	Home: Work: Mobile:
Email Address		
Facsimile		
Language spoken at home		
Occupation		
Employer		
Additional Emergency Contact person and details		

COMMUNICATON	FOR CORRESPONDENCE	FOR FEE STATEMENTS
Title and Full Name		
Postal address (if different to the students residential address)		
Facsimile		
Email		

**ACCOMODATION AND WELWARE DETAILS**

Will you require new homestay accommodation if you attend Brisbane Adventist College  Yes  No



# BRISBANE ADVENTIST COLLEGE

CRICOS Provider No. 00969J



BRISBANE ADVENTIST COLLEGE  
INTERNATIONAL STUDENTS

The student is approved to stay in Australia with:

- Parent
  Approved Homestay family
  Relative (Suitable relative over 21 approved by DIAC).  
 Relationship to student: \_\_\_\_\_

Approved Accommodation	Father/Adult Male	Mother/Adult Female
Title and Full Name		
Residential Address		
Postal Address (if different from above)		
Telephone	Home: Work: Mobile:	Home: Work: Mobile:
Facsimile		
Email		

## AUSTRALIAN AGENT DETAILS

Company Name:

Company Address:

Daytime phone

Mobile:

Facsimile:

Email:

Internet Address:

## MEDICAL DETAILS

Immunisation	Yes/No	Immunisation	Yes/No
Tetanus		Rubella	
Smallpox		Measles	
Typhoid		Mumps	
Diphtheria		Tuberculosis	
Polio		Other	

State *any* Medical Conditions (e.g. Asthma) and any treatments, medicines that a student may need.



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## OSHC

Overseas Students Health Cover (OSHC) It is a Department of Immigration and Citizenship (DIAC) requirement that all Full Fee Paying Overseas Students have Overseas Student Cover.  
(Please see website <http://www.oshc-compare.com.au/oshc/>)

Does the student have current membership in an approved OSHC fund?  Yes  No

Name of Health Provider:

Name on card:

Membership No.

Valid to /

## APPLICATION FEE (A non-refundable fee of AU\$150)

Please *tick* preferred payment option

Cheque/Money Order made payable to Brisbane Adventist College

Cash (*hand delivered only – do not send in the mail*)

Debited from this credit card account

Bankcard

MasterCard

Visa

Date valid to /20

Card Number

Name on Card:

Signature \_\_\_\_\_

## ENROLMENT FORM CHECKLIST

- Completed Application for Enrolment Form
- Have read Policy Statements and signed Parent Declaration and Student Declaration Form
- Certified copy of passport and visa details
- Certified copy of academic records from the most recent year of schooling
- Certified copy of recommendation (or statement of behaviour) if not included with academic records
- Copy of English Proficiency Test (if available)
- English Proficiency Test at Brisbane Adventist College (AU \$100 Test Fee)
- Will provide test results as soon as possible. I understand that I need to provide these results before the Enrolment process is Finished
- Signed conditions of enrolment agreement
- Cheque or credit card Application Fee of AU\$150



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BRISBANE ADVENTIST COLLEGE  
INTERNATIONAL STUDENTS

## LODGING THE APPLICATION

Please forward this Application Form together with the AU\$150 application fee to:

The Admissions Office, Brisbane Adventist College, 303A Broadwater Road  
Mansfield Qld 4122 Australia  
Phone: +61 7 3347 6444 Facsimile: +61 7 3347 6475

## OFFICE USE ONLY

Commencement date:

Bus route and rate:

Application fee included:

Sport house:

New accommodation required:

## PERMIT INFORMATION

### MEDICAL PERMIT

I hereby give permission for the College administration to obtain medical attention for my child when deemed necessary or when advisable during the school year.

### EDUCATIONAL EXCURSION AND SPORTING EVENTS

I hereby give permission for my child to participate in educational day excursion (fields trips, museum visits, etc.) or sporting events (swimming carnivals, district sports, etc.) organised by the College during the school year.

### PHOTOGRAPHY

I hereby give permission for my child as named on this form to be photographed and for their image to be used for publicity purposes by the College in a manner that is deemed reasonable and preserves the dignity of my child. At no time is the name of the child to be used in any promotional material.

Signed (Parent/Guardian): \_\_\_\_\_