

# Application for Enrolment Form

## OFFICE USE ONLY

Surname

Name

Year Level

In the year

Student ID

Debtor ID

## CHECKLIST

Please ensure the following documents, where applicable, are attached when lodging this Application for Enrolment Form.

OFFICE USE

Application for Enrolment	<input type="checkbox"/>
Australian Birth Certificate and /or Passport	<input type="checkbox"/>
Visa Grant Notice	<input type="checkbox"/>
Immunisation	<input type="checkbox"/>
Recent School Report x2	<input type="checkbox"/>
NAPLAN	<input type="checkbox"/>
Australian English Assessment Standard (AEAS) Test Report	<input type="checkbox"/>
Court Orders	<input type="checkbox"/>
Medical or Specialist Reports	<input type="checkbox"/>



AUSTRALIAN CITIZEN/RESIDENT  INTERNATIONAL

**Prep - Year 5**

KKCC - KING KHALID COBURG CAMPUS  
 CSPC - CAROLINE SPRINGS PRIMARY CAMPUS

**Year 6 - 10**

MSC - MELBOURNE SENIOR CAMPUS  
 CSSC - CAROLINE SPRINGS SENIOR CAMPUS

**Year 11 - 12**

MSC - MELBOURNE SENIOR CAMPUS  
 CSSC - CAROLINE SPRINGS SENIOR CAMPUS

### APPLICATION FOR ENROLMENT FEE

A non-refundable application fee of AUD \$150.00 for Australian Citizen/Residents or AUD \$300.00 for International Students, GST inc. is payable per student.



# Application for Enrolment

## OFFICE USE ONLY

Receipt No.	_____
Date Receipt	_____
Amount Paid	_____

### Student Details (Please use BLOCKED lettering if hand writing.)

_____	_____	_____
FAMILY NAME	GIVEN NAME	GENDER

_____	_____	_____
PROPOSED YEAR LEVEL	PROPOSED YEAR OF ENTRY	DATE OF BIRTH

_____	_____	_____
COUNTRY OF BIRTH	RELIGION	NATIONALITY

_____	_____
CURRENT SCHOOL/KINDER (Including Overseas Countries)	CURRENT YEAR LEVEL

_____	_____
STUDENT ADDRESS	POST CODE

Student resides with?  BOTH PARENTS  FATHER ONLY  MOTHER ONLY  GRANDPARENTS  GUARDIAN  OTHER \_\_\_\_\_

Are there any court orders relating to the student?  YES  NO - If yes, please attach documentation

Citizenship  AUSTRALIAN CITIZEN  ABORIGINAL ORIGIN  TORRES STRAIT ISLANDER  OTHER \_\_\_\_\_

PERMANENT VISA  TEMPORARY VISA \_\_\_\_\_  
VISA NUMBER

International Student  YES - If yes, please list passport number \_\_\_\_\_  NO  
PASSPORT NUMBER AND PLACE OF ISSUANCE

Main language student speaks at home?  ARABIC  TURKISH  INDONESIAN  OTHER \_\_\_\_\_

Is the student an EAL student? (English as an additional language)  YES - If yes, please specify arrival date to Australia \_\_\_\_\_  AEAS OR EQUIVALENT ATTACHED  NO  
DATE OF ARRIVAL

Was the student ever suspended, expelled or refused entry from/to any educational institutions or schools?  
 YES - If yes, please provide further details below.  NO

Does the student have any special achievements/talents?  
 YES - If yes, please provide further details below  NO

Do you have current or previous ties with AIAE?  
 YES - If yes, please provide further details below  NO

### Siblings and Affiliation PLEASE FILL IN IF APPLICABLE

#### Siblings Enrolled at AIAE

PLEASE LIST THE NAMES OF ANY SIBLINGS CURRENTLY ENROLLED AT AIAE	YEAR LEVEL
_____	_____
_____	_____
_____	_____
_____	_____

#### Siblings on Waiting List at AIAE

PLEASE LIST THE NAMES OF ANY SIBLINGS THAT ARE ON THE AIAE WAITLIST	YEAR LEVEL
_____	_____
_____	_____
_____	_____
_____	_____

## Student Medical Details

### Doctor's Details

CLINIC ADDRESS  NAME OF DOCTOR  
 PHONE NUMBER  MEDICARE NUMBER  HEALTH CARE CARD NUMBER

Do you have private medical/hospital insurance?  YES  NO  
 NAME OF MEDICAL/HOSPITAL INSURANCE FUND

