



FRASER COAST  
ANGELICAN COLLEGE

**International Student Application Form**  
**Full Fee Paying Overseas Students**  
CRICOS: 01592G

*Enriching Body, Mind & Spirit*

# FRASER COAST ANGLICAN COLLEGE INTERNATIONAL STUDENT AGREEMENT

The Corporation of the Synod of the Diocese of Brisbane trading as:

Fraser Coast Anglican College

**CRICOS PROVIDER NUMBER 01592G**

ABN: 47 775 788 180

## APPLICATION FOR ENROLMENT

### Checklist / Enrolment Requirements

The following procedure is to be followed when making an application for enrolment.

Please tick each square as each item is completed.

1. Completed International Enrolment Form – signed
2. Completed Health Form – signed
3. Certified/notarised copies of all school results in English for the past two years.
4. *Release letter if transferring from another Australian education provider.*

#### **STUDENTS WILL BE REQUIRED TO SIGN A BEHAVIOURAL AGREEMENT ON ARRIVAL.**

When the above items 1 to 3 (or 1 to 4 for transferring students) are received, Fraser Coast Anglican College will issue a Provisional Offer Letter, Fee Statement and Written Agreement.

A Confirmation of Enrolment and Welfare/Accommodation Form will be issued after payment of the fee statement.

We accept payment either by bank transfer or credit card, details will be supplied on the fee statement.

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#### **PRIVACY STATEMENT**

Fraser Coast Anglican College IS FIRMLY COMMITTED TO PRIVACY. We use applicant's information to create a Fraser Coast Anglican College database. Our enrolment process requires applicants to give us contact information (eg name, address, email etc). We use customer information for commercial reasons. Information may be made available to Commonwealth and State agencies and the Fund Manager of the ESOS Assurance Fund. The Fraser Coast Anglican College database is private and confidential. The database (including personal details) is for the sole use of Fraser Coast Anglican College. Personal data and information gathered for the creation of the database will not be passed to a third party unless it is necessary to pass on this information in order to provide a service that you have asked us to provide.



# FINANCE

Who Is Taking Financial Responsibility for the Child's Education? \_\_\_\_\_

\_\_\_\_\_

Accounts Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Bank Account Details where refunds can be deposited:

Account Name: \_\_\_\_\_

Branch/Bank Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Swift Code: \_\_\_\_\_

BIC Code: \_\_\_\_\_

Bank Address: \_\_\_\_\_

\_\_\_\_\_

## AGENT DETAILS (if applicable)

### COMPANY NAME AND CONTACT PERSON

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number/s: \_\_\_\_\_

Email Address: \_\_\_\_\_

# CORRESPONDENCE

Who should correspondence be addressed to?

Father

Mother

Both

Other Person

(Relationship: \_\_\_\_\_)

## PARENTAL FAMILY DETAILS

<b>Parent/s Name:</b>	Father:
	Mother:
<b>Address:</b> <i>If same, please type "As Above"</i>	Father:
	Mother:
<b>Phone no:</b>	Father:
	Mother:
<b>Mobile No:</b>	Father:
	Mother:
<b>Email address:</b>	Father:
	Mother:
<b>Occupation:</b>	Father:
	Mother:

## GUARDIAN DETAILS (IF APPLICABLE)

<b>Guardian/s Name:</b>	
<b>Address:</b>	
<b>Phone no:</b>	
<b>Mobile No:</b>	
<b>Email address:</b>	
<b>Occupation:</b>	

# EDUCATIONAL HISTORY

Present School: \_\_\_\_\_

Address: \_\_\_\_\_

How many years of schooling have you completed? \_\_\_\_\_

How long have you learnt English? \_\_\_\_\_

*Certified copies in English of your most recent academic reports must be attached.*

# ENGLISH LANGUAGE

**\*Please note we may accept students with limited English skills, however they may be referred to our approved NEAS Accredited ELICOS Provider**

IELTS Score \_\_\_\_\_ Date completed \_\_\_\_\_

OR

AEAS Score \_\_\_\_\_ Date completed \_\_\_\_\_

Please attach a copy of your results for the above test applicable to you.

