

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 and latest school report.
- 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 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	DAY / MONTH / YEAR	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		
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

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

Parent 2 / Guardian 2

Name	Title
	Family
	Given
Address	Street
	Suburb Postcode
	State Country
Phone	Home Mobile
	Email
Work	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
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	Details
Do you have any allergies to animals?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Details
Do you have brothers or sisters?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Details
Do you enjoy the company of children?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Details
Have you ever lived away from home?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Details
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
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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	Medication / treatment details
Respiratory problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Medication / treatment details
Asthma	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Medication / treatment details
Anaphylaxis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Medication / treatment details
Diabetes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Medication / treatment details
Epilepsy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Medication / treatment details
Migraine	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Medication / treatment details
Blood disorder	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Medication / treatment details
Phobias	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Medication / treatment details
Recent illnesses	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Medication / treatment details
Attention difficulty: ADD/ADHD	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Medication / treatment details
Asperger's Syndrome / Autism	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Medication / treatment details
Dyslexia	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Medication / treatment details
Allergies If Yes, give details	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Medication / treatment details including known trigger(s) and reaction(s)
Regular medication(s) If Yes, give details	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Medication(s)
Mental health concerns If Yes, give details	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Mental health issues

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
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