



International Student Application for Enrolment

STUDENT DETAILS

Proposed level of entry (eg Year 9) Commencing Month and Year

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 School Year Level

Do you wish to apply for Course Credit? Yes No

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 shown on Passport

Student resides with:
Both Parents Mother Father
Other (please specify)

Is there a court order in relation to this student? Yes No
If yes, please attach a copy (translated into English)

ENGLISH PROFICIENCY

Major language spoken at home

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

Nature of English assessment completed (AEAS/IELTS TEST) Date

Test results enclosed Yes No

Title 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

PARENTS' DETAILS

MOTHER

Title Family Name

Given Name/s

Address

Telephone

Mobile

Email

Occupation

Nationality shown on passport

Passport Number

FATHER

Title Family Name

Given Name/s

Address

Telephone

Mobile

Email

Occupation

Nationality shown on passport

Passport Number

Nominated Account Payee Details

Name

Address

Phone Home

Phone Work

Mobile

Fax

Email

REQUIRED STUDENT MEDICAL INFORMATION

Do you have any of the following medical conditions? Please tick the box next to the medical condition that you have.

- Diabetes
- Epilepsy
- Anaphylaxis
- Asthma
- Allergies
- Headache/Migraine
- Heart Condition – please write down your condition

- Blood Disorder – please write down your condition

- Diagnosed Emotional/Psychological condition – please write down your condition

- Any Phobias eg. fear of heights – please write down your condition

Do you have a medical condition that is not on the list? Please write down the details.

Have you been in hospital for an illness or medical condition in the past 12 months? Please write down details.

Please list any medications you are currently taking:

GUARDIANSHIP APPOINTMENT

International Student Alliance (ISA)

I/We

(mother)

(father)

of (address of parent/s - please print)

appoint (name and address of guardian/guardianship)

International Student Alliance (Guardian and Welfare Service)
Suite 1, Level 1, 108 Bourke Street, Melbourne, 3000, Australia

Telephone

+61 3 9663 2887

Fax

+61 3 8678 1317

Web

www.studentguardians.com

Email

info@studentguardians.com

in the role of local support person for my child (student's name - please print)

I/We give International Student Alliance (Guardian and Welfare Service) the authority to act on my/our behalf concerning the welfare, discipline and academic progress of my/our child studying at Billanook College.

I/We understand that the full cost of services by International Student Alliance (Guardian and Welfare Service) will be paid by Billanook College from the fees paid to Billanook College.

I/We understand that once our fees have been paid to Billanook College, our details will be passed onto International Student Alliance (Guardian and Welfare Service) who will contact us to register for their service.

Signature of Mother

Date

Signature of Father

Date

Other Guardian

I/We

(mother)

(father)

of (address of parent/s - please print)

appoint (name and address of guardian/guardianship)

Telephone

Fax

Web

Email

in the role of local support person for my child (student's name - please print)

I/We give the abovenamed the authority to act on my/our behalf concerning the welfare, discipline and academic progress of my/our child studying at Billanook College.

I/We understand that by selecting the abovenamed as a guardianship service provider, that all fees for service are our responsibility.

I/We understand Billanook College has ultimate responsibility for the Confirmation of Approved Accommodation and Welfare (CAAW) of my/our child and as a result, Billanook College will be consulting closely with the abovenamed on their expected functions to assist Billanook College.

Signature of Mother

Date

Signature of Father

Date

TO BE COMPLETED BY AGENT

Important Information

Once Billanook College has issued a Confirmation of Enrolment, it is the Agent's responsibility to activate authority above by applying to International Student Alliance (ISA on-line and ensuring that the parents have signed the ISA Service Agreement and that ALL necessary information has been returned to ISA.

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 with relevant information on Billanook College consistent with the ESOS Act 2000 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students 2017.

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

Name of Agent

Agent ID

Contact Person

Email Address

Address

Phone/Mobile Number

Fax Number

Agent Signature / Dated

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. The appointment of a Local Support Person is required by the College for the protection of the student regardless of the age of the student.
5. It is incumbent on 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.
6. I/We will be jointly and severally responsible for the payment of fees charged for the above student.
7. I/We will pay fees by the due date advised on the fee invoice. 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 addressed to the Principal.

Acceptance of Conditions

I/We have read and understand the Conditions of Enrolment as stated above. The complete Terms and Conditions for International Students is available on the College website.

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 on-going 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 or requested from the College Registrar.

Application Checklist

- 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 current school (translated)
- Evidence of Co-curricular interests and achievements (Optional)
- Required Student Medical Information

Signature of Mother

Signature of Father

Mother's name (please print)

Father's name (please print)

Date

Date

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