## International Student **Enrolment Application**

Office use only		
Student ID		

Checklist	Your application	must include	the	following	items:
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- This enrolment form including the signature of each parent/guardian who has legal responsibility for the applicant
- Opies of the applicant's birth certificate and passport
- A copy of the applicant's AEAS test results
- Certified copies of the applicant's school reports from the past two years.

## Submitting your application

Please submit a separate application for each child by emailing the completed form and supporting documents to enrol@beaconhills.vic.edu.au The Admissions team will then organise a time for an interview with the applicant. Successful applicants will receive a Letter of Offer and invoice for fees payable. The application fee of AUD \$100 will be included on the invoice.

Student deta	ails				
Surname					
Given names				Preferred name	
Current resident	ial address				
Suburb				Postcode	
State / province	/ region			Country	
Gender	Male Female	Date of birth DAY / MONTH / Y	ZEAR Country of b	irth	Nationality
Passport	Country of issue	Number		Expiry date DAY / MONTH /	YEAR
Visa category of	the student coming to Australia to	study? Choose one Permanen	t Australian resident	Temporary Australian resi	dent International student
	Visa number	Issue date DAY / MONTH	H / YEAR	Expiry date DAY / MONTH /	YEAR
Have you ever h	ad a visa refusal or cancellation?	No Yes			
Languages spok	en at home			Religion	
Current school					
Application of	details				
Preferred level f	or entry (eg.Prep - Year 12)				
Preferred comm	encement year (eg. 2024)				
Additional inform	nation (ie. further needs which could as:	sist teaching staff in helping your child			
Siblings currentl	y on Beaconhills College applicatio	on lists			
Siblings currentl	y attending Beaconhills College				
Is the student ap	oplicant a sibling of a past student?	No Yes If Yes	, please provide the followin	ng details	
Name when at E	Beaconhills			Exit year (eg. 2001) He	ouse



Parent 1 / Guardian 1 Relationship to student applicant						
Title Surname	Given names					
Current residential address						
Suburb	Postcode					
State / province / region	Country					
Phone Home Mobile	Business					
Email	Occupation					
Current <b>postal</b> address						
Suburb	Postcode					
State / province / region	Country					
	·					
Parent 2 / Guardian 2 Relationship to student applicant						
Title Surname	Given names					
Current <b>residential</b> address						
Suburb	Postcode					
State / province / region	Country					
Phone Home Mobile	Business					
Email	Occupation					
Current <b>postal</b> address						
Suburb	Postcode					
State / province / region	Country					
Appropriate accommodation, support and general welfare arrangements In	ternational students must have approved care arrangements in place.					
Appropriate accommodation, support and general welfare arrangements In Would you like Beaconhills College to organise care arrangements?	Yes No If No, please provide the following details					
Would you like Beaconhills College to organise care arrangements?	Yes No If No, please provide the following details					
Would you like Beaconhills College to organise care arrangements?  Details of the guardian/primary carer	Yes No If No, please provide the following details					
Would you like Beaconhills College to organise care arrangements?  Details of the guardian/primary carer  Title Surname	Yes No If No, please provide the following details					
Would you like Beaconhills College to organise care arrangements?  Details of the guardian/primary carer  Title Surname  Address	Yes No If No, please provide the following details  Given names					
Would you like Beaconhills College to organise care arrangements?  Details of the guardian/primary carer  Title Surname  Address  Suburb	Yes No If No, please provide the following details  Given names  Postcode					
Would you like Beaconhills College to organise care arrangements?  Details of the guardian/primary carer  Title Surname  Address  Suburb  State / province / region	Yes No If No, please provide the following details  Given names  Postcode  Country					
Would you like Beaconhills College to organise care arrangements?  Details of the guardian/primary carer  Title Surname  Address  Suburb  State / province / region  Phone Home Mobile	Yes No If No, please provide the following details  Given names  Postcode  Country  Business					
Would you like Beaconhills College to organise care arrangements?  Details of the guardian/primary carer  Title Surname  Address  Suburb  State / province / region  Phone Home Mobile	Yes No If No, please provide the following details  Given names  Postcode  Country  Business  Relationship to student applicant					
Would you like Beaconhills College to organise care arrangements?  Details of the guardian/primary carer  Title Surname  Address  Suburb  State / province / region  Phone Home Mobile  Email	Yes No If No, please provide the following details  Given names  Postcode  Country  Business  Relationship to student applicant					
Would you like Beaconhills College to organise care arrangements?  Details of the guardian/primary carer  Title Surname  Address  Suburb  State / province / region  Phone Home Mobile  Email  Accommodation arrangements International students must reside in Beaconhills College  Would you like Beaconhills College to organise accommodation?  Yes, boarding	Yes No If No, please provide the following details  Given names  Postcode  Country  Business  Relationship to student applicant  e approved boarding, homestay or private accommodation.					
Would you like Beaconhills College to organise care arrangements?  Details of the guardian/primary carer  Title Surname  Address  Suburb  State / province / region  Phone Home Mobile  Email  Accommodation arrangements International students must reside in Beaconhills College Would you like Beaconhills College to organise accommodation?  Yes, boarding	Yes No If No, please provide the following details  Given names  Postcode  Country  Business  Relationship to student applicant  e approved boarding, homestay or private accommodation.  Yes, homestay					
Would you like Beaconhills College to organise care arrangements?  Details of the guardian/primary carer  Title Surname  Address  Suburb  State / province / region  Phone Home Mobile  Email  Accommodation arrangements International students must reside in Beaconhills College  Would you like Beaconhills College to organise accommodation?  Yes, boarding  No, the student has	Postcode Country Business Relationship to student applicant  e approved boarding, homestay or private accommodation.  Yes, homestay  accommodation If No, please provide the following details					
Would you like Beaconhills College to organise care arrangements?  Details of the guardian/primary carer  Title Surname  Address  Suburb  State / province / region  Phone Home Mobile  Email  Accommodation arrangements International students must reside in Beaconhills College Would you like Beaconhills College to organise accommodation?  Yes, boarding  No, the student has	Fostcode Country Business Relationship to student applicant  e approved boarding, homestay or private accommodation.  Yes, homestay  accommodation If No, please provide the following details  Given names					
Would you like Beaconhills College to organise care arrangements?  Details of the guardian/primary carer  Title Surname  Address  Suburb  State / province / region  Phone Home Mobile  Email  Accommodation arrangements International students must reside in Beaconhills College Would you like Beaconhills College to organise accommodation?  Yes, boarding  No, the student has  Title Surname  Age of accommodation provider	Fostcode Country Business Relationship to student applicant  e approved boarding, homestay or private accommodation.  Yes, homestay  accommodation If No, please provide the following details  Given names					
Would you like Beaconhills College to organise care arrangements?  Details of the guardian/primary carer  Title Surname  Address  Suburb  State / province / region  Phone Home Mobile  Email  Accommodation arrangements International students must reside in Beaconhills College  Would you like Beaconhills College to organise accommodation? Yes, boarding  No, the student has  Title Surname  Age of accommodation provider  Accommodation address	Given names  Postcode  Country  Business  Relationship to student applicant  e approved boarding, homestay or private accommodation.  Yes, homestay  accommodation If No, please provide the following details  Given names  Relationship to student applicant					

