



## Personal Information

Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female Country of Birth \_\_\_\_\_  
day month year

Brothers/Sisters in Family (Please give details \_\_\_\_\_)

Overseas Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Address in Australia (if applicable) \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Telephone \_\_\_\_\_

Passport Number \_\_\_\_\_ Country of Issue \_\_\_\_\_ Expiry Date \_\_\_\_\_

## Course Selection

WEST MORETON INTERNATIONAL ENGLISH LANGUAGE CENTRE - ELICOS

Proposed Commencement Date \_\_\_\_\_ High School Preparation \_\_\_\_\_ weeks

WEST MORETON ANGLICAN COLLEGE  Prep  Yr 1  Yr 2  Yr 3  Yr 4  Yr 5  Yr 6  
 Yr 7  Yr 8  Yr 9  Yr 10  Yr 11  Yr 12

## Family Details

Father's Full Name \_\_\_\_\_ Mother's Full Name \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_ Postcode \_\_\_\_\_

Home Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Home Fax \_\_\_\_\_ Home Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Mobile \_\_\_\_\_

Work Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Email Home/Work \_\_\_\_\_ Email Home/Work \_\_\_\_\_

I declare that the above information is accurate.

I declare that the above information is accurate.

Signature of Father \_\_\_\_\_ Signature of Mother \_\_\_\_\_

## Visa Details

Do you have an Australia Visa?  Yes  No

If yes, specify what type of Visa (eg. Student, Visitors, Temporary/Permanent resident etc) \_\_\_\_\_

Expiry Date \_\_\_\_\_

## Educational History

Present School \_\_\_\_\_ Person to contact \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

How many years of schooling have you completed? \_\_\_\_\_

How long have you learnt English? \_\_\_\_\_

Certified copies in English of your most recent academic reports must be attached.

Agents name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

## Special Requirements

Please outline below any special needs the student may have (eg medical, physical or cultural conditions which require special attention)

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## Guardian Details (if applicable)

Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Home Telephone \_\_\_\_\_ Home Fax \_\_\_\_\_

Work Telephone \_\_\_\_\_ Work Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Email Home/Work \_\_\_\_\_

Relationship to student \_\_\_\_\_

I declare that the above information is accurate. Signature of Guardian \_\_\_\_\_

## Student Details

Surname \_\_\_\_\_ Given Names \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female  
day month year

Office use only

Year Level \_\_\_\_\_ House \_\_\_\_\_ Group \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Private Health Fund (if any) \_\_\_\_\_ Fund No \_\_\_\_\_

## Medical Conditions

Has or does your child suffer from any of the following, please tick.

- |                 |  |                 |  |                       |  |
|-----------------|--|-----------------|--|-----------------------|--|
| Heart Condition | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bronchitis      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Depression            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Epilepsy        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Homesickness    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Phobias               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diabetes        | <input type="checkbox"/> Yes <input type="checkbox"/> No | ADD/ADHD        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bedwetting            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Asthma          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sleepwalking    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Period Pain           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tonsilitis      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Travel Sickness | <input type="checkbox"/> Yes <input type="checkbox"/> No | Eyesight Difficulties | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sinusitis       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hayfever        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hearing Difficulties  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other, please specify \_\_\_\_\_

If yes to any of the above, please also provide details of treatment if applicable \_\_\_\_\_

Does your child take any medication on a daily basis?  Yes  No If yes, please specify.

Name of Medication \_\_\_\_\_ Dose \_\_\_\_\_ Time/s to be given \_\_\_\_\_

Permission to administer paracetamol (for fever, headaches, migraines, menstrual pain and minor injuries)  Yes  No

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Is there any other type of medication your child may require while at the College or on school camps or excursions (eg. Naprogesic, Polaramine, Claratyne, Phenergan, Panadine, Nurofen, Aspirin etc).  Yes  No If yes, please provide details.

Note: These medications must be supplied to the College to be kept in the medication cupboard. They need to be in the original pharmacy packaging with your child's name, dosage and times to be administered). If your child regularly uses paracetamol, please provide a supply to the school nurse.

Name of Medication \_\_\_\_\_ Dose \_\_\_\_\_ Time/s to be given \_\_\_\_\_

Permission for Medical Treatment. I hereby give permission for my child to be attended by a doctor or taken to a hospital if the supervising teacher considers it necessary. I hereby authorise the teacher in charge to permit my child to be given a blood transfusion, general anaesthetic and to be operated on in case of a medical emergency if such treatment is considered necessary by a qualified medical practitioner during the period of my child's enrolment at West Moreton Anglican College.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Allergies

Is your child allergic to any of the following? If yes, please specify.

Medications  Yes  No \_\_\_\_\_

Insects  Yes  No \_\_\_\_\_

Bees/Wasps  Yes  No \_\_\_\_\_

Foods  Yes  No \_\_\_\_\_

Grasses  Yes  No \_\_\_\_\_

Band-aids/Tapes  Yes  No \_\_\_\_\_

Other, please specify \_\_\_\_\_

If yes to any of the above, please also provide details of treatment if applicable \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Immunisation Record

Please fill in the below record and indicate next to each item the year/age of your child when they were last immunised.

