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, current school report, and a handwritten letter from the student (in English) explaining why they want to study in Australia
- This form must be signed by each parent/guardian who has legal responsibility for the applicant
- Email completed form and required documents to international@beaconhills.vic.edu.au

Student details

Name Family | Given | Preferred

Gender ☐ Male ☐ 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? | Requested Year level

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

Program selection and duration

Program ☐ 2 weeks ☐ 4 weeks ☐ 6 weeks ☐ 8 weeks *

* **Please note:** There is a 4 week minimum for July applications.

Start date DAY / MONTH / YEAR | Finish date DAY / MONTH / YEAR

Who will the student live with? ☐ Both parents ☐ Father ☐ Mother ☐ Homestay / Boarding * ☐ Other

* subject to availability.

Will the student require airport transfers? Pick up from Melbourne airport AUD ($280) ☐ Yes ☐ No | Drop off to Melbourne airport AUD ($280) ☐ Yes ☐ 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

Contact Contact person | Email | Business phone | Mobile phone

Address Street | Suburb | State | Postcode | Country

Beaconhills College
IN ASSOCIATION WITH THE ANGLICAN & UNITING CHURCHES

Contact us on **1300 002 225**, +61 3 5945 3001
or international@beaconhills.vic.edu.au
CRICOS Provider No. 03182J

Revised 10/09/26

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?	☐ No	☐ Yes	Details
Do you have any allergies to animals?	☐ No	☐ Yes	Details
Do you have brothers or sisters?	☐ No	☐ Yes	Details
Do you enjoy the company of children?	☐ No	☐ Yes	Details
Have you ever lived away from home?	☐ No	☐ Yes	Details
What are your favourite activities?			
Please include any other relevant information about yourself			

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	☐ No	☐ Yes	Medication / treatment details
Respiratory problems	☐ No	☐ Yes	Medication / treatment details
Asthma	☐ No	☐ Yes	Medication / treatment details
Anaphylaxis	☐ 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/ADHD	☐ 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)
Regular medication(s) If Yes, give details	☐ No	☐ Yes	Medication(s)
Mental health concerns If Yes, give details	☐ No	☐ 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

Beaconhills College abides by the Commonwealth Privacy Act 1988 as amended. The College's Privacy and information management policy is outlined in 'Planning your journey' and can be viewed on the College website or by telephoning College Reception on 1300 002 225 or +61 3 5945 3001.