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For students requesting the boardi Minimum age requirement of 13 for enrolmen	_			dation.	
Do you have any dietary restrictions?	No	Yes	Details		
Do you have any allergies to animals?	No	Yes	Details		
Do you have brothers or sisters?	No	Yes			
Do you enjoy the company of children?	No	Yes			
Have you ever lived away from home?	No	Yes			
What are your favourite activities?					
Please include any other relevant information	about you	rself			
Student medical profile					
Emergency contact person			Relationship	Phone	
Has the student been diagnosed with a medi	ical conditi	ion that a dod	ctor should be aware of, or had any se	rious illnesses, operations or accidents?	
	No	Yes	Details		
Does the student suffer from any of the follow	wing condi	itions?			
Heart problems	No	Yes	Medication / treatment details		
Respiratory problems	No	Yes	Medication / treatment details		
Asthma / other	No	Yes	Medication / treatment details		
Anaphylaxis	No	Yes	Medication / treatment details		
Diabetes	No	Yes	Medication / treatment details		
Epilepsy	No	Yes	Medication / treatment details		
Migraine	No	Yes	Medication / treatment details		
Blood disorder	No	Yes	Medication / treatment details		
Phobias	No	Yes	Medication / treatment details		
Recent illnesses	No	Yes	Medication / treatment details		
Attention difficulty: ADD/AD	No	Yes	Medication / treatment details		
Asperger's Syndrome / Autism	No	Yes	Medication / treatment details		
Dyslexia	No	Yes	Medication / treatment details		
Allergies - if Yes, give details	No	Yes	Medication / treatment details including k	known trigger(s) and reaction(s)	
Permission to administer paracetamol for fev	er, minor a	aches and pa	ins No Yes		

Beaconhills College reserves the right to administer emergency care, or refer a student to a medical practitioner or hospital should the need arise.

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Travel in	nsurance and Overseas He	alth Cove	er* (OSH	C)			
	nal student visa holders must have you may wish to organise your own			ration of their time in Au	ıstralia. The College	OSHC* provider is All	ianz, www.oshcallianzassistance.com.au
W	Vould you like Beaconhills College	to organise	OSHC*?		Yes	No	
prevents of Australia e approved	ition 8532 requires overseas stude overseas students under the age o	f 18 from ent opropriate A s.	tering Austr ccommoda	ralia without appropriate	welfare arrangeme	nts in place. If an over ate they must be acco	f their stay in Australia. This condition seas student wishes to arrive in ompanied by a nominated guardian
Parent / G	iuardian signatures						
Before signin	-		ired to read	l all financial, fee and en	rolment information	. This information is av	vailable on the International page of the
	This app Formal c	lication is a r offers of plac sceptance of	te are sent the place,	of interest in a place at E by email following a suc parents/guardians and s pleted document. You n	ccessful interview prostudents agree to en	ocess with applicants.	policies of the College.
	Signature	1			Date D	OAY / MONTH / YEAR	
	Stanton	2			D.L. S	NAV (MONTH (MEAR)	
	Signature	2			Date L	DAY / MONTH / YEAR	
				onwealth Privacy Act 1988 a ed on the College website: b		olicies/	
How did	d you hear about Beaconhi	lls Colleg	ie?				
	Exhibition	No	Yes	Details			
	Education agent	No	Yes	Details			
	Relative	No	Yes	Details			
	Friend	No	Yes	Details			
	Website	No	Yes	Details			
	Social media	No	Yes	Details			
Accredi	ted agent details						
Name	Agency name						
Address	Street					Suburb	
	State			Postcode		Country	
Contact	Contact person				Email		
	Business phone				Mobile phone		

Amount \$

Student's surname

Receipted by

Office use only

Student's given name

Receipt no.

Date