

Student Information

Student mion	Hation			
Last Name:				
First Name:				
Preferred Name:				
Gender:			Religion:	
Date of Birth:			Birth Country:	
Nationality:			Language/s: (spoken at home)	
Student's Residential	Address:			
Student's Postal Addi				
Passport and V	/ISA Deta	ails		
Country of Passport:				
Passport No:				
VISA No: (if available)				
VISA Details: (if available)				
Current School	ling			
Name of School Currently Attending:				
Contact Details for Current School:				
Enrolment				
Present Year Level:				
Proposed Year Level Entry to TAS:	of			
Proposed Term of Ento TAS:	itry			
Proposed Year of Ent	try:			



Duration of Stay:										
Short Term:	From	/ /	to /	/						
Enrolment Type:	□ Da	y Student	□ Boa	rdin	g Stud	dent				
	Is the student transferring from another education provider? (If yes, attach a Letter of Release from that provider)									Vo
English Language Proficiency For the purpose of assessing possible English as a Good										
Second Language (- ,	_			Flue	_		Good		
indicate your child					Satis	factory		Poor		
Has the Student Ap	•		S, IELTS							
or other approved (If Yes, please prov			s which		Yes	□ No	1			
include the name of					. 05					
date of the test.)										
Parent/Guard	dian Inforr	nation								
Father / Legal	Guardian									
Title:	Full Name:									
Home Address:										
Postal Address: (if different from above)										
Home Phone:			Work Pho	one:						
Email:			Occupation	on:						
Employer:										
Mother / Legal	Guardian									
Title:	Full Name:									
Home Address:										
Postal Address: (if different from above)										
Home Phone:			Work Pho	ne:						
Email:			Occupation	on:						
Employer:										
Please complete i	f natural pare	nts are not	living tog	ethe	r:					



For day-to-day ma	atters please cor	nmunicate with?		Mother		Father		Legal Guardian	
For billing purposes please send the account to: Mother Father Legal Guardian									
Name of Step-Mo	Name of Step-Mother/Father or Legal Guardian (attach official documentation, as applicable)								
		ecific Issues Order at affect the Stude					_	o residence/contact) or Care rovide a copy).	
Australian Guardian									
Title:	Full Name:								
Home Address:									
Postal Address: (if different from above)									
Home Phone:				Work P	hone	e:			
Email:				Occupa	ition	:			
Employer:									
Family / Scho		ly members who a	are	current o	or pa	st studei	nts) t	to the school? (If yes,	
provide details).	-				, p.				
Student Applicant Profile The information sought in this section will assist the School to make an informed decision with respect to its ability to meet the Student Applicant's educational needs, including the feasibility of any reasonable adjustments that may be required. Your responses to these questions will be treated in accordance with our confidentiality and privacy policy. Please advise of any educational support which may be required for your child:									
Does your child have a medical, congenital or developmental condition that could affect our duty of care? □ No □ Yes − please provide details including diagnosis and date of diagnosis									
2 10 2 Picase provide details including diagnosis and date of diagnosis									
Does your child h	ave any allergies	or intolerances?		□ No □	Yes	– please	prov	vide details	



Diagnosed	Being Assessed		Diagnosed	Being Assessed			
		Allergy (as specified above)			Asthma Attention Deficit Disorder (ADD/ADHD)		
		Autism Spectrum Disorder			Behavioural Issues		
		Diabetes			Epilepsy		
		Speech/Language delays			Other (please detail below)		
Please provide details:							

Certification

- We certify that we are a parent/guardian of the applicant and therefore responsible for payment of all School Fees.
- Parents/Guardians are required to give one term's notice in writing before a student is withdrawn. We
 consent to and authorise the use of a consumer credit report as part of the application process and
 from time to time as may be needed.
- We certify that all information given in this Enrolment Application is correct and complete and that I/we will notify the school immediately of any changes.

Signatures (both parents/guardians to sign)

Mother/Guardian	Date	
Father/Guardian	Date	

More Information

Parents/guardians and students are advised the following information regarding Toowoomba Anglican School is available on our website in the Admissions section under International Students:

- International Student Policies
- International Student Handbook
- International Student Fees Schedule
- ESOS International Student Fact Sheet

Go to: https://www.taschool.gld.edu.au/admissions/international-students

Supporting Documentation

The following documents <u>must</u> be submitted with this Application (please tick):

- ☐ Copies of student School Report Cards from the previous 2 years of study including a copy of the latest Student Report.
- ☐ Copy of International English Language Testing results.



	Copy of student's Birth Certificate									
	Copy of student's Passport									
	Copy of student's VISA (if available)									
	Letter of recommendation or statement of student behaviour from previous school principal (if not									
		included with the school report card).								
	Supporting docume			•	•					
			idence/contact) or Ca	are and Protection	Orders in place that					
_	affect the Student (i	• •								
	A non-refundable E	• • •								
		wn private Overseas	s Student Health Cov	er (OSHC) then de	tails of this must be					
	provided.									
NOTE:	Where the above do	cuments are not in	English cartified tran	aclations in English	are required with					
	ary costs to be met b		Liigiisii, certiiled trai	isiations in English	are required, with					
Hecess	ary costs to be met b	y the applicant.								
D	+ D - + - ! -									
Payr	nent Details									
A non	refundable payment	of ALID\$150 must a	ccompany this comp	aloted application f	for annalment					
A HOH-	refulldable payment	of Aody 130 must a	ccompany this comp	летей аррпсацоп і	or emorment.					
Select	: Card:	☐ Master Card	□ Visa	Expiry Date:						
C	- - - - - - - - -			A + (ALID):	±450.00					
Cardi	nolder's Name:			Amount (AUD):	\$150.00					
Card	Number:	////								
Card	Holder's Signature:									
Date:										



Data Collection Information

Under Government Legislation, Ministers for Education in each state and territory and the Commonwealth have signed up to the National Goals for Schooling in the Twenty-First Century. As a result, it is a Government requirement for this survey to be completed as part of the enrolment process.

Student Name:				Gen	der:			
Heritage:	☐ Aboriginal	☐ Torres	Strait Islander	. [Nil Aborigin	al or	Islander origins	
Country of Birth:								
Does the Student/ Me ☐ English Only at all		Guardian specified b		uage	other than E	nglis	h at home?	
Student:	First Language:	-	Second langu	ıage:				
Mother/Guardian:	First Language		Second langu	ıage				
Father/Guardian:	First Language		Second langu	ıage				
What is the highest level of schooling completed for each Parent/Guardian?								
Schooling					Mother/Guardian		Father/Guardian	
Year 12 or equivalent								
Year 11 or equivalent								
Year 11 or equivalent								
Year 9 or equivalent or below								
What is the highest le	evel of post-sed	ondary sc	hool studies o	omp	leted for eac	h Par	rent/Guardian?	
Qualification					Mother/Guardian		Father/Guardian	
Bachelor Degree or ab	ove							
Advanced Diploma / Diploma								
Certificate including a Trade								
What is the occupation	on group for ea	ch Parent	/Guardian?					
Occupation Group					Mother/Guard	lian	Father/Guardian	
Senior Management, Qualified Professionals								
Small Business Owner, Arts/Media/Sports, Assoc. Professional								
Tradespeople, Skilled office / Sales / Service staff								
Machine operators, Hospitality staff, Labourers etc.								