Do you have ambulance cover?  YES  NO  
 SUBSCRIPTION NUMBER

### Emergency Contact Person(s)

CONTACTS FULL NAME  RELATIONSHIP TO STUDENT  
 RESIDENTIAL ADDRESS  POSTCODE  
 HOME PHONE NUMBER  MOBILE NUMBER  EMAIL

SECOND EMERGENCY CONTACTS FULL NAME  RELATIONSHIP TO STUDENT  
 RESIDENTIAL ADDRESS  POSTCODE  
 HOME PHONE NUMBER  MOBILE NUMBER  EMAIL ADDRESS

Please Tick (✓) any relevant health concerns below.

ASTHMA  HEARING IMPAIRMENT  ALLERGIES  ANAPHYLAXIS  DIABETES  EPILEPSY  OTHER

Is your child currently on long term medication?  YES - If yes, provide details of medication, including dosage  NO

What was the year of your child's last tetanus injection?

Does your child have any allergies?  YES - If yes, please provide extra information below  NO

Has your child had any reaction to medicines or food?  YES - If yes, please provide extra information below  NO

Are you aware of any physical, social, emotional, intellectual, individual or any special needs which may impact your child's learning ability?

Failure to disclose any relevant information may result in cancellation of the students enrolment at the School.

YES - If yes, please provide extra information below  NO

Has the student ever had, or do they currently have any of the following conditions? Please Tick (✓) Yes or No

CONDITION	Yes	No	If yes, please provide specific details
Migraine/Severe headaches	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Conditions	<input type="checkbox"/>	<input type="checkbox"/>	
Dizzy spells/Fainting/Blackouts	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes (what type?)	<input type="checkbox"/>	<input type="checkbox"/>	
Anxiety/Panic attacks	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing impairment/Deafness	<input type="checkbox"/>	<input type="checkbox"/>	
Vision impairment/Prescription glasses/Contact lenses	<input type="checkbox"/>	<input type="checkbox"/>	
Skin Disease	<input type="checkbox"/>	<input type="checkbox"/>	
High/Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	
Blood disease/Bleeding disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Other illness/Injury/Medical condition	<input type="checkbox"/>	<input type="checkbox"/>	

## Father/Male Guardian 1 Details

<input type="text"/>	<input type="text"/>
FATHER'S FULL NAME	HOME PHONE NUMBER
<input type="text"/>	<input type="text"/>
EMAIL ADDRESS	MOBILE NUMBER
<input type="text"/>	<input type="text"/>
RESIDENTIAL ADDRESS	POST CODE
(IF DIFFERENT FROM ABOVE)	<input type="text"/>
POSTAL ADDRESS	POST CODE
<input type="text"/>	<input type="text"/>
COUNTRY OF BIRTH	NATIONALITY
Main language spoken at home? <input type="checkbox"/> ARABIC <input type="checkbox"/> TURKISH <input type="checkbox"/> INDONESIAN <input type="checkbox"/> OTHER <input type="text"/>	

### Schooling and Qualification

What is the highest year of school completed by the Father Male/Guardian 1?  NONE  YEAR 9 AND BELOW  YEAR 10  YEAR 11  YEAR 12

What is the highest qualification attained by the Father Male/Guardian 1?  NONE  BACHELOR DEGREE OR ABOVE  ADVANCED DIPLOMA / DIPLOMA  CERTIFICATE I TO IV (INCL. TRADE CERTIFICATE)

### Occupation Groups

Please turn to the last page for occupation groups and indicate either 1,2,3, or 4.

• If you are not currently in paid work but have had a job in the last 12 months or have retired in the last 12 months, please use your last occupation.

What is the occupation group of the Father/Male Guardian 1?  GROUP 1  GROUP 2  GROUP 3  GROUP 4 OR  UNEMPLOYED

**Employment Details**  EMPLOYED  UNEMPLOYED  PENSIONER  OTHER BENEFIT (PLEASE LIST)

<input type="text"/>
OCCUPATION
<input type="text"/>
WORK ADDRESS
<input type="text"/>
WORK PHONE NUMBER
<input type="text"/>
WORK EMAIL

