



International Student Application Form

Please print clearly in English and in BLOCK letters. Please tick boxes where appropriate.

STUDENT DETAILS			
Family name:		Given names:	
Title:	Date of birth: (dd/mm/yyyy)	Age:	Gender: Male <input type="checkbox"/> Female: <input type="checkbox"/> (Please tick)
Country of birth:		Nationality:	
Home address:			
City:		State/Province:	
Country:		Postcode:	
Home telephone number: (Inc country code)		Mobile telephone number: (Inc country code)	
Email:			

PASSPORT DETAILS	
Passport number:	Passport expiry date:

PARENT/GUARDIAN		
Title:	Name:	Relationship with student:
Home address: (if different from student address)		
City:		State/Province:
Country:		Postcode:
Home telephone number: (Inc country code)		Mobile telephone number: (Inc country code)
Business telephone number: (Inc country code)		Fax number: (Inc country code)
Email:		

PARENT/GUARDIAN		
Title:	Name:	Relationship with student:
Home address: (if different from student address)		
City:		State/Province:
Country:		Postcode:
Home telephone number: (Inc country code)		Mobile telephone number: (Inc country code)
Business telephone number: (Inc country code)		Fax number: (Inc country code)
Email:		

VISA DETAILS		
Do you have a current Australian Visa? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please tick) (if yes please provide a copy)		
Visa type:	Visa Subclass:	Visa Expiry Date:
Are you applying for a Student Visa? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please tick)		

ENGLISH LANGUAGE					
All international students are required to demonstrate an acceptable level of English proficiency to gain admission at the ASC schools. Please provide evidence of your English proficiency test results taken in the last two years.					
AEAS test (score)	Reading:	Vocabulary:	Written	Listening:	Speaking:
Academic IELTS (Score)	Overall:	Listening:	Reading:	Writing:	Speaking:
Other: (please supply)					

PROGRAM SELECTION		
Preparation for Secondary Studies [078837K]: <input type="checkbox"/>	Intake: Feb <input type="checkbox"/> Apr <input type="checkbox"/> Jul <input type="checkbox"/> Oct <input type="checkbox"/>	Year:
Secondary Junior to Senior Years 7 – 10 Boys and Girls [005169A]: <input type="checkbox"/>	Feb <input type="checkbox"/> Apr <input type="checkbox"/>	Year: 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
Secondary Junior to Senior Years 11–12 Boys and Girls (WACE) [005169A]: <input type="checkbox"/>	Feb <input type="checkbox"/>	11 <input type="checkbox"/> 12 <input type="checkbox"/>
Western Australian Universities' Foundation Program (WAUFP) [076552F]: <input type="checkbox"/>	Feb <input type="checkbox"/>	WAUFP <input type="checkbox"/>

PREVIOUS/CURRENT EDUCATION	
Please attach verified copies of last two academic transcripts or reports (translated into English).	
Name of School:	Name of qualification:
Year awarded/completed: (mm/yyyy)	
Country/State:	Language of instruction:

ACCOMMODATION		
Do you require Homestay? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, please provide information below:		
Private accommodation provider:		
Title:	Name:	Relationship with student:
Home address:		
City:		State/Province:
Country:		Postcode:
Home telephone number: (Inc country code)		Mobile telephone number: (Inc country code)
Email:		

OSHC DETAILS (if applicable)	
Do you currently have an OSHC policy? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please tick)	
If Yes, please attach a copy of OSHC policy and provide details below:	
Name of OSHC provider:	
OSHC Member number:	OSHC expiry date:

MEDICAL INFORMATION		
Please tick the appropriate box. If you tick 'Yes' to any of these questions, please add comments in the column provided.		
Does the student have/ever had? (Please tick) if Yes, please provide details		
Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>
<ul style="list-style-type: none"> ▪ Allergies 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please specify: Symptoms:
Anaphylaxis	Yes <input type="checkbox"/> No <input type="checkbox"/>	if yes, an EpiPen must be provided to the School to be stored in the sickbay
Epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Eating disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mental Illness / Depression	Yes <input type="checkbox"/> No <input type="checkbox"/>	
ADD/ADHD	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hearing / Sight / Speech Difficulties	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Physical Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Learning Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cancer / Leukaemia	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hepatitis	Yes <input type="checkbox"/> No <input type="checkbox"/>	
High / Low Blood Pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Heart problems	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dietary restrictions	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Immunisations <ul style="list-style-type: none"> ▪ Measles Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Chicken Pox Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Tetanus Date: _____ Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Other Yes <input type="checkbox"/> No <input type="checkbox"/> 		
Blood group type:	Unknown <input type="checkbox"/>	
Does the student have any other medical condition of which the School should be aware? Please provide details:		
.....		
.....		
Does the student take any medications? Please list all prescribed medication:		
.....		
Please attach any documentation regarding any learning services previously received and difficulties identified (e.g. support for any academic subject, speech therapy), or conditions such as Asperger's, Autism etc.		
I/We give permission for the School to administer the following medications		
Paracetamol (up to 2 tablets) <input type="checkbox"/> Ibuprofen (up to 2 tablets) <input type="checkbox"/> Antihistamine (up to 2 tablets) <input type="checkbox"/>		

