



**APPLICATION FOR ENROLMENT
INTERNATIONAL STUDENT**

PRINT IN BLOCK CAPITALS ONLY

STUDENT DETAILS		
SURNAME:		GIVEN NAME:
KNOWN AS:		MIDDLE NAME:
DATE OF BIRTH: (Please attach a copy of birth certificate)		GENDER: MALE / FEMALE
COUNTRY OF BIRTH:		CITIZENSHIP:
ACADEMIC YEAR OF ENTRY:		YEAR LEVEL:
DATE OF ENTRY:		
PASSPORT NUMBER:		VISA CLASSIFICATION:
MAIN LANGUAGE SPOKEN AT HOME:		2 ND LANGUAGE SPOKEN:
HOW WOULD YOU DESCRIBE YOUR ENGLISH?:		
LISTENING?:		SPEAKING?:
IF YOU HAVE TAKEN IN IELTS OR TOEFL TEST WHAT WAS YOUR RESULT?		
HAVE YOU EVER APPLIED FOR ENTRY INTO AN AUSTRALIAN SCHOOL BEFORE?		
DO YOU INTEND TO STUDY A COURSE AFTER YOU FINISH YOUR COURSE AT EMMANUEL ANGLICAN COLLEGE?		
FAMILY DATA		
FATHER/GUARDIAN		MOTHER/GUARDIAN
FAMILY NAME: Lives with child <input type="checkbox"/>		FAMILY NAME: Lives with child <input type="checkbox"/>
GIVEN NAME:		GIVEN NAME:
POSTAL GREETING: Mr Other:		POSTAL GREETING: Mrs, Miss, Ms, Other
HOME PH: <input type="checkbox"/> Silent	BUS PH:	HOME PH: <input type="checkbox"/> Silent BUS PH:
MOB. PH:	FAX:	MOB. PH: FAX:
EMAIL:		EMAIL:
OCCUPATION:		OCCUPATION:
WORK PLACE:		WORK PLACE:
RELIGIOUS DENOMINATION:		RELIGIOUS DENOMINATION:
STATUS: Deceased/De Facto/ Divorced/Married/Separated/ Sole Parent/Step Father		STATUS: Deceased/De Facto/ Divorced/Married/Separated/ Sole Parent/Step Mother
COUNTRY OF BIRTH:		COUNTRY OF BIRTH:
ADDRESS 1: RESIDENTIAL		ADDRESS 1: RESIDENTIAL
ADDRESS 2: POSTAL (If Different From Residential)		
OFFICE USE ONLY		Student Code:
Receipt No:	Amount: \$	Family Code:
Date:		Date Enrolment Agreement sent: Received:
Date Interviewed:		Privacy Act Form sent: Received:
Comments:		Network Agreement sent: Received:

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AUSTRALIA

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FAX: +61 (0) 2 6681 3704

ABN 72 079 134 060

WEB: www.eac.nsw.edu.au
EMAIL: enquiries@eac.nsw.edu.au

CRICOS PROVIDER CODE: 02449F

RELIGIOUS DENOMINATION:

MINISTER/PRIEST & PARISH:

SACRAMENTS:

ACADEMIC PROGRESS

Strength in subject/skill

Weakness in subject/skill

Copies of previous student report cards would be appreciated if available.

STUDENT MEDICAL DETAILS

Notification of any changes to these details should be made immediately to the College as this information affects a range of management and safety issues for your child.

MEDICAL CONDITIONS / ALLEGIES (eg asthma, skin conditions, diabetes, epilepsy, fits or blackouts, allergic conditions)

MEDICATION: If your child is currently required to take medication on a daily basis, please give details eg. Name, dosage, times to be taken, reason/condition, whether required to be kept with child at College etc. Any changes to this information needs to be notified to the College.

