

### STUDENT DETAILS

Proposed level of entry (e.g. Year 9)  Commencing Month and Year

Student Family Name

Given Name/s

Preferred English Name

Date of Birth  Present Age  Gender

Religious Affiliation (if any)

Country of Birth

Student Email

Student Mobile

Present School

Present Year Level

Does the student wish to apply for Course Credit?  Y  N

Under which Visa/status will the student be coming to Australia?  
 PR  Business Visa  Student Visa  Other

Visa Number (if known)

Issue Date  Expiry Date

Passport Number

Issue Date  Expiry Date

Student Nationality as shown on Passport

Student resides with: Both Parents  Father  Mother

Other (please specify)

Is there a court order in relation to this student?  
 If yes, please attach a copy (translated into English)  Y  N

### ENGLISH PROFICIENCY

Main language spoken at home

Number of years the student has been studying English at school  years

English assessment completed (AEAS/IELTS TEST)

Date completed

Test results enclosed  Y  N

Name of proposed ELICOS provider

Proposed commencement of ELICOS program

### SCHOOL/FAMILY CONNECTIONS

Community is a big part of who we are. To help us understand how your family is connected to Billanook College, please fill in the information below.

Name

Past Student  Being Enrolled  Already Enrolled  Attending  Other

Name

Past Student  Being Enrolled  Already Enrolled  Attending  Other

Name

Past Student  Being Enrolled  Already Enrolled  Attending  Other

Name

Past Student  Being Enrolled  Already Enrolled  Attending  Other

Other connections



## FATHER

Title	Family Name
<input type="text"/>	<input type="text"/>
Given Name/s	
<input type="text"/>	
Address	
<input type="text"/>	
Telephone	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>
Occupation	
<input type="text"/>	
Nationality as shown on Passport	
<input type="text"/>	
Passport Number	
<input type="text"/>	

## MOTHER

Title	Family Name
<input type="text"/>	<input type="text"/>
Given Name/s	
<input type="text"/>	
Address	
<input type="text"/>	
Telephone	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>
Occupation	
<input type="text"/>	
Nationality as shown on Passport	
<input type="text"/>	
Passport Number	
<input type="text"/>	

## NOMINATED ACCOUNT PAYEE DETAILS

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Telephone (home)	Telephone (work)
<input type="text"/>	<input type="text"/>
Mobile	Fax
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	

## REQUIRED STUDENT MEDICAL INFORMATION

Does your child have any of the following medical conditions?

Please mark boxes as required.

- |  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Epilepsy  | <input type="checkbox"/> Anaphylaxis       |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Allergies | <input type="checkbox"/> Headache/Migraine |
| <input type="checkbox"/> Heart Condition – please write down their condition |                                    |  |

- Blood Disorder – please write down their condition

- Diagnosed Emotional/Psychological Condition – please write down their condition

- Any Phobias, e.g. fear of heights – please write down their condition

Does your child have a medical condition that is not on the list? Please write down the details.

Has your child been in hospital for an illness or medical condition in the past 12 months? Please write down the details.

Please list any medications they are currently taking:

## LOCAL SUPPORT PERSON

### AUTHORISATION

I/We

(Mother)

(Father)

of (address of parent/s – please print)

- hereby authorise the Local Support Person/s appointed by Billanook College to act on my/our behalf concerning the welfare, discipline and academic progress of my/our child studying at Billanook College.
- understand that the Local Support Persons will periodically be in communication with me/us and that they will be accessible to me/us as the key Billanook College contact person/s on any matters I/we may choose to raise.
- understand that the Local Support Person/s will be responsible for communicating the academic progress of my/our child to me/us in a timely manner – including translation of formal school reports.
- understand that on occasion the Local Support Person/s will be required to complete certain administrative processes on my/our behalf.
- understand that apart from the annual Student Welfare Support Levy charged by Billanook College, no additional fees are payable for the services provided by the Local Support Person/s. The exception to this may be any fees payable to outside service providers, e.g. Medical Practitioner fees.
- hereby authorise my/our child to be transported in a vehicle being driven by the Local Support Person/s in circumstances deemed necessary and appropriate by Billanook College.