## Mother/Female Guardian 2 Details

<input type="text"/>	<input type="text"/>
MOTHER'S FULL NAME	HOME PHONE NUMBER
<input type="text"/>	<input type="text"/>
EMAIL ADDRESS	MOBILE NUMBER
<input type="text"/>	<input type="text"/>
RESIDENTIAL ADDRESS	POST CODE
(IF DIFFERENT FROM ABOVE)	<input type="text"/>
POSTAL ADDRESS	POST CODE
<input type="text"/>	<input type="text"/>
COUNTRY OF BIRTH	NATIONALITY
Main language spoken at home? <input type="checkbox"/> ARABIC <input type="checkbox"/> TURKISH <input type="checkbox"/> INDONESIAN <input type="checkbox"/> OTHER <input type="text"/>	

### Schooling and Qualification

What is the highest year of school completed by the Mother/Female Guardian 2?  NONE  YEAR 9 AND BELOW  YEAR 10  YEAR 11  YEAR 12

What is the highest qualification attained by the Mother/Female Guardian 2?  NONE  BACHELOR DEGREE OR ABOVE  ADVANCED DIPLOMA / DIPLOMA  CERTIFICATE I TO IV (INCL. TRADE CERTIFICATE)

### Occupation Groups

Please turn to the last page for occupation groups and indicate either 1,2,3, or 4.

• If you are not currently in paid work but have had a job in the last 12 months or have retired in the last 12 months, please use your last occupation.

What is the occupation group of the Mother/Female Guardian 2?  GROUP 1  GROUP 2  GROUP 3  GROUP 4 OR  UNEMPLOYED

**Employment Details**  EMPLOYED  UNEMPLOYED  PENSIONER  OTHER BENEFIT (PLEASE LIST)

<input type="text"/>
OCCUPATION
<input type="text"/>
WORK ADDRESS
<input type="text"/>
WORK PHONE NUMBER
<input type="text"/>
WORK EMAIL

## Photograph and Video Recording Consent

Do you consent to your child's photographs, video and recordings being used for internal school publications? (ie. internal school displays and school yearbook)  YES  NO

Do you consent to your child's photographs, videos and recordings being used for external school publications?  YES  NO

### Declaration

**I request that the child named in this Application for Enrolment be considered for enrolment at Australian International Academy of Education (AIAE).**

**I declare that:**

- I have parental, legal and financial responsibility for the child named in this Application for Enrolment;
- I am aware that the fee for Application for Enrolment is non-refundable;
- I have read, understood and accept AIAE's Enrolment Policy and Enrolment Agreement;
- I will inform AIAE of any changes to contact details;
- I jointly and severally agree to pay all School Fees and Other Charges detailed in the Business Notice and Fee Schedule;
- I have read and understood the Privacy Policy (available on the School website) and, in making this Application for Enrolment, consent to the collection, use and disclosure of personal information and sensitive information as provided for by the Privacy Policy;
- I give permission for AIAE to contact my child's current kindergarten or school to obtain information related to this application, including my child's development, learning and behaviour;
- I understand that disclosure of legal, medical, psychological and educational information relating to this application is a condition of the application process at AIAE and failure to disclose such information may result in the refusal of enrolment or, if the enrolment has already commenced, immediate termination of the enrolment;
- the information provided in this Application for Enrolment is true and correct; and
- I understand that submitting this Application for Enrolment does not guarantee the child's enrolment at AIAE.

**Parent/Guardian 1** \_\_\_\_\_  
FULL NAME SIGNATURE DATE

**Parent/Guardian 2** \_\_\_\_\_  
FULL NAME SIGNATURE DATE

#### OFFICE USE ONLY

Parent/Guardian 1 Licence/ID sighted/confirmed

Parent/Guardian 2 Licence/ID sighted/confirmed

**APPLICATION FOR ENROLMENT FEE** \_\_\_\_\_  
DATE PAID REC#

\_\_\_\_\_  
**OFFICE STAFF MEMBER NAME** SIGNATURE DATE

Request Interview  Application Declined

\_\_\_\_\_  
HEAD/DEPUTY FULL NAME SIGNATURE DATE



## List of Occupation Groups

### GROUP 1

#### GROUP 1: Senior management in large business organisation, government administration and defence, and qualified professionals

**Senior executive/manager/department head** in industry, commerce, media or other large organisation.

**Public service manager** (Section head or above), regional director, health/education/police/fire service administrator.

**Other administrator** school principal, faculty head/dean, library/museum/gallery director, research facility director.

**Defence Forces** Commissioned Officer.

**Health, Education, Law, Social Welfare, Engineering, Science, Computing** professional.

**Professionals** generally have degree or higher qualifications and experience in applying this knowledge to design, develop or operate complex systems; identify, treat and advise on problems; and teach others.

