International Student Enrolment Application

Office use only

Student ID

Revised 14/09/2026

Checklist

Your application must include the following items:

- this enrolment form including the signature of each parent/guardian who has legal responsibility for the applicant and the details of nominated guardian when in Australia (only students planning to live with parents or DHA-approved relative are accepted, as the College no longer provides accommodation and welfare services)
- copies of the applicant's birth certificate and passport
- a copy of the applicant's AEAS test results or other approved English Proficiency test results
- certified copies of the applicant's school reports from the past two years, translated to English.

Submitting your application

Please submit a separate application for each child by emailing the completed form and supporting documents to the international team at international@beaconhills.vic.edu.au. The international team will then organise a time for an interview with the applicant.

Student details

Surname

Given names | Preferred name

Current residential address

Suburb | Postcode

State / province / region | Country

Gender ☐ Male ☐ Female | Date of birth DAY / MONTH / YEAR | Country of birth | Nationality

Passport | Country of issue | Number | Expiry date DAY / MONTH / YEAR

Visa category of the student coming to Australia to study? Choose one ☐ Permanent Australian resident ☐ Temporary Australian resident ☐ International student

Visa number | Date of grant DAY / MONTH / YEAR | Expiry date DAY / MONTH / YEAR

Have you ever had a visa refusal or cancellation? ☐ No ☐ Yes

Languages spoken at home | Religion

Current school

Application details

Preferred level for entry (eg Prep - Year 12)

Preferred start year (eg 2024)

Additional information (ie further needs which could assist teaching staff in helping your child).

Siblings currently on Beaconhills College application lists

Siblings currently attending Beaconhills College

Is the student applicant a sibling of a past student? ☐ No ☐ Yes If Yes, please provide the following details:

Name when at Beaconhills | Exit year (eg 2001) | House

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Parent 1 / Guardian 1

Relationship to student applicant

Title | Surname | Given names

Current **residential** address

Suburb | Postcode

State / province / region | Country

Phone | Home | Mobile | Business

Email | Occupation

Current **postal** address

Suburb | Postcode

State / province / region | Country

Parent 2 / Guardian 2

Relationship to student applicant

Title | Surname | Given names

Current **residential** address

Suburb | Postcode

State / province / region | Country

Phone | Home | Mobile | Business

Email | Occupation

Current **postal** address

Suburb | Postcode

State / province / region | Country

Nominated Guardian - to be approved by the Australian Government's Department of Home Affairs (DHA)

*Check DHA website for requirements for student guardian and process for approval.

Title | Surname | Given names

Preferred name

Address (Australian address if already known)

Suburb | Postcode | Country

Phone | Home | Mobile | Business

Email

Relationship to student applicant

Travel insurance and Overseas Health Cover* (OSHC)

International student visa holders must have health cover for the duration of their time in Australia. The College OSHC* provider is Allianz, oshcallianzassistance.com.au however you may wish to organise your own health cover.

Would you like Beaconhills College to organise OSHC* ? ☐ Yes ☐ No

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Student medical profile

Emergency contact person (in Australia)	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	☐ No	☐ Yes	Medication / treatment details
Respiratory problems	☐ No	☐ Yes	Medication / treatment details
Asthma / other	☐ No	☐ Yes	Medication / treatment details
Anaphylaxis (life threatening allergies)	☐ No	☐ Yes	Medication / treatment details
Diabetes	☐ No	☐ Yes	Medication / treatment details
Epilepsy	☐ No	☐ Yes	Medication / treatment details
Migraine	☐ No	☐ Yes	Medication / treatment details
Blood disorder	☐ No	☐ Yes	Medication / treatment details
Phobias	☐ No	☐ Yes	Medication / treatment details
Recent illnesses	☐ No	☐ Yes	Medication / treatment details
Attention difficulty: ADD/AD	☐ No	☐ Yes	Medication / treatment details
Asperger's Syndrome / Autism	☐ No	☐ Yes	Medication / treatment details
Dyslexia	☐ No	☐ Yes	Medication / treatment details
Allergies - if Yes, give details	☐ No	☐ Yes	Medication / treatment details including known trigger(s) and reaction(s)

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

Parent / Guardian signature

Before signing this enrolment application, parents are required to read all financial, fee and enrolment information. This information is available on the International page of the College website: beaconhills.vic.edu.au/enrolment/international-students/

- This application is a registration of interest in a place at Beaconhills College. The College will contact the family once a place becomes available.
- Formal offers of place are sent by email following a successful interview process with applicants.
- Upon acceptance of the place, parents/guardians and students agree to embrace the rules and policies of the College.
- Please sign and return this completed document. You may use a digital signature or print and sign a hard copy.

Signature 1 Date DAY / MONTH / YEAR

Signature 2 Date DAY / MONTH / YEAR

Beaconhills College abides by the Commonwealth Privacy Act 1988 as amended.
The College's *Privacy Policy* can be viewed on the College website: beaconhills.vic.edu.au/policies/

Accredited agent details

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