

ENROLLING STUDENT DETAILS

ADDITIONAL CHILD

SURNAME	<input type="text"/>												
GIVEN NAMES	<input type="text"/>												
PREFERRED NAME	<input type="text"/>	DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	GENDER (Please tick)	<input type="checkbox"/>	<input type="checkbox"/>			
MOBILE PHONE	<input type="text"/>	<input type="text"/>	HOME PHONE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
EMAIL	<input type="text"/>						LANGUAGE/S SPOKEN AT HOME	<input type="text"/>					
COUNTRY OF BIRTH	<input type="text"/>						NATIONALITY	<input type="text"/>					
RESIDENTIAL ADDRESS IN HOME COUNTRY	<input type="text"/>						RESIDENTIAL ADDRESS IN AUSTRALIA	<input type="text"/>					
	POSTCODE							POSTCODE					
PASSPORT DETAILS	PASSPORT NUMBER				EXPIRY DATE				COUNTRY OF ISSUE				
VISA TYPE (Please tick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VISA EXPIRY DATE				<input type="text"/>	<input type="text"/>	<input type="text"/>		

OVERSEAS STUDENT HEALTH COVER (OSHC)

DOES STUDENT HAVE OSCH? (Please tick)	<input type="checkbox"/>	<input type="checkbox"/>	OSHC FUND NAME	<input type="text"/>									
OSHC MEMBERSHIP NUMBER	<input type="text"/>						OSHC EXPIRY DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>			

EDUCATION DETAILS

ACADEMIC COMMENCEMENT YEAR	<input type="text"/>						CALENDAR COMMENCEMENT YEAR	<input type="text"/>	<input type="text"/>		
IS THE STUDENT CURRENTLY ENROLLED WITH ANOTHER EDUCATION PROVIDER OR ATTENDING ANOTHER EDUCATIONAL INSTITUTION IN AUSTRALIA? (Please tick)	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>			
NAME OF INSTITUTION/ EDUCATION PROVIDER	<input type="text"/>										
LEVEL/ ACADEMIC YEAR	<input type="text"/>	ENROLMENT DATE	<input type="text"/>	<input type="text"/>	COURSE COMPLETION DATE	<input type="text"/>	<input type="text"/>				

SPECIAL NEEDS AND CONSIDERATIONS

PLEASE LIST MEDICAL CONDITIONS OR SPECIAL CONSIDERATIONS AND INCLUDE REPORTS WHERE POSSIBLE.
(EG SPECIAL GIFTS OR TALENTS, SPEECH PATHOLOGY, PSYCHOLOGIST, ASTHMA, ALLERGIES, ADHD, DIABETES ETC)

<input type="text"/>
<input type="text"/>
<input type="text"/>

CORRESPONDENCE

SEND REPORTS TO (Please tick all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEND FEES ACCOUNTS TO (Please tick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>