Diphtheria \_\_\_\_\_ Polio Sabin \_\_\_\_\_

Tetanus \_\_\_\_\_ HIB (Influenzae Type B) \_\_\_\_\_

Pertussis (Whooping Cough) \_\_\_\_\_ HEP A \_\_\_\_\_

Measles \_\_\_\_\_ HEP B \_\_\_\_\_

Mumps \_\_\_\_\_ Varicella (Chicken Pox) \_\_\_\_\_

Rubella \_\_\_\_\_ Other Immunisations, please specify \_\_\_\_\_

\_\_\_\_\_

Past Infectious Illnesses

Please indicate whether your son/daughter has had the following illnesses by responding Yes or No to each item.

Chicken Pox  Yes  No

Glandular Fever  Yes  No

Rubella  Yes  No

Measles  Yes  No

Scarlet Fever  Yes  No

Whooping Cough  Yes  No

Mumps  Yes  No

Q-Fever  Yes  No

Other Illnesses, please specify \_\_\_\_\_

\_\_\_\_\_

Is there anything else the College staff should know regarding the health and wellbeing of your child? Please specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Conditions of Enrolment

Parents are required to agree to undertake the following:

1. The student will abide by the rules and requirements of the College including compliance with the College's requirement for homestay accommodation.
2. That every effort will be made to ensure that the student will not be absent from school without leave being granted by the Director of the International Program, and that all term dates, as advertised, be strictly adhered to. (Please note that students absent from school without approved leave may forfeit any credit for assessments missed during their absence which may place their visa in jeopardy and a student may not be issued with term/semester academic reports).
3. All students must participate in the College homestay program unless alternate accommodation is approved by the Director of the International Student Programs. Homestay fees are charged per semester and cover accommodation during the academic year only. No adjustments will be made. There is no additional homestay charge for vacation periods that fall within the academic year.
4. (a) All fees and levies must be paid one semester in advance.  
(b) All ELICOS fees and levies must be paid one semester in advance.
5. Students will be charged a \$1000 bond, to cover the cost of unreturned text books or other miscellaneous items. This money is refundable when the student ceases study at the College.

### ENGLISH LANGUAGE PROFICIENCY

- ELICOS High School Preparation – this course is designed for elementary standard students (NLLIA Bandscale 1-2 or equivalent).
- Mainstream entry – Students must attain NLLIA Bandscale English Language scores at Bandscale 5 to commence fulltime mainstream studies at Year 11 level and Bandscale 4 to commence studies at Year 10 level. Entry to Years 7-9 is at the discretion of ELICOS staff based on work ethic and English language proficiency.
- Students who have been enrolled, but after testing are judged not to have English proficiency at a Bandscale 5 (IELTS 5), may be required to undertake additional ELICOS or ESL studies to achieve the required level of proficiency.

## Indemnity and Declaration

If my child is accepted as a student at the West Moreton Anglican College or West Moreton International English Language Centre, I/we hereby give permission for my child to take part in all activities associated with attending the West Moreton Anglican College or West Moreton International English Language Centre. At times West Moreton Anglican College undertakes advertising campaigns under the direction of the Marketing and Development Office. The images may be used on billboards, web pages, mobile displays or printed publications. No payment will be made for the student's service as a photographic model. If you authorize the College's use of your child's photograph, please tick yes and sign on the line below. If not, please tick no and sign on the line below.

Yes  No

Signature \_\_\_\_\_

I/we agree to delegate my/our authority to the Principal Administrator of West Moreton Anglican College. I/we agree that such person may take whatever reasonable disciplinary action which is deemed necessary in ensuring the safety, well-being and successful conduct of the students of the School as a group or individually. I/we authorize the Principal Administrator of West Moreton Anglican College or delegates (guardians, servants, agents or homestay parents) to obtain all such medical assistance as required and to make all such decisions as they deem necessary to preserve the health and well-being of the student.

I/We give permission for West Moreton Anglican College to obtain information from the Department of Immigration in circumstances of a breach of visa regulations as well as making enquiries regarding study and work entitlements through "Entitlement Verification Online".

Signature \_\_\_\_\_

I/we submit the attached medical information regarding the above student and include details of limitations which apply for any activities. I/we declare that I/we are not aware of any other conditions which may affect the above student's ability to study or live in Australia or to take part in school activities.

I/we declare that to the best of my/our knowledge the information supplied is correct and complete.

I/we recognize that it is my/our responsibility to provide all necessary documentary evidence of my/our child's studies and hereby authorize West Moreton International Language Centre and West Moreton Anglican College to obtain further information where necessary. I/we have read and understood the Conditions of Enrolment, the Refund/Withdrawal and the Dispute Resolution policies for West Moreton Anglican College and West Moreton International English Language Centre, and I/we have read, understand and accept the conditions of these policies\*.

I give permission for West Moreton Anglican College to open a learning account on behalf of my child.

Signature of Father/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

\* All International policies can be found on the college website (<http://www.wmac.com.au>) under International > Policies