# SPECIAL REQUIREMENTS

Please outline below any special needs the student may have (e.g. Medical, physical or cultural conditions which require special attention)

# MEDIA RELEASE FORM

Student Name: \_\_\_\_\_

Year Level: \_\_\_\_\_

*To be able to use your photograph, video footage, image and words we need your permission. Wherever possible, Fraser Coast Anglican College will be understanding of cultural, family and personal sensitivities.*

I, \_\_\_\_\_, hereby grant to Fraser Coast Anglican College and its representatives, employees, agents and assigns, the irrevocable and unrestricted right to use, reproduce and publish –

1. The photographs/video taken of me, including my image and likeness as depicted therein
2. Any statement or testimonials made by me

for editorial, trade, advertising, social media or any other purpose and in any manner and medium, to alter the same without restriction.

I hereby release Fraser Coast Anglican College and its trustees, officers, employees, agents, legal representatives and assigns from any and all claims, actions and liability to its use of said photographs, statements and testimonials.

I understand that I will not be paid by Fraser Coast Anglican College for giving my permission or using my photograph, image or words.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

***Important: If student is under 18 years of age, a parent / guardian must also sign below:***

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

# HEALTH INFORMATION

## INTERNATIONAL STUDENT DETAILS

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Day/Month/Year)

Has or does your child suffer from any of the following? Please tick.

Heart Condition	Bronchitis	Depression	Diabetes
Epilepsy	Homesickness	Phobias	Bedwetting
Sleepwalking	Period Pain	Tonsillitis	Travel Sickness
Eyesight Difficulties	Hearing Difficulties	Eating Disorder	Sinuitis
ADD/ADHD	Asthma	Hayfever	Diagnosed Psychiatric Disorder

Other (please specify): \_\_\_\_\_

If yes to any of the above, please provide details and treatment required:

\_\_\_\_\_  
\_\_\_\_\_

Does the student take any medication on a daily basis?      Yes      No

If yes, please specify:

Name of Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Time/s to be given: \_\_\_\_\_

Permission to administer paracetamol (for fever, headaches, migraines, menstrual pain and minor injuries):

Yes      No

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_





## BACKGROUND INFORMATION

Has your child received any assistance from or been in contact with:

Guidance Officer: \_\_\_\_\_

Counsellor: \_\_\_\_\_

Psychologist: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_

Psychological Analyst: \_\_\_\_\_

Hearing Impaired Services: \_\_\_\_\_

Speech Therapist: \_\_\_\_\_

Visual Services: \_\_\_\_\_

Physically Handicapped Services: \_\_\_\_\_

Eating Disorder Therapist: \_\_\_\_\_

If you answered "Yes" to any of the above, please attach any relevant reports to this form.

## IMMUNISATION RECORD

Please fill in the below record and indicate next to each item the year/age of your child when they were last immunised.

Diphtheria \_\_\_\_\_ Polio Sabin \_\_\_\_\_

Tetanus \_\_\_\_\_ HIB (Influenzas Type B) \_\_\_\_\_

Pertussis (Whooping Cough) \_\_\_\_\_ Hepatitis A \_\_\_\_\_

Measles \_\_\_\_\_ Hepatitis B \_\_\_\_\_

Mumps \_\_\_\_\_ Varicella (Chicken Pox) \_\_\_\_\_

Rubella \_\_\_\_\_ Meningococcal \_\_\_\_\_

HPV (Human Papilloma Virus) \_\_\_\_\_ Other Immunisations: \_\_\_\_\_

## PAST INFECTIOUS ILLNESSES

Please indicate whether your son/daughter has had the following illnesses by responding Yes or No to each item.

Chicken Pox

Glandular Fever

Rubella

Measles

Scarlet Fever

Whooping Cough

Mumps

Q-Fever

Other illnesses, please specify:

Is there anything else the College staff should know regarding the health and wellbeing of your child? Please specify:

# INTERNATIONAL STUDENT DETAILS

To be completed by the student. This information will be used to find a suitable homestay family for you.

Student's name: \_\_\_\_\_

Student's email address: \_\_\_\_\_

Student's mobile number: \_\_\_\_\_

Other family members living at home: \_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_

What family pets do you have? \_\_\_\_\_

What musical instruments do you play? \_\_\_\_\_

Which countries have you visited? \_\_\_\_\_

Do you smoke?            YES            NO

Are you a vegetarian or have any special dietary requirements? \_\_\_\_\_

Why do you want to study in Australia? \_\_\_\_\_

What subjects do you want to study at Fraser Coast Anglican College? \_\_\_\_\_

What sort of work would you like to do when you finish school? \_\_\_\_\_

Tell us about other activities you like:

Sports: \_\_\_\_\_

Music: \_\_\_\_\_

Art: \_\_\_\_\_

Hobbies: \_\_\_\_\_