

# Study Abroad Enrolment Application

Office use only

Student ID

## How to complete this application form

- Please submit a separate application for each child - eligible applicants are Middle or Senior School students (Years 5 and above).
- Please attach a photocopy of the student's passport.
- This form must be signed by each parent/guardian who has legal responsibility for the applicant.
- Email completed form and a copy of the student's passport to [enrol@beaconhills.vic.edu.au](mailto:enrol@beaconhills.vic.edu.au) or return to the Admissions Office at Beaconhills College.

## Student details

|          |   |                                  |  |
|----------|---|----------------------------------|--|
| Name     | Family  | Given                            | Preferred                                |
| Gender   | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of birth DAY / MONTH / YEAR | Country of birth Nationality             |
| Language | First language  | Other language(s) spoken         |  |
| Study    | In what country is the student currently studying?            |                                  | Current grade/Year level                 |
| Passport | Country of issue  | Number                           | Expiry date DAY / MONTH / YEAR Visa type |

## Program selection and duration

|   |   |  |
|---|---|--|
| Program                                     | <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> 6 weeks <input type="checkbox"/> 8 weeks   |  |
| Start date                                  | <input type="checkbox"/> 20 April 2020 <input type="checkbox"/> 20 July 2020 <input type="checkbox"/> 5 October 2020  | Finish date DAY / MONTH / YEAR   |
| Who will the student live with?             | <input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Homestay / Boarding <input type="checkbox"/> Other | Relationship with the student?   |
| Will the student require airport transfers? | Pick up from Melbourne airport AUD (\$280) <input type="checkbox"/> Yes <input type="checkbox"/> No   | Drop off to Melbourne airport AUD (\$280) <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Parent 1 / Guardian 1

## Parent 2 / Guardian 2

|         |                 |                 |
|---------|-----------------|-----------------|
| Name    | Title           | Title           |
|         | Family          | Family          |
|         | Given           | Given           |
| Address | Street          | Street          |
|         | Suburb Postcode | Suburb Postcode |
|         | State Country   | State Country   |
| Phone   | Home Mobile     | Home Mobile     |
|         | Email           | Email           |
| Work    | Occupation      | Occupation      |

## Accredited Agent details

 Must be completed to claim commission.

|         |                |              |         |
|---------|----------------|--------------|---------|
| Name    | Agency name    |              |         |
| Address | Street         | Suburb       |         |
|         | State          | Postcode     | Country |
| Contact | Contact person | Email        |         |
|         | Business phone | Mobile phone |         |



**Beaconhills College**  
IN ASSOCIATION WITH THE ANGLICAN & UNITING CHURCHES

Contact us on **1300 002 225**, +61 3 5945 3001  
or [enrol@beaconhills.vic.edu.au](mailto:enrol@beaconhills.vic.edu.au)  
CRICOS Provider No. 03182J

**For students requesting the Homestay / Boarding option** This option is only available for applicants over the age of 13.

|  |                             |                              |                         |
|--|-----------------------------|------------------------------|-------------------------|
| Do you have any dietary restrictions?                        | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <a href="#">Details</a> |
| Do you have any allergies to animals?                        | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <a href="#">Details</a> |
| Do you have brothers or sisters?                             | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <a href="#">Details</a> |
| Do you enjoy the company of children?                        | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <a href="#">Details</a> |
| Have you ever lived away from home?                          | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <a href="#">Details</a> |
| What are your favourite activities?                          | <input type="text"/>        |                              |                         |
| Please include any other relevant information about yourself | <input type="text"/>        |                              |                         |

**Student medical profile**

| Emergency contact person | Relationship | Phone |
|--------------------------|--------------|-------|
|--------------------------|--------------|-------|

Has the student been diagnosed with a medical condition that a doctor should be aware of, or had any serious illnesses, operations or accidents?

No  Yes [Details](#)

Does the student suffer from any of the following conditions?

|   |                             |                              |   |
|---|-----------------------------|------------------------------|---|
| Heart problems  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <a href="#">Medication / treatment details</a>  |
| Respiratory problems  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <a href="#">Medication / treatment details</a>  |
| Asthma  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <a href="#">Medication / treatment details</a>  |
| Anaphylaxis   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <a href="#">Medication / treatment details</a>  |
| Diabetes  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <a href="#">Medication / treatment details</a>  |
| Epilepsy  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <a href="#">Medication / treatment details</a>  |
| Migraine  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <a href="#">Medication / treatment details</a>  |
| Blood disorder  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <a href="#">Medication / treatment details</a>  |
| Phobias   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <a href="#">Medication / treatment details</a>  |
| Recent illnesses  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <a href="#">Medication / treatment details</a>  |
| Attention difficulty: ADD/ADHD                                | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <a href="#">Medication / treatment details</a>  |
| Asperger's Syndrome / Autism                                  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <a href="#">Medication / treatment details</a>  |
| Dyslexia  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <a href="#">Medication / treatment details</a>  |
| Allergies<br><a href="#">If Yes, give details</a>             | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <a href="#">Medication / treatment details including known trigger(s) and reaction(s)</a> |
| Regular medication(s)<br><a href="#">If Yes, give details</a> | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <a href="#">Medication(s)</a>   |
| Mental health issues<br><a href="#">If Yes, give details</a>  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <a href="#">Mental health issues</a>  |

Permission to administer Paracetamol for fever, minor aches and pains  No  Yes

Beaconhills College reserves the right to administer emergency care, or refer a student to a medical practitioner or hospital should the need arise.

**Travel or Health Insurance**

You must arrange your own travel or health insurance to cover you while you are in Australia.

**Parent / Guardian signatures**

I, the parent or Legal Guardian nominated on this application form, declare that:

- I have read (and/or had explained to me), understand and accept the terms and conditions of enrolment in this application form
- The information and supporting documents provided in this application are true and correct
- This application is a registration of interest in a place at Beaconhills College. The College will contact the family/agent once the application has been assessed. If approved a Letter of Offer will be sent.
- Upon acceptance of the place, parents/guardians and students agree to embrace the rules and policies of the College

|             |                         |             |                         |
|-------------|-------------------------|-------------|-------------------------|
| Signature 1 | Date DAY / MONTH / YEAR | Signature 2 | Date DAY / MONTH / YEAR |
|-------------|-------------------------|-------------|-------------------------|