Signature of Mother

Date

Signature of Father

Date

### ADDITIONAL COMMUNICATIONS AUTHORITY

If you wish to nominate an additional contact person for communicating with the College about your child, please complete the details below.

I/We appoint (name and address of additional contact)

Telephone

Email

as an additional contact for (student name)

Signature of Mother

Date

Signature of Father

Date

PLEASE NOTE: Any changes to the details outlined above in this communication authority must be made in writing to the College via email: [InternationalPrograms@billanook.vic.edu.au](mailto:InternationalPrograms@billanook.vic.edu.au)

### TO BE COMPLETED BY AGENT

#### Important Information

Once Billanook College has issued a Confirmation of Enrolment, it is the Agent's responsibility to assist the family with all relevant information required to enable a smooth commencement of studies and to assist the family to communicate accurate travel details to the student.

I declare that I have briefed the applicant and parents about the International Student Program policies (available on the Billanook College website) relating to this application. I have provided the applicant and their parent/s with relevant information on Billanook College, consistent with the ESOS Act 2000 and the National Code of Practice for Registrations Authorities and Providers of Education and Training to Overseas Students 2017.

Signature of Agent

Date

If an applicant is being introduced by an Agent, please complete the following:

Name of Agent

Agent ID

Contact Person

Email Address

Address

Telephone/Mobile

Fax

# CONDITIONS OF ENROLMENT

Should my/our child be accepted for enrolment at Billanook College, I/we the undersigned agree that:

1. The student will complete a recommended number of weeks of English language instruction at a College approved ELICOS institution before commencing study at Billanook College.
2. I/We understand that enrolment at the College implies acceptance of ALL the stated College rules and regulations.
3. I/We understand that the student is required to live in College approved Homestay accommodation, unless alternative arrangements have been made with the College's written consent.
4. Appointment of a Local Support Person/s is made by the College for the protection of the student, regardless of the age of the student.
5. It is incumbent on me/us to be fully aware of the rights and responsibilities of International Students under the ESOS framework including the ESOS Act 2000 and the National Code 2017. The ESOS Framework may be viewed by visiting [www.internationaleducation.gov.au](http://www.internationaleducation.gov.au).
6. I/We will be jointly and severally responsible for the payment of fees charged for the above student.
7. I/We will pay the fees by the due date advised. First payment in full must be made prior to issue of an International Student Acceptance of Enrolment form.
8. All notices of intention to remove the student from the College must be in writing, from the parent or guardian, and addressed to the Principal.

## ACCEPTANCE OF CONDITIONS

I/We have read and understand and accept the Conditions of Enrolment as stated above. *The complete Terms and Conditions for International Students are available on the College website and should be read before accepting these conditions.*

I/We confirm the information provided is true and accurate. If any information provided is false or misleading, Billanook College may reserve the right to review the ongoing enrolment of the student.

*Billanook College is privacy compliant. The College's complete Privacy Policy may be viewed on our website at [www.billanook.vic.edu.au](http://www.billanook.vic.edu.au) or requested from the International Program Registrar.*

**The signatures of both parents/guardians are required.**  
Please advise of circumstances if only one parent/guardian is signing.

Signature of Mother

Mother's name (please print)

Date

  /   /  

## APPLICATION CHECKLIST

Please return this form with the following:

- A copy of the student's passport clearly displaying date of birth
- Certified Academic Transcripts for the previous two years of study (translated)
- Evidence of English language proficiency
- Letter of Recommendation provided by the Principal/key teacher at the student's present school (translated)
- Required Student Medical Information
- Evidence of co-curricular interests and achievements (optional)

Signature of Father

Father's name (please print)

Date

  /   /  

### Send all documents to:

International Program Registrar  
Billanook College  
197-199 Cardigan Road  
Mooroolbark VIC 3138 Australia

OR scan and email the form  
and accompanying documents to:

**[InternationalPrograms@billanook.vic.edu.au](mailto:InternationalPrograms@billanook.vic.edu.au)**

**Tel +61 3 9724 4248**