DECLARATION ON CONDITIONS OF ENROLMENT AND SIGNATURES

- By ticking this box, I declare that the information and supporting documents in this form are current and genuine.
- By ticking this box, I declare that I have read and understood the Conditions of Enrolment below.

Education Services for Overseas Students Framework

The Australian Government welcomes international students studying in Australia, and in so doing has established National Standards and legislative regulations under the Education Services for Overseas Students (ESOS) Framework to ensure good educational services; and the safety and well-being of students. All providers must be registered and accredited to offer educational programs and services to international students and are required to comply with the National Standards and regulations to reassure students and parents. Please refer to the ESOS Framework available at <https://internationaleducation.gov.au/regulatoryinformation/pages/regulatoryinformation.aspx>.

Accommodation Support and Welfare of Students

The Department of Immigration and Border Protection (DIBP) has established requirements for the care of international students under the age of 18 not living with their parent or guardian. Regulations include a Confirmation of Appropriate Accommodation and Welfare (CAAW) arrangement to be provided to the student on enrolment. The Anglican Schools Commission (ASC) International provides students with Homestay arrangements in accordance with these standards. Students are required to request approval from ASC International prior to any change of residential address. Failure to do so causes the student to be in breach of their Visa conditions. A student may request a Homestay transfer by contacting the ASC International Student Support and Welfare Manager at admissions@asc.wa.edu.au.

Fee Schedule and Refund Policy

Fees and Refund Policy are shown on the Fee Schedule. Fees are subject to change with notice.

Attendance Policy

Student Visa conditions require students' attendance to be monitored. Students who do not achieve a minimum of 80% attendance in any semester are in breach of their Visa conditions and may be reported to DIBP. Students reported to DIBP are at a great risk of having their Visa cancelled.

Privacy and Publicity Policy

The ASC, ASC International and the ASC Schools maintain students' personal information for the purpose of adhering to its responsibilities. This information will not be disclosed to others, unless required by law or unless authorised by a student 18 years and older; or by a parent of students under 18 years.

I/We understand and agree that the ASC, ASC International and the ASC Schools may identify my name, any images and achievements or awards captured during my term of enrolment for the use of promotional material published. Students will not be entitled to any fee for the use of such images and information. If students or parents do not agree to the use of such photographic material and information, they must advise the International Admissions Registrar via email admissions@asc.wa.edu.au.

Deferral and Suspension of Study

Students applying to defer, suspend or arrange formal absence must do so in writing and provide third party evidence to support their application. A completed application will be considered, and a decision communicated, within two working days. Circumstances affecting the conditions of a student's Visa need to be registered with DIBP.

Grievances and Appeals Policy

ASC International and the ASC Schools will make every effort to resolve any enquiry raised by a student or parent. In the event that a concern continues, it is our obligation and commitment to assist with a formal appeal at no cost to you. The process is designed so as not to disrupt the student's studies. **We strongly value parent and student partnership and welcome and encourage your enquiries at any time. For a confidential discussion please contact the International Admissions Registrar via email admissions@asc.wa.edu.au.**

Cancellation or Transfer of Study

Students advising cancellation or transfer of enrolment shall do so with notice in writing to the International Admissions Registrar via email admissions@asc.wa.edu.au.

The notice is to provide a reason for cancellation and details of an intended alternate School. The application will be processed and notification of altered details provided to DIBP. Any refund of fees will be calculated from the date that the written notice is received by the International Admissions Registrar, as per ASC International's Refund Policy.

All conditions above are available in full at www.ascinternational.wa.edu.au/policies

Name (Parent/guardian)

Signature:

Date:

Name (Student) if over 18

Signature:

Date:

Please send your application to:

Admissions Office
5 Wollaston Road, Mt Claremont WA 6010, AUSTRALIA
T: +61 8 9286 0290 E: admissions@asc.wa.edu.au