LAST IMMUNISATION DATE:

Combined Diphtheria Tetanus Toxoid Booster
LAST TETANUS DATE:

Measles

Polio

OTHER RELEVANT MEDICAL INFORMATION: eg: hearing/vision problems, physical/learning difficulties. Please provide copies of relevant reports. Parents must advise the College of any disability or impairment which currently affects the student or which might affect the student in the future. The College reserves its right to obtain further information regarding the student.

OTHER RELEVANT FAMILY INFORMATION: eg custody arrangements and concerns (Sensitive matters can be notified privately to the Principal or Registrar)

PARENT/GUARDIAN ACCIDENT CONSENT

In the event of any accident or illness, I give my consent to the obtaining of any medical assistance that my child may require. I undertake to pay any costs incurred in the treatment of my child.

Parent/Guardian

Signature:.....Date:.....

Note: If parents/guardians cannot be contacted and the student's condition is considered serious, then the student will be transported by ambulance to hospital.

CONDITIONS OF REGISTRATION AND ENROLMENT

The Enrolment Application must be accompanied by a non-refundable enrolment deposit of \$1000.

I/we understand that I/we will be required to complete an Enrolment Agreement if the College offers a position.

I/We have read and accept the terms and conditions of the enrolment form (Refund and Cancellation Policy) and hereby apply to enrol at Emmanuel Anglican College.

I/We will notify Emmanuel Anglican College of any change of address/phone number while I am enrolled in the course.

I/we have through discussion with the College Principal and/or reading the documents provided understand the philosophy of the College toward the uniform and behavioural responsibilities of students. I will give my support to this direction and encourage a positive response in my children.

Father's Signature: _____ Date _____

Mother's Signature: _____ Date _____

Guardian's Signature: _____ Date _____

*This information may be provided to Commonwealth and State agencies and the Fund Manager of the Assurance Fund.



UNDER COMMONWEALTH PRIVACY ACT COLLECTION NOTICE

1. The College collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the College. The primary purpose of collecting this information is to enable the College to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy the College's legal obligations, particularly to enable the College to discharge its duty of care.
3. Certain laws governing or relating to the operation of Colleges require that certain information is collected. These include Public Health (and child protection) laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
5. The College from time to time discloses personal and sensitive information to others. This includes to other schools, government departments, medical practitioners, and people providing services to the College, including specialist visiting teachers, (sports) coaches and volunteers. The College collects personal and sensitive information about pupils.
6. If we do not obtain the information referred to above, we may not be able to continue the enrolment of your son/daughter.
7. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions such as academic and sporting achievements, pupil activities and other news is published in College newsletters, magazines. (and may be included on our web site.)
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the College. pupils may also seek access to information about them. However, there will be occasions where access is denied. Such occasions would include where release would have an unreasonable impact on the privacy of others where release may result in a breach of the College's duty of care to the pupil.
9. As you know, the College from time to time engages in fundraising activities. The information received by the College may be used to make an appeal to you.
10. If you provide the College with the personal information of others, such as doctors or emergency contacts, you should inform them that you are disclosing that information to the College. Also, you should inform them that they can access that information if they wish and that the College does not usually disclose the information to third parties.
11. We may include your contact details in a class list and school directory. **If you do not agree to this you must advise us now.**

* If appropriate

Signature

Name (print)

Date

Homestay Student Profile

PERSONAL DETAILS:

Family name:	Given name:		
Preferred name:	Date of birth:	Age:	
Nationality:	Gender:	Male /	Female
Email address:	Do you smoke?	Yes /	No
Do you drink alcohol? Yes / No			
Do you have a medical condition? Yes / No If yes, please provide details here			

MY FAMILY DETAILS:

Name	Relationship	Age	Occupation

MY DETAILS:

1. My favourite food is
2. But I don't like to eat
3. My interests are
4. I want to study abroad because
5. I like pets, especially
6. I don't like pets, especially
7. I am allergic to
8. This is my first time overseas
9. This is not my first time overseas, I have been to
10. I would describe my personality as
11. I am looking forward to
12. I am anxious about
13. Please write a note to your host family
Office use only: Student placed with -
Name:
Address:
Phone:
Commencing from: