



Summer School Program Application Form 2019

STUDENT DETAILS

Summer School Program Dates

25 July - 17 August, 2019
(inclusive of airport transfers)

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

Passport Number

Issue Date

Expiry Date

Visa Number (if known)

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/TOEFL TEST)

 Date

Test results enclosed Yes No

Are you willing to undertake a SKYPE interview with Manager, International Programs as a means of further assessing your application for the Summer School Program? Yes No

Student SKYPE ID

ACHIEVABLE GOALS FROM SUMMER SCHOOL PROGRAM

Billanook College is keen to know what you hope to achieve from the Summer School Program. Please number each of the following possible achievable goals with 1 being the most important to 5 being the least important.

- To develop further confidence in use of English language
- To experience "western style" teaching and learning
- To develop more independence studying and learning in Australia
- To develop friendships and improved "social confidence"
- To interact with Australian students of a similar age

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

During the Summer School Program, it is important that students can access bi-lingual support to assist them with management of any issues that may arise. To facilitate this, Billanook College shall appoint a bi-lingual Local Support Person to assist with counselling students on any matters of difficulty and to assist with any necessary communication with parents throughout the Summer School Program.

I/We

(mother)

(father)

of (address of parent/s - please print)

authorise Billanook to appoint a Local Support Person for the Summer School Program.

I/We give Billanook College the authority to act on my/our behalf concerning the welfare, discipline and academic progress of my/our child participating in the Summer School Program.

I/We acknowledge that as a result of signing the *Code of Conduct* we are accepting all terms and conditions associated with the Summer School Program.

Signature of Mother

Date

Signature of Father

Date

SOURCE OF APPLICATION

Parents may apply for a place in the Summer School Program either directly or through an Education Agent. In the event that a direct application is being made, Billanook College reserves the right to appoint an Agency to assist with all administration matters.

- Directly to the College
 Via agent (complete agent section below)

TO BE COMPLETED BY AGENT

Name of Agent

Agent ID

Contact Person

Email Address

Address

Phone/Mobile Number

Fax Number

Agent Signature / Dated

CONDITIONS OF ENROLMENT SUMMER SCHOOL PROGRAM

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

1. I/We understand that enrolment at the College implies acceptance of ALL the stated College rules and regulations.
2. I/We understand that the student is required to live in College approved Homestay accommodation and that this is the ONLY form of accommodation that is acceptable.
3. 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.
4. In accepting a place in the Summer School Program, I/We have read and understood the student Code of Conduct.
5. I/We will be jointly and severally responsible for the payment of fees charged for the above student.
6. I/We will pay fees by the due date advised on the fee invoice.
7. I/We have read and understood the Refund Policy as an element of the Terms and Conditions for the Summer School Program.

Acceptance of Conditions

I/We have read, understood and agree to adhere to the Conditions of Enrolment as stated above. The complete Terms and Conditions for the Summer School Program are available on the College website www.billanook.vic.edu.au

I/We confirm the information provided is true and accurate. If any information provided is false or misleading, Billanook College reserves 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
- 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.