**Business** management consultant, business analyst, accountant, auditor, policy analyst, actuary, valuer.

**Air/Sea transport** Aircraft/Ship's captain/officer/pilot, flight officer, flying instructor, air traffic controller.

### GROUP 2

#### GROUP 2: Other business managers, arts/media/sports persons and associate professionals

**Owner/Manager** of farm, construction, import/export, wholesale, manufacturing, transport, real estate business.

**Specialist manager** finance/engineering/personnel/industrial relations/sales/marketing.

**Financial services manager** bank branch manager, finance/investment/insurance broker, credit/loans officer.

**Retail sales/Services manager** shop, petrol station, restraint, club, hotel/motel, cinema, theatre, agency.

**Arts/Media/Sports** musician, actor, dancer, painter, potter, sculptor, journalist, author, media presenter, photographer, designer, illustrator, proof reader, sportsman/woman, coach, trainer, sports official.

**Associate professionals** generally have diploma/technical qualifications and support managers and professionals.

**Health, Education, Law, Social Welfare, Engineering, Science, Computing** technician/associate professional.

**Business/administration** recruitment/employment/industrial relations/training officer, marketing/advertising specialist, market research analyst, technical sales representative, retail buyer, office/project manager.

**Defence Forces** senior Non-Commissioned Officer.

### GROUP 3

#### GROUP 3: Tradesmen/women, clerks and skilled office, sales and service staff

**Tradesmen/women** generally have completed a 4 year Trade certificate, usually by apprenticeship.

**All tradesmen/women** are included in this group

**Clerks bookkeeper**, bank/PO clerk, statistical/actuarial clerk, accounting/claims/audit clerk, payroll clerk, recording/registry/filing clerk, bond clerk, custom's agent, customer services clerk, admissions clerk.

**Skilled office, sales and service staff**

**Office** secretary, personal assistant, desktop publishing operator, switchboard operator.

**Sales** company sales representative, auctioneer, insurance agent/assessor/loss adjuster, market researcher.

**Service** aged/disabled/refugee/child care worker, nanny, meter reader, parking inspector, postal worker, courier, travel agent, tour guide, flight attendant, fitness instructor, casino dealer/supervisor.

### GROUP 4

#### GROUP 4: Machine operators, hospitality staff, assistants, laborers and related workers

**Drivers, mobile plant, production/processing machinery and other machinery operators.**

**Hospitality staff** hotel service supervisor, receptionist, waiter, bar attendant, kitchen hand, porter, housekeeper.

**Office assistants, sales assistants and other assistants.**

**Office typist**, work processing/data entry/business machine operator, receptionist, office assistant.

**Sales** assistant, motor vehicle/caravan/parts salesperson, checkout operator, cashier, bus/train conductor, ticket seller, service station attendant, car rental desk staff, street vendor, telemarketer, shelf stacker.

**Assistant/aide** trades' assistant, school/teacher's aide, dental assistant, veterinary nurse, nursing assistant, museum/gallery attendant, usher, home helper, salon assistant, animal attendant.

**Laborers and related workers**

**Defence Forces** ranks below senior NCO not included above.

**Agriculture, horticulture, forestry, fishing, mining worker** farm overseer, shearer, wool/hide classer, farm hand, horse trainer, nurseryman, green keeper, gardener, tree surgeon, forestry/logging worker, miner, seafarer/fishing hand.

**Other worker labourer**, factory hand, storeman, guard, cleaner, caretaker, laundry worker, trolley collector, car park attendant, crossing supervisor.

## Australian International Academy of Education

**AIAE HEAD OFFICE | MELBOURNE SENIOR CAMPUS** | 56 Bakers Road, Coburg North, VIC 3058.

Phone + (613) 9350 4533 | Email [msc@aia.vic.edu.au](mailto:msc@aia.vic.edu.au)

**KING KHALID COBURG CAMPUS** 653 Sydney Road, Coburg, VIC 3058.

Phone + (613) 9354 0833 | Email [kkcc@aia.vic.edu.au](mailto:kkcc@aia.vic.edu.au)

**CAROLINE SPRINGS SENIOR CAMPUS** | 183 - 191 Caroline Springs Boulevard, Caroline Springs, VIC 3023.

Phone + (613) 8372 5446 | Email [cssc@aia.vic.edu.au](mailto:cssc@aia.vic.edu.au)

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