Please use BLOCK CAPITALS STUDENT INFORMATION

| Student's Surname | |
|--|--|
| Given Names | Preferred Name |
| Date of Birth | Status - [Boarder/Day/Homestay] |
| Proposed Calendar Year to be enrolled | Proposed Academic (Grade) Year |
| Language Spoken (Home) | Other Language/s |
| Religion | Country of Birth |
| Nationality | |
| Present School | |
| Passport Number: | |
| Country of Issue: | Expiry Date: |
| Do you have an Australian visa? Yes If yes, specify type of visa + number (eg, studer Please Supply a copy of Passport and Visa FAMILY INFORMATION | |
| Home Address | |
| Postal Address | Post Code |
| Home Phone Number | Post Code Facsimile |
| Address in Australia (if applicable) | |
| | Post Code |
| Do you have existing Overseas Student Hea | olth Cover? Yes No |
| Provider: | Policy No: |
| Expiry Date | (Please provide a copy of the policy confirmation note |



Application for Er

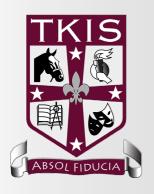
OFFICE USE ONLY

Parent Code:

Date Received:

Student Code:

Receipt No:



Application for Enrolment International Student

Country of Issue

PARENT / GUARDIAN / CARER #1

| Resides with student YES NO | | |
|---|-------------------------|--|
| Name | | |
| Occupation | | |
| Employer | | |
| Industry | | |
| Business | | |
| | | |
| | Post Code | |
| Business Phone | Mobile Phone | |
| Email Address | | |
| Religion | | |
| Passport Number | | |
| Country of Issue | Expiry Date | |
| | | |
| PARENT / GUARDIAN / CARER #2 | | |
| PARENT / GUARDIAN / CARER #2 Resides with student YES NO | | |
| | | |
| Resides with student YES NO | | |
| Resides with student YES NO | | |
| Resides with student YES NO Name Occupation | | |
| Resides with student YES NO Name Decupation Employer Industry | | |
| Resides with student YES NO Name Decupation Employer | | |
| Resides with student YES NO Name Decupation Employer Industry | | |
| Resides with student YES NO Name Decupation Employer Industry | Post Code | |
| Resides with student YES NO Name Decupation Employer Industry | Post Code Mobile Phone | |
| Resides with student Name Decupation Employer Industry Business Address | | |
| Resides with student Name Occupation Employer Industry Business Address Business Phone | | |
| Resides with student Name Decupation Employer Industry Business Address Business Phone Email Address | | |

Expiry Date

STUDENT ACADEMIC DETAILS

| Current School | | | | | |
|--|---------------|--------------|--------------|---------------|------|
| Address | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Current Year Level How many | years of sch | ooling hav | ve been co | mpleted? | |
| (please include two years of the most recent s reports) | school | | | | |
| How long have you learnt English? | | | | | |
| Proposed place for ELICOS course? | | | | | |
| | | | | | |
| When did you complete your English Assessr Please state which test was | nent? | | finclude a c | opy of the te | est. |
| completed | | | results) | | |
| | | | | | |
| OTHER FAMILY MEMBERS who have attended, | are attendir | ng or will b | e attending | g TKIS. | |
| Full Name Ma | iden Name | | | | |
| Relationship to Student | Year of Leavi | ing/Year L | _evel | House | |
| Contact (Phone and/or Email) | | | | | |
| | | | | | |
| FAMILY APPOINTED AGENT DETAILS | | | | | |
| Name of Agency | | | | | |
| Agent's Name | | | | | |
| Address | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Phone number | | | | | |
| Email | | | | | |



Application for Enrolment

International Student

ALTERNATIVE CONTACT if future mail from school does not reach you promptly or parents are not available (Eg. grandparents, relatives, close friend) Full Name Postal Post Code Relationship to Student Phone Number Email address FINANCIAL DETAILS (Upon application, a non-refundable Application Fee is required) VISA **MASTERCARD AMEX** Credit Card No **Expiry Date** Card Holder's Name Amount Signature **TELEGRAPHIC TRANSFER:** Where this method is used, it is requested that parents email a copy of the receipt to TKIS immediately. Telegraphic Transfers may be made directly to TKIS Bank Account. Account Name: Kooralbyn Campus Incorporated Bank: Westpac Branch: Brisbane CBD BSB: 034 - 033 Account Number: 175398 Swift Code: WPACAU2XXX **DECLARATION** We, the Parent/s, Guardian/s or Carer/s declare as follows: 1. We agree that the above information is accurate and true at time of application. 2. We understand that this application is an application for admission only and does not confirm a place at TKIS. 3. We acknowledge there is a non-refundable application fee to cover administrative costs. 4. We consent to the collection, use, disclosure and retention of personal information about us and the Student from time to time in accordance with TKIS Privacy Policy, a copy of which can be obtained from the TKIS website. Signatures of Both Parents/Guardians/Carers Date ____/ ___/ **AGENTS CHECKLIST** Completed Application Form A copy of Passport and Visa details OSHC policy, if applicable Two years of most recent academic records English proficiency test results Copy of parent/guardian passport



Enrolmer

The Kooralbyn International School

79c Ogilvie Place, Kooralbyn QLD 4285 Telephone: +61 7 5544 5500 Facsimile: +61 7 5544 6108

admin@tkis.qld.edu.au www.tkis.qld.edu.au

Kooralbyn Campus Inc. ta **The Kooralbyn International School**ABN: 22 449 947 887
CRICOS